

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: 2015

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

"JCOPE" Rec'd

JAN 11 2016

II Client Information

Name: State Farm Mutual Automobile Insurance Company

Permanent Business Address: 6 Hillman Drive, Suite 200

City: Chadds Ford

State: PA

ZIP code: 19317

Phone: 610-361-4150

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 and 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:

Last name: Curran

First name: Brian

State Person's Agency or Legislative Body of Employment:

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): Retained Counsel

Compensation (Actual or Anticipated): \$7,336,203 .00

Expenses (Actual or Anticipated): \$1,409,717 .00

Total Compensation and Expenses (Actual or Anticipated): \$8,745,920 .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: ☐

Continued on next page

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:

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated):

\$

.00

Expenses (Actual or Anticipated):

\$

.00

Total Compensation and Expenses (Actual or Anticipated):

\$

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

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:

DATE: January 8, 2016

PRINT NAME: LAST Erwin

FIRST Martin

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

January 8, 2016

"JCOPE" Rec'd

JAN 11 2016

Chadds Ford Business Campus
Suite 200
6 Hillman Drive
Chadds Ford, PA 19317

Floyd Holloway
Counsel
Phone: 610-361-4147
Fax: 610-361-4152

New York State
Joint Commission on Public Ethics
540 Broadway
Albany, NY 12207

RE: NY State Client Business Relationship Disclosure Form for
Filing with JCOPE July - December 2015

State Farm Mutual Automobile Insurance Company ("State Farm") has a reportable business relationship with an entity in which New York State Assemblyman Brian Curran meets the requisite involvement. In compliance with Legislative Law §§1-c(w), 1-e(c)(8)(i)-(iii) and 1-j(b)(6)(i)-(iii) of the State of New York, please find enclosed the following document for filing with the Joint Commission:

- NY State Client Business Relationship Form, for July - December 2015

Sincerely,



Floyd Holloway
Counsel

Enclosures

2014-20847/14116580v1