# State Insurance Fund 7010204

FORM B		OSC Use On Reporting Co Category Co	ode:	
· Caregory Code.				
	State Consultant So	ervices		
Contra	actor's Annual Empl	oyment Report		
Report Pe	riod: April 1, 2020 t	o March 31, 2021		
Contracting State Agency Name: NY Contract Number: C000488 Contract Term: 9/16/17 / to 9/1/5. Contractor Name: Ronda Anderson dba Insura Contractor Address: 130 Charlton Road, Description of Services Being Provide	/2d ince Consulting Expertise Ballston Spa, NY 12020	Agency Code: 701020	)4	
Claims Review and Audit Ser				
Scope of Contract (Choose one that be Analysis	ch Training T mming Other IT o Surveying En vices T	onsulting  vironmental Services  er Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Auditor 13-2011.02	1	99.5	\$6,965.00	
		<u> </u>	_	
\				
			~~)	
Total this page	1.00	99.50	\$ 6,96500	
Grand Total	<u> </u>	<u> </u>		
Name of person who prepared this re Preparer's Signature: April 6 Title: Owner	n Corson	one #: 518-885-0971		
Use additional pages if necessary)			Page 1 of 1	

FORM B		OSC Use On Reporting Co Category Co	ode:
	State Consultant S	ervices	
Contra	ctor's Annual Empl	oyment Report	
Report Per	riod: April 1, 2020 (	to March 31, 2021	
Contracting State Agency Name: NYS Contract Number: C000498 Contract Term: 10/1/18 / to 9/30/3 Contractor Name: EisnerAmper LLP Contractor Address: 733 Third Avenue, N Description of Services Being Provide	23 New York, New York	Agency Code: 70102	04
Independent Audit and Accou	nting Services		
Scope of Contract (Choose one that bes Analysis	h	consulting  vironmental Services  mer Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Auditor	20	3838.40	
Actuary (subcontractor)	1	28	
Consultants (subcontractors)	2	184.25	
			528000
Total this page	23.00	4,050.65	\$528,000.00
Grand Total			
Name of person who prepared this rep Preparer's Signature: The Suffly Title: Audit Manager Date Prepared: 4/16/2h	H	one #: 732-243-7629	Page of

FORM B		OSC Use On Reporting Co Category Coo	de;		
Control	State Consultant So				
1	actor's Annual Empl	•			
Report Pe	riod: April 1, 2020 t	o March 31, 2021			
Contracting State Agency Name: NY Contract Number: CL 00127-12 Contract Term: 3/11/6 / to 1/27 Contractor Name: Bryan J. Maggs Law Offic Contractor Address: 110 Baldwin Stre Description of Services Being Provided	rz1 ces, PLLC eet, Elmira, NY 14901 ded:	Agency Code: 701020	)4		
Legal Defense of New York S	state insurance Fu	nd 1B claims.			
Analysis Evaluation Researd Data Processing Computer Prograte Engineering Architect Services Health Services Mental Health Services Accounting Auditing Parale	mming Other IT of Surveying Envices	consulting  avironmental Services  mer Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
23-1011.00	1	1.7	322.50		
23-2011.00 1 3 0					
Total this page	2.00	4.70	\$322.50		
Grand Total			<u></u>		
Name of person who prepared this re Preparer's Signature: Bryan Title: Managing Partner Date Prepared: 5/11/2h	Maggs	one #: 607-290-7100	_		

FORM B		OSC Use Or Reporting Co Category Co	ode:
Contro	State Consultant S		
	riod: April 1, 2020 (		
Report 1 c	той. Артт 1, 2020 (	o March 31, 202	
Contracting State Agency Name: NY: Contract Number: CL000129 Contract Term: / / to / Contractor Name: The Law Offices of Meliss Contractor Address: 636 North French F Description of Services Being Provide Outside Counsel - Workers Co	/ a A. Day, PLLC kd. Suite 3 Amherst, NY ed:		04
Scope of Contract (Choose one that bes Analysis	h	consulting  vironmental Services  ner Consulting  Number of Hours Worked	Amount Payable Under the
Employment Category	Number of Employees	Number of flours worked	Contract
23-1011.00 Lawyers			
This contract was awarded on or about			
10/09/2018 and the the best of our knowledge			
we have not performed any services under			
this contract			
Total this page	0.00	0.00	\$0.00
Grand Total	<u> </u>	<u> </u>	
Name of person who prepared this rep Preparer's Signature:  Title: Office Manager  Date Prepared: 4/16/2/1	7	one #: 716-616-0111	_

