

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

I Reporting Information

Year: 2016

Fill in circle if amendment

FOR OFFICE USE ONLY

Rec'd 7/15/2016 not amend original

II Client Information

Name: Insurance Association, Inc. (NY)

Permanent Business Address: 130 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Phone:

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name: Nicolini, Paradise, Ferretti & Sabella

Entity Address: 114 Old Country Road, Suite 500

City: Mineola

State: NY

ZIP code: 11501

Phone: 516.741.6355

State Person with the Requisite Involvement in the Entity: NYS Assemblyman Brian Curran

Last name: Curran

First name: Brian

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: LOB 318

City: Albany

State: NY

ZIP code: 12248

Phone: 518.455.4656

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship(s): A NYIA board member, Floyd Holloway, is counsel at State Farm Mutual Auto Insurance Co.

State Farm does business with Nicolini, Paradise, Ferretti & Sabella.

Compensation (Actual or Anticipated): \$ 1,960,956 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 1960956 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Crouch

State Person First Name: Clifford

Agency or Legislative Body of Employment: NYS Assemblyman

Public Office Address: 1 Kattleville Road, Suite 1

City: Binghamton

State: NY

ZIP code: 13901

Phone: 607.648.6080

Description of Business Relationship(s): A NYIA board member, Steven Coffey, is president of Broome Cooperative Insurance Co. Broome Cooperative has on its board of directors Assemblyman Clifford Crouch.

Compensation (Actual or Anticipated): \$ 2675 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$2675 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: July Year: 2012

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional State Person(s):

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: *Ellen Melchionni, President* DATE: *7-13-16*

PRINT NAME: LAST *Melchionni* FIRST *Ellen*

Mark One: Chief Administrative Officer Designee (Attach Letter)