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.

Film regione numbers and block is	strets, no senpt.	FOR OFF	ICE IIS	E ONI Y		
Reporting Information		set and hard to decide the hard guest general	ICE US	E OINE I		၁ က
Year: ²⁰¹⁹		y = 1 / 1 / 1 / 1			ž O	1 2019
Fill in circle if amendment O		04 = 1			"ICODE" Bec.	AN 14
and the state of t					, ,)
II Client Information						
Name: The Travelers Indemnity Company						
Permanent Business Address: One Tower Square	į					
City: Hartford	State	e: CT		ZIP code: 0	6183	
Phone: 860-954-9176						
Business Relationship with an Er Instructions: Fill out this section only if the Relation and fill out Section IV.	ntity Ionship is with an Enti	ty. If the Relation	nship is	with a State Perso	on, skip this	sectio
Entity Name: Bel Associates						
Entity Address: 1717 State Street						
City: Watertown	State	e: NY		ZIP code: ¹	3601	
Phone: 315-788-4525						
State Person with the Requisite Involvement in Last name: Blankenbush		name: ^{Ken}				
State Person's Agency or Legislative Body of I	Employment: N.Y. S	State Assembly				
Public Office Address: LOB 322						
City: Albany	State: NY ZIP code: 12248			2248		
Phone: 518-455-5797						
Check here if using addendum sheet for add	itional State Person	(s) with the Re	quisite	Involvement in	the Entity:	0
Description of Business Relationship(s): Indepen	ndent Insurance Agen	cy authorized to s	sell Trav	elers insurance pr	oducts.	
			*The	amount below rep	oresents pay	/ments
			made	e from 1/1/2011 th	rough 12/3	1/2018
Compensation (Actual or Anticipated):	\$.00				
Expenses (Actual or Anticipated):	\$.00				
Total Compensation and Expenses (Actual or	Anticipated):		\$	197,119.19 *	BO C.	
Beginning date of Business Relationship (Actu-	al or Anticipated):	Mon	th:	Yea	r:	
End date of Business Relationship (Actual or A	nticipated) if appl	icable: Mon	th:	Yea	r:	
Check here if using addendum sheet for addi	itional Relationship	(s) with differen	nt Entity	//Entities:		Ø

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.

	ss Relationship with an E						
Instructions:	Fill out this section only if the Rela and fill out Section IV.	itionship is with an Entity. It the	Relationshi	p is	with a State Perso	on, skip thi	s section
III(a)	Fill out this section ONLY for addit	ional Relationship(s) with differen	ent Entity/E	ntiti	es.		
Entity Name:	The Insurance Center, Stephen M. F	lawley & Assoc., LLC	***************************************			*************************	
Entity Addres	SS: 50 Main Street						
City: Batavia		State: NY			ZIP code: 1	4020	
Phone: 800-34	43-2280						
State Person	with the Requisite Involvement	in the Entity:					
Last name: H	lawley	First name: S	Stephen				
State Person'	s Agency or Legislative Body of	Employment: N.Y. State Asse	mbly				
Public Office	Address: Room 329 LOB						
City: Albany		State: NY			ZIP code: 12	2248	
Phone: 518-4	55-5811						
Check here i	f using addendum sheet for add	ditional State Person(s) with	the Requi	site	Involvement in	the Entity	<u>.</u> O
Description o	f Business Relationship(s): Indepe	ndent Insurance Agency authori	zed to sell T	rav	elers insurance pro	ducts.	
			*T	he a	amount below repr	esents pa	yments
			m	nade	e from 1/1/2011 thr	ough 12/3	1/2018.
Compensatio	on (Actual or Anticipated):	\$.00				
Expenses (Ac	tual or Anticipated):	\$.00				
Total Compe	nsation and Expenses (Actual o	or Anticipated):		\$	181,536.12 *	BOX	
Beginning do	te of Business Relationship (Actu	ual or Anticipated):	Month:		Yea	r:	
End date of E	Business Relationship (Actual or .	Anticipated) if applicable:	Month:		Yea	r:	
III(b)	Fill out this section ONLY for addition	onal State Person with the Requ	isite Involv	eme	ent in an Entity pre	eviously lis	ted.
Entity Name:							
Entity Address	::						
City:		State:			ZIP code:		
Phone:							
State Person	with the Requisite Involvement i	n the Entity:					
Last name:		First name:					
State Person's	s Agency or Legislative Body of	Employment:					
Public Office	Address:					a successioner	
City:		State:			ZIP code:		
Phone:							