Use additional pages if necessary)

Page

of

FORM B		OSC Use Oa	nlv:	
Reporting Code:				
		Category Code:		
	State Consultant S	ervices		
Contr	actor's Annual Empl	oyment Report		
Report Pe	riod: April 1, 2020	to March 31, 2021		
			·	
Contracting State Agency Name: NY	SIF	Agency Code: 70102	04	
Contract Number: CL00129-04	•	,		
Contract Term: 6/6/2/0 / to 5/3/1	12\$			
Contractor Name: Vecchione, Vecchione, C				
Contractor Address: 147 Herricks Road	Garden City Park, NY 1	1040		
Description of Services Being Providence				
Legal Defense Workers' Com	ipensation			
Scope of Contract (Choose one that be				
Analysis Evaluation Resear		1.: 🗆		
Data Processing Computer Progra		consulting [		
Engineering Architect Services		nvironmental Services		
Health Services Mental Health Ser		han Canavitina 🗆		
Accounting Auditing Parale	gai 🔛 Legai 🔳 Ot	her Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
23-1011 (Lawyers)	25	2299.59	149473.44	
23-2011 (Paralegals & Legal Assistants)	1	20	400	
23-2090 (Misc. Legal Support Workers)2	2	375.7	N/A	
· · · · · · · · · · · · · · · · · · ·				
		1		
Total this page	28.00	2,695.29	\$149,873.44	
Grand Total				
		<del> </del>	<u> </u>	
Name of person who prepared this re	port:			
Preparer's Signature:				
		<del></del>	<del></del>	
Title: Billing Manager, Janet Faux	Ph	ione #: 516-287-9722		

FORM B			OSC Use On Reporting Co Category Cod	de:	
		L	curegory coe		
	State Consultant Se				
	ctor's Annual Emplo	yment Repo	rt		
Report Peri	iod: April 1, to	o March 31,			
Contracting State Agency Name: NYS Contract Number: Contract Term: / / to / Contractor Name: Contractor Address: Description of Services Being Provide	/	Agency Coo	de: 701020	)4	
Scope of Contract (Choose one that best fits):  Analysis					
p sy a company	T J			Contract	
Total this page					
Grand Total					
Name of person who prepared this report Preparer's Signature: Mackenzie Hy Title:  Date Prepared: / /	rer	one #:		-	

Use additional pages if necessary)

Page of

FORM B		osav o			
FORM B OSC Use Only: Reporting Code:			7		
Category Code:					
	State Consultant S	ervices	,		
Contra	ctor's Annual Empl	oyment Report			
Report Per	riod: April 1, 2020 (	to March 31, 2021			
Contracting State Agency Name: NY Contract Number: CL00161 Contract Term:4/1/20 / to 3/31		Agency Code: 70102	04		
Contractor Name: Barth Condren LLP					
Contractor Address 367 Linwood Ave Description of Services Being Provide	enue, Buffalo, NY 14 <sub>ed:</sub>	209			
Legal Services	ou.				
Legal Services					
<b>F</b>					
Analysis Evaluation Researce Data Processing Computer Program Engineering Architect Services Health Services Mental Health Services Accounting Auditing Paraleg	nming Other IT o Surveying Er vices	consulting  vironmental Services  mer Consulting	·		
Employment Category Number of Employees Number of Hours Worked Amount Payable Under the					
23-1011.00 lawyer 1 696.40 106065.00					
			·		
<u> </u>					
Total this page	1.00	696.40	\$106,065.00		
Grand Total	1.0	696.40	\$106,065.00		
Name of person who prepared this rep	oort:				
Preparer's Signature: Jugani		740 050 4000			
Title:Bookkeeper	C/ Ph	one #: 716-856-1300			
Date Prepared: 4/8/21					

