

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: 2013

Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED MAY 09 2013

II Client Information

Name: The Travelers Indemnity Company

Permanent Business Address: One Tower Square

City: Hartford

State: CT

ZIP code: 06183

Phone: 860-954-9176

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: Hiscock and Barclay, LLP

Entity Address: One Park Place - 300 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2815

State Person with the Requisite Involvement in the Entity:

Last name: Breslin

First name: Neil A.

State Person's Agency or Legislative Body of Employment: N.Y. State Senate

Public Office Address: 172 State Street, Room 414

City: Albany

State: NY

ZIP code: 12247

Phone: 518-455-2225

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

Description of Business Relationship(s):

Mr. Breslin is "of Counsel" to Hiscock and Barclay, LLP. Hiscock and Barclay, LLP provides legal services to Travelers and its insureds.

* The amount below represents payments made from 1-1-2011 to 3-31-2013.

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): **\$ 1,098,268.85* .00**

Beginning date of Business Relationship (Actual or Anticipated): Month: prior to 8/2011 Year:

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

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

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:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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

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:

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

Entity Name: Hiscock and Barclay, LLP

Entity Address: One Park Place - 300 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2815

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

First name: William A.

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: 172 State Street

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5841

Continued on next page

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:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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

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:

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

Entity Name: Hiscock and Barclay, LLP

Entity Address: One Park Place - 300 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2815

State Person with the Requisite Involvement in the Entity:

Last name: Nojay

First name: William R.

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: 172 State Street, Room 527

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5662

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:

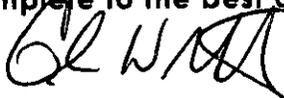
Check here if using addendum sheet for additional State Person(s):

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: 5/7/2013

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One:

Chief Administrative Officer

Designee (Attach Letter)

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: 2013

Fill in circle if amendment

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II Client Information

Name:

Permanent Business Address:

City:

State:

ZIP code:

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: Bel Associates

Entity Address: 1717 State Street

City: Watertown

State: NY

ZIP code: 13601

Phone: 315-788-4525

State Person with the Requisite Involvement in the Entity:

Last name: Blankenbush

First name: Ken

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: 172 State Street, Room 414

City: Albany

State: NY

ZIP code: 12247

Phone: 518-455-5797

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

Description of Business Relationship(s):

Independent Insurance Agency authorized to sell Travelers Insurance products.

* The amount below represents payments made from 1-1-2011 to 3-31-2013.

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): **\$ 67,806.00* .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 Relationship(s) with different Entity/Entities:

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: The Insurance Center, Stephen M. Hawley & Assoc., LLC

Entity Address: 50 Main Street

City: Batavia

State: NY

ZIP code: 14020

Phone: 1-800-343-2280

State Person with the Requisite Involvement in the Entity:

Last name: Hawley

First name: Stephen M.

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: 172 State Street, Room 329

City: Albany

State: NY

ZIP code: 12247

Phone: 518-455-5811

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

Description of Business Relationship(s):

Independent Insurance Agency authorized to sell Travelers Insurance products.

* The amount below represents payments made from 1-1-2011 to 3-31-2013.

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 36,644.00* .00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

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:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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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: 5/7/13

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One: Chief Administrative Officer Designee (Attach Letter)