

# 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: 2019

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

"JCOPE" Rec'd  
JAN 14 2019

## 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: 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: LOB 322

City: Albany

State: NY

ZIP code: 12248

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 through 12/31/2018.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 197,119.19 \* ~~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: ☒

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

Entity Address: 50 Main Street

City: Batavia

State: NY

ZIP code: 14020

Phone: 800-343-2280

State Person with the Requisite Involvement in the Entity:

Last name: Hawley

First name: Stephen

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

Public Office Address: Room 329 LOB

City: Albany

State: NY

ZIP code: 12248

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 through 12/31/2018.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 181,536.12 \* ~~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:

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: *Glenn Westrick*

DATE: 1/8/2019

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One: ☐ Chief Administrative Officer ☒ Designee(Attach Letter)



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## 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: Barclay Damon, LLP (formerly Hiscock and Barclay, 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:

Last name: Breslin

First name: Neil D.

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

Public Office Address: 172 State Street, Room 414, Capitol

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 Barclay Damon, LLP (formerly Hiscock and Barclay, LLP).

Barclay Damon, LLP provides legal services to Travelers and its insureds.

\*The amount below represents payments made  
from 1/1/2011 through 12/31/2018.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 2,283,802.77 \* ~~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: ☐

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### III Business Relationship with an Entity

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**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: Barclay Damon, LLP (formerly Hiscock and Barclay, 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:

Last name: Barclay

First name: William A.

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

Public Office Address: LOB 521

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5841

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: *Glenn Westrick* DATE: 1/8/2019

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One: ☐ Chief Administrative Officer ☒ Designee(Attach Letter)