FORM B  OSC Use Only: Reporting Code: Category Code:			ode:
	State Consultant S		
	ctor's Annual Emp		
Report Per	iod: April 1, 2020	to March 31, 2021	· · · · · · · · · · · · · · · · · · ·
Contracting State Agency Name: NYS Contract Number: CL00168		Agency Code: 70102	04
Contract Term: 4/1/20 / to 3/3/1/2		,	
Contractor Name: The Law Offices of Melissa Contractor Address: 636 North French Ro Description of Services Being Provide	oad, Suite 3, Amherst,	New York 14228	
Legal counsel - workers' comp		e	
Health Services Mental Health Services Accounting Auditing Paraleg	al Legal O	ther Consulting Number of Hours Worked	Amount Payable Under the
Employment Category	Number of Employees		Contract
23-1011.00 Lawyers	13	23792	745780
		<u> </u>	
			···
		00.700.00	\$745 790 00
Total this page	13.00	23,792.00	\$745,780.00 \$745,780.00
Grand Lotal	13	23/32	1 47,700.00
Grand Total	13	23792	\$745,780.00

FORM B		OSC Use On Reporting Co Category Coo	de:
Contrac	State Consultant Sector's Annual Emplo		
Report Per	iod: April 1, 2020 t	o March 31, 2021	
Contracting State Agency Name: NYS Contract Number: CL00226 Contract Term: 9/16/20 / to 9/16/2 Contractor Name: Ronda Anderson dba Insuran Contractor Address: 130 Charlton Road E Description of Services Being Provide Claims Review and Audit Serv	es ce Consulting Expertise Balliston Spa, NY 12020 cd:	Agency Code: 701020	
	Training Tother IT c Surveying En ices L al Legal Oth	onsulting  vironmental Services  er Consulting	Amount Payable Under the
Employment Category  Auditor 13-2011.02	Number of Employees	Number of Hours Worked 98.75	Contract \$8,393.75
Total this page	1.00	98.75	
Grand Total			
Name of person who prepared this rep Preparer's Signature: April 20 Title: Owner Date Prepared: 4/5/2021 Use additional pages if necessary)	116502	one #: 518-885-0971	Page / of /

FORM B		OSC Use On Reporting Co Category Coo	de:
	State Consultant Se		
	ctor's Annual Emplo	-	
Report Per	iod: April 1, 2020 t	o March 31, 2021	
Contracting State Agency Name: NYS Contract Number: CL00245 Contract Term: 1/24/21 / to 1/23/2 Contractor Name: Bryan J. Maggs Law Office Contractor Address: 110 Baldwin Street, Description of Services Being Provide Legal Insurance Defense Outs	eg ss, PLLC , Elmira, NY 14901 d:	Agency Code: 701020	
Scope of Contract (Choose one that best Analysis	n Training Comming Other IT comming Ending En	T	Amount Payable Under the
Employment Category	Number of Employees	Number of Hours Worked	Contract
23-1011.00	1	1.7	322.50
23-2011.00		3.0	
Total this page	2.00	4.70	\$322.50
Grand Total	2.00		
Name of person who prepared this rep Preparer's Signature: Bryan I Title: Managing Partner Date Prepared: 5/11/2h Use additional pages if necessary)	Maggs	one #: 607-290-7100	Page 1 of 1

