

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

SCOPE Rec'd
 JAN 19 2017

II Client Information

Name: Insurance Association, Inc. (NY)

Permanent Business Address: 130 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Phone: 518.432.4227

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):	\$ 3,326,385	.00
Expenses (Actual or Anticipated):	\$.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 3,326,385	.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): \$.00

Expenses (Actual or Anticipated): \$ 45 .00

Total Compensation and Expenses (Actual or Anticipated): \$45 .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: *1/12/17*

PRINT NAME: LAST *Melchionni*

FIRST *Ellen*

Mark One: Chief Administrative Officer Designee (Attach Letter)

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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.

III(a) Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

Entity Name: Barclay Damon LLP

Entity Address: 125 East Jefferson Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315.425.2700

State Person with the Requisite Involvement in the Entity: NYS Assemblyman William Barclay

Last name: Barclay

First name: William

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

Public Office Address: LOB 521

City: Albany

State: NY

ZIP code: 12248

Phone: 518.455.5841

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 Barclay Damon LLP.

Compensation (Actual or Anticipated): \$51,349 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): **\$ 51,349 .00**

Beginning date of Business Relationship (Actual or Anticipated): Month: July Year: 2016

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

III(b) Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name: Barclay Damon LLP

Entity Address: 80 State Street

City: Albany

State: NY

ZIP code: 12207

Phone: 518.429.4200

State Person with the Requisite Involvement in the Entity: NYS Senator Neil Breslin

Last name: Breslin

First name: Neil

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

Public Office Address: 172 State Room 414 Capitol

City: Albany

State: NY

ZIP code: 12247

Phone: 518.455.2225

Continued on next page