Business Relationship with a Stolerstructions: Fill out this section only if the Relationship with a Stolerstructions:		If the Relationship is	s with an Entity, skip this sectio	
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	gr	
Total Compensation and Expenses (Actual or	r Anticipatea):	\$.00	
Beginning date of Business Relationship (Actu	ual or Anticipated):	Month:	Year:	
End date of Business Relationship (Actual or A	Anticipated) if applicable:	Month:	Year:	
Check here if using addendum sheet for add	ditional State Person(s): O			
V Declaration				
This Declaration must be signed by the Chief , reason, does not sign, he/she must duly desig				
I declare under penalty of perjury the correct, and complete to the best of			port is true,	
X SIGNATURE: Dem Westint	DATE: 1/8/201	9		
PRINT NAME: LAST Westrick	FIRST Glenn			

Designee(Attach Letter)

Mark One:

O Chief Administrative Officer

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.					
Reporting Information	FOR OF	FICE USE ONLY			
Year: ²⁰¹⁹			Rec		
Fill in circle if amendment O	* #1000000000000000000000000000000000000		"JCOPE" Rec'd		
II Client Information					
Name: The Travelers Indemnity Company					
Permanent Business Address: One Tower Square		and the second s			
City: Hartford	State: CT	ZIP code: 06183			
Phone: 860-954-9176	en endre were the disk as a second of the disk of the disk of the disk.	anne de la companya del companya de la companya del companya de la			
Business Relationship with an Entity nstructions: Fill out this section only if the Relationship is with a and fill out Section IV.	an Entity. If the Relation	nship is with a State Person, skip th	is section		
Entity Name: Barclay Damon, LLP (formerly Hiscock and Barclay, L	LP)				
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

.00 Expenses (Actual or Anticipated):

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

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

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

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

0

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 Busine	ss Relationship with an En				
Instructions:	Fill out this section only if the Relatio and fill out Section IV.	nship is with an Entity. If the	Relationship is	with a State Person, skip this se	ction
III(a)	Fill out this section ONLY for addition	al Relationship(s) with differen	ent Entity/Entitio	≥s.	
Entity Name:					
Entity Addres	SS:				
City:		State:		ZIP code:	
Phone:					
State Person	with the Requisite Involvement in	the Entity:			
Last name:	The state of the transfer of the state of th	First name:			
State Person	's Agency or Legislative Body of Er	mployment:			
Public Office	Address:				
City:		State:		ZIP code:	
Phone:					
Check here	if using addendum sheet for additi	onal State Person(s) with	the Requisite	Involvement in the Entity:	0
Description o	of Business Relationship(s):				
Compensation	on (Actual or Anticipated):	\$.00		
Expenses (Ac	ctual or Anticipated):	\$.00		
Total Compe	ensation and Expenses (Actual or A	Anticipated):	\$.00	
			en e		
Beginning do	ate of Business Relationship (Actua	l or Anticipated):	Month:	Year:	
End date of I	Business Relationship (Actual or An	ticipated) if applicable:	Month:	Year:	
III(b)	Fill out this section ONLY for additiona	al State Person with the Requ	isite Involveme	ent in an Entity previously listed.	•
Entity Name:	Barclay Damon, LLP (formerly Hiscock	and Barclay, LLP)			
economical establishment	s: 125 East Jefferson Street				
City: Syracuse		State: NY		ZIP code: 13202	
Phone: 315-42		an and a same with the second and th			
	with the Requisite Involvement in t	he Fntitv:			
Last name: B	CONTRACTOR OF A SECURITION OF	First name: W	/illiam A.		
	s Agency or Legislative Body of En				
	Address: LOB 521	THE COLUMN TWO IS A STATE OF THE COLUMN TWO I	one de la la la lacalitation de		
City: Albany		State: NY		ZIP code: 12248	
Phone: 518-4	55-5841	eraranan eri olda olda erak kolanda olda erak erak erak erak erak erak erak era			

Business Relationship with a Stolonstructions: Fill out this section only if the Relation of		If the Relationship is	s with an Entity, skip this sectior	
tate 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 (Actu	val or Anticipated):	Month:	Year:	
End date of Business Relationship (Actual or A	Anticipated) if applicable:	Month:	Year:	
Check here if using addendum sheet for add	itional State Person(s): O	er notaette epepara i se novembessorio		
V Declaration				
This Declaration must be signed by the Chief Areason, does not sign, he/she must duly design				
l declare under penalty of perjury tha correct, and complete to the best of r			eport is true,	
X SIGNATURE: Slen Wester	DATE: 1/8/2019	9		
PRINT NAME: LAST Westrick	FIRST Glenn			

Designee(Attach Letter)

Mark One:

O Chief Administrative Officer