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021  Contracting State Agency Name: NYSIF Agency Code: 7010204 Contract Number: CL00246 Contract Name: Connors Corcoran & Buholtz PLLC Contractor Name: Connors Corcoran & Buholtz PLLC Contractor Address: 45 Exchange Blvd, Suite 250, Rochester, NY 14614 Description of Services Being Provided: Legal Services  Scope of Contract (Choose one that best fits): Analysis   Evaluation   Research   Training   Data Processing   Computer Programming   Other IT consulting   Engineering   Architect Services   Surveying   Environmental Services   Health Services   Mental Health Services   Other Consulting   Accounting   Auditing   Paralegal   Legal   Other Consulting    Employment Category   Number of Employees   Number of Hours Worked   Amount Payable Under the Contract   23-1011.00   1   0   0   0   23-2011.00   1   0   0   0    Total this page   2.00   0.00   \$0.00	FORM B		Repo	Use Only: rting Code: ory Code:
Report Period: April 1, 2020 to March 31, 2021  Contracting State Agency Name: NYSIF Agency Code: 7010204  Contract Number: CL00246  Contract Term: 124/21 / to 1/24/26  Contractor Name: connors Corcora & Buholtz PLLC  Contractor Address: 45 Exchange Blvd, Suite 250, Rochester, NY 14614  Description of Services Being Provided:  Legal Services  Scope of Contract (Choose one that best fits):  Analysis   Evaluation   Research   Training   Data Processing   Computer Programming   Other IT consulting   Engineering   Architect Services   Surveying   Environmental Services   Health Services   Mental Health Services   Accounting   Auditing   Paralegal   Legal   Other Consulting    Employment Category   Number of Employees   Number of Hours Worked   Amount Payable Under it Contract    23-1011.00   1   0   0    23-2011.00   1   0   0    23-2011.00   1   0   0    Contract   Other Consulting   Other Consulting   Other Consulting   Other Contract    Contract   Contract   Choose   Contract   Contract   Contract    Contract   Contract   Choose   Contract   Contract		State Consultant S	ervices	
Contract Number: CL00246 Contract Number: CL00246 Contract Term: 1724/21 / to 1/24726 Contractor Name: Connors Corcora & Buholtz PLLC Contractor Name: Connors Corcora & Buholtz PLLC Contractor Address: 45 Exchange Blvd, Suite 250, Rochester, NY 14614 Description of Services Being Provided:  Legal Services  Scope of Contract (Choose one that best fits): Analysis	Contr	actor's Annual Empl	oyment Report	
Contract Number: CL00248 Contract Term: 1/24/21 / to 1/24/28 Contract Term: 1/24/21 / to 1/24/28 Contractor Name: Connors Corcoran & Buholtz PLLC Contractor Address: 45 Exchange Blvd, Suite 250, Rochester, NY 14614 Description of Services Being Provided:  Legal Services  Scope of Contract (Choose one that best fits): Analysis	Report Pe	eriod: April 1, 2020	to March 31, 202	1
Contract Number: CL00248 Contract Term: 1/24/21 / to 1/24/28 Contract Term: 1/24/21 / to 1/24/28 Contractor Name: Connors Corcoran & Buholtz PLLC Contractor Address: 45 Exchange Blvd, Suite 250, Rochester, NY 14614 Description of Services Being Provided:  Legal Services  Scope of Contract (Choose one that best fits): Analysis				
Analysis	Contract Number: CL00246 Contract Term: 1/24/21 / to 1/24 Contractor Name: Connors Corcoran & Bull Contractor Address: 45 Exchange Blvd Description of Services Being Provide	4/26 noltz PLLC I, Suite 250, Rochester, N		
Employment Category Number of Employees Number of Hours worked Contract  23-1011.00 1 0 0  23-2011.00 1 0 0	Analysis	ch	vironmental Service	
23-2011.00 1 0 0	Employment Category	Number of Employees	Number of Hours Wo	Amount Payable Under the Contract
	23-1011.00	1	0	
Total this page 2.00 0.00 \$0.00	23-2011.00	1	0	0
Total this page 2.00 0.00 \$0.00				
	Total this page	2.00	0.00	\$0.00
Grand Total		2.00	0.00	
Total this page 2.00 0.00 \$0.00				

FORM B		OSC Use Or Reporting Co Category Co	ode:
	State Consultant Se		
	ctor's Annual Empl		
Report Per	iod: April 1, 2020 t	o March 31, 2021	
Contracting State Agency Name: NYS Contract Number: CL00264 Contract Term: 12/1/20 / to 11/30 Contractor Name: The Law Offices of Melissa Contractor Address: 636 North French R Description of Services Being Provide	1/25 a A. Day, PLLC d. Suite 3 Amherst, NY	Agency Code: 701020	04
Legal Outside Counsel - Colle		ment Enforcement	
Analysis Devaluation Research Data Processing Computer Program Engineering Architect Services Health Services Mental Health Serv Accounting Additing Paraleg	nming Other IT c Surveying En ices	onsulting  vironmental Services  aer Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
23-1011.00 Lawyers			
This contract was awarded effective 12/01/2020			
and to the best of our knowledge we have not			
performed any services under this contract			
Total this page	0.00	0.00	\$0.00
Grand Total			
Name of person who prepared this rep Preparer's Signature:	して	one #: 716-616-0111 Ext.	_
Date Prepared: 4/16/2/			Page of

FORM B  OSC Use Only: Reporting Code: Category Code:			ode:
Contra	State Consultant S ctor's Annual Empl		
	riod: April 1, 2020		
		,	
Contracting State Agency Name: NYS Contract Number: CL00127-8 Contract Term: / to / Contractor Name: Cullen and Dykman LLP Contractor Address: 100 Quentin Roosev Description of Services Being Provide Legal	/ /elt Boulevard, Garden 0	Agency Code: 70102 City, NY 11530	04
Scope of Contract (Choose one that bes Analysis	h Training T nming Other IT o Surveying Er ices D	consulting  avironmental Services  her Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
23-1011 Lawyers 23-2011 Paralegals & Legal Assistants	4 3	525.90 21.60	95695.50 1552.00
Total this page  Grand Total	7.00	547.50	\$97,247.50
Grand Total  Name of person who prepared this rep	oort: Eileand	547.50	97247.50

Page

of

FORM B  OSC Use Only: Reporting Code: Category Code:			le:			
State Consultant Services						
Contra	ctor's Annual Empl					
	riod: April 1, 2020	•				
	* , , , , , , , , , , , , , , , , , , ,					
Contracting State Agency Name: NYSIF Agency Code: 7010204 Contract Number: CL00127-22 Contract Term:4/1/20 / to 3/81/21 Contractor Name: Smith, Murphy & Schoepperle, LLP Contractor Address Ellicott Sq. Bldg., 295 Main Street, Suite 786, Buffalo, NY 14203 Description of Services Being Provided:						
Legal and Paralegal						
Scope of Contract (Choose one that best fits):  Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the			
Legal	2	262.20	Contract \$39,330.00			
Paralegal	1	34.70	\$1,561.15			
Adminstrative/secretarial		33.6	N/A			
Total this page	3.00	330.50	\$40, 891.15			
Grand Total						
Name of person who prepared this report: Stephen P. Brooks Preparer's Signature:  Title: Partner  Date Prepared: 4/28/21						

Use additional pages if necessary)

FORM B		OSC Use Or Reporting Co Category Co	ode:
	State Consultant Se		
	ctor's Annual Emplo		
Report Per	riod: April 1, 2020 t	o March 31, 2021	
Contracting State Agency Name: NYS Contract Number: CL00131-03 Contract Term: 4/1/20 / to 3/3/1/2 Contractor Name: The Law Offices of Melissa Contractor Address: 636 North French R Description of Services Being Provide Legal counsel - workers' comp	21 a A. Day, PLLC oad, Suite 3, Amherst, N ed:		04
Logar course. Werners comp		· · · · · · · · · · · · · · · · · · ·	
Scope of Contract (Choose one that bes Analysis	h	onsulting  vironmental Services  er Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
23-1011.00 Lawyers	13	23792	745780
Total this page	13.00	23,792.00	\$745,780.00
Grand Total	13	23792	\$745,780.00
Name of person who prepared this rep Preparer's Signature: 1/ / Title: Thomas M. Dickinson Office Manage Date Prepared: 4/14/2/		one #; 716-616-0111 ext.	.17
Use additional pages if necessary)			Page 1 of 1

FORM B  OSC Use Only: Reporting Code:			•
		Category Co	· ·
	State Consultant S	ervices	
Contr	actor's Annual Empl		
Report P	eriod: April 1, 2020	to March 31, 2021	
Contracting State Agency Name: N° Contract Number: D000170 Contract Term: 5/26/20 / to 5/2		Agency Code: 70102	04
Contractor Name: LiRo Architects + Planne	ers, P.C.		
Contractor Address: 3 Aerial Way, Syon Description of Services Being Provi	sset, NY 11791 ded:		
Statewide Architecture & Eng	gineering Services		
Data Processing Computer Programmer Architect Services Health Services Mental Health Se Accounting Auditing Parale	Surveying  Er	consulting  nvironmental Services  her Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Project Manager	1	22	4488.00
Sr. Mechanical Engineer	1	40	5600.00
Mechancial Engineer	1	26.50	2782.50
,			
Total this page	3.00	88.50	\$12,870.50
Grand Total	3.00	84.50	\$12,870.50
Name of person who prepared this re Preparer's Signature:	Joseph P.		_
Title: Sr. Vice President, Division Leader Date Prepared: 4/13/2/	r, Architecture Ph	one #: 212-563-0280	

Use additional pages if necessary)

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OSC Use Only:	
Reporting Code:	
Category Code:	

### **State Consultant Services**

Contractor's Annual Employment Report						
Report Period: April 1, 2020 to March 31, 2021						
Contracting State Agency Name: NYS IF Agency Code: 7010204  Contract Number: PH65773  Contract Term: 11/01/2012 to 06/30/2019  Contractor Name: IIT Inc  Contractor Address: 6 CORNISH COURT, SUITE 101, HUNTINGTON STATION, NY 11746  Description of Services Being Provided: IT Services						
Scope of Contract (Choose one that best fits):  Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
15-1131.00 Computer Programmers	s 1	416.00	\$38,979.20			
Total this page 1 416.00 \$38,979.20  Grand Total 1 416.00 \$38,979.20						
Name of person who prepared this report: Dinesh Gulati Preparer's Signature:  Title: Managing Director Date Prepared: 4/29/2021						

Use additional pages if necessary)

FORM B		OSC Use Or	nly:		
		Reporting Co Category Co			
		Category Co	uc.		
_	State Consultant S				
	actor's Annual Empl	•			
Report Pe	eriod: April 1, 2020 (	o March 31, 2021			
Contracting State Agency Name: NY Contract Number: PH65776	'SIF	Agency Code: 701020	04		
	/30/2019				
Contractor Name: Knowledge Builders					
Contractor Address:1977 Western A Description of Services Being Provid Technical Architect	venue; Ste #1; Albany ded:	; NY - 12203			
	umming \( \) Other IT c \[ \] Surveying \( \) Envices \( \) egal \( \) Legal \( \) Other	consulting	Amount Payable Under the		
Employment Category	Number of Employees	Number of Hours Worked	Contract		
15-1199.02 5 4,925 \$419,246					
Total this page	5	4,925	\$419,246		
Grand Total	5	4,925	\$419,246		
Name of person who prepared this repreparer's Signature:  Title: Executive Vice President		one #: 518-250-418			

Date Prepared: 0/5/0/7/2021

Use additional pages if necessary)

#### **FORM B**

### New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: State Insurance Fund					
Contract Number: PH65780	Agency Business Unit: MSC01				
Contract Term: 11/1/2012 to 6/30/2	Agency Department	ID: 7010204			
Contractor Name: MVP Consulting Plus					
Contractor Address: 435 New Karner Road, Suite 202 Albany, NY 12205					
Description of Services Being Provided: IT Consulting Services					
Scope of Contract (Choose one that b	· <u> </u>				
	<del></del>	ining			
$\square$ Data Processing $\square$ Computer Programming $\underline{X}$ Other IT consulting					
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services					
☐ Health Services ☐ Mental Health	Services				
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal	ting		
	Number of	Number of	Amount Payable		
Employment Category	Employees	Hours Worked	Under the Contract		
15-1199.02	1	928	\$97,161.60		
15-1121.00	1	2006.5	\$119,587.40		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
At the state of th	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
Total this Page	2	2934.5	\$216,749.00		
Grand Total	2	2934.5	\$216,749.00		

Name of person who prepared this report: Stephen Miller

Title: President

Phone #: 518-218-1700

Preparer's Signature: Date Prepared: 4/26/21

FORM B		Reporting Category	
	Ct. t. C		
Contr	State Consultant		
	actor's Annual Emp		
Report F	Period: April 1, 2020	to March 31, 2021	
Contracting State Agency Name	NYSIF		
Contract Number: PH68606	. INTOIL	Agen	cy Code: 7010204
0 1 1	to 6/30/2024		
Contractor Name: Computer		Inc	_
Contractor Address: 200 Grea	t Oaks Blvd Suite 21	1 Albany New York 1	2202
Description of Services Being Pro	ovided.	TADATY, NEW TOR I	2203
Hourly based IT services			
-			
Scope of Contract (Choose one th			
	earch Training		
		er IT consulting	
Engineering Architect Services Health Services Mental Health		Environmental Service	es 🗌
	alegal  Legal	Other Consulting	
	alogui 🗀 🖸 Legai 🗀	Other Consulting [	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
T Specialist	1	1572	\$124,062.24
Software Developer	1	864	\$67,806.72
Total this page	2	2436	\$191,868.96
Grand Total	2	2436	\$191,868.96
lame of person who prepared this "Dance" reparer's Signature:	s report: Darcy Ba	atzold	
itle: Operations Manager	Dha	no# /E40\ 000 04	502
	Pho	one #: (518) 869-35	942
ate Prepared: 5/7/2			

#### FORM B

### New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NY	/SIF					
Contract Number: PH68607 Agency Business Unit:						
Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID:						
Contractor Name: Crossfire Consulting Corp						
Contractor Address: 1940 Commerce	e Street, Yorktow	n Heights, NY 10598	1			
Description of Services Being Provided: Hourly Based Information Technology						
Scope of Contract (Choose one that b		ining				
☐ Data Processing ☐ Computer Pro	_	Other IT consulting				
☐ Engineering ☐ Architect Services			Continue			
☐ Health Services ☐ Mental Health	_ , ,	LI, Environmental	DEI VICES			
	ralegal	al Dther Consul	tina			
. Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Systems Architect	2.00	368.00	\$33,120.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
Total this Page	2.00	368.00	\$33,120.00			
Grand Total	2.00	368	\$33,120.00			
	· · · · · · · · · · · · · · · · · · ·					

Name of person who prepared this report: Maureen Kruze

Title: Administrator Preparer's Signature:

Phone #: 914-302-2900

Date Prepared: 05/12/2021

FORM B		OSC Use On Reporting Co Category Co	ode:			
State Consultant Services						
Contra	ctor's Annual Empl	oyment Report				
Report Per	riod: April 1, 2020 t	o March 31, 2021				
		,				
Contracting State Agency Name: NY: Contract Number: PH68612 Contract Term: 7/11/l/9 / to 6/30. Contractor Name: JSM Consulting Inc Contractor Address 65 Station Road, Description of Services Being Provide HBITS	//24 Cranbury, NJ 0851:	Agency Code: 701020	04			
Scope of Contract (Choose one that bes Analysis	h Training T nming Other IT of Surveying En vices T	consulting  vironmental Services  ner Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Systems Architect	2	1372	139601.00			
Software Developer	1	958	72051.18			
Total this page Grand Total	3.00	2,330.00	\$211,652.18			
Name of person who prepared this ret Preparer's Signature: Title: SVP - Operations Date Prepared: 4/20/21 Use additional pages if necessary)		one #: 6097226600 Ex	t 102			

FORM B		OSC Use O	•	
		Reporting C		
		Category Co	ode:	
	G G H G	•		
	State Consultant So			
	ctor's Annual Empl	•		
Report Per	riod: April 1, 2020 <sub>t</sub>	o March 31, 2021		
Contracting State Agency Name: NYS	SIF	Agency Code: 70102	04	
Contract Number: PH68613				
Contract Term: 07/01/2019 to 06/30				
Contractor Name: Knowledge Builders				
Contractor Address: 1977 Western Av	venue; Ste # 1; Alban	y; NY - 12203		
Description of Services Being Provide	Systems Develo	per		
Scope of Contract (Choose one that bes	et fits):			
Analysis Evaluation Research				
Data Processing Computer Program		consulting		
Engineering Architect Services	~ <del>_</del>	vironmental Services		
Health Services Mental Health Serv				
Accounting Auditing Paraleg	gal 🔲 Legal 🔲 Oth	ner Consulting		
	T		Amount Payable Under the	
Employment Category	Number of Employees	Number of Hours Worked	Contract	
15-1252.00	1	916	\$71,677	
Total this page	1	916	\$71,677	
Grand Total	1	916	\$71,677	
_				
Name of person who prepared this rep	oort: Sanjay Kapalli			
Preparer's Signature:				
Title: Executive Vice President	A A Ph	one #: 518-250-4189		
Date Prepared: 05//07/2021				

Use additional pages if necessary)

Page

of

FORM B		OSC Use On	ıly:				
Reporting Code:		ode:					
	Category Code:						
	State Consultant Services						
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	actor's Annual Emplo	•					
Report Pe	riod: April 1, 2020 t	o March 31, 2021					
Contracting State Agency Name: NY	SIF	Agency Code: 701020	)4				
Contract Number: PH68613	00/0004						
Contract Term: 07/01/2019 to 06/3 Contractor Name: Knowledge Builders	The state of the s						
Contractor Address: 1977 Western A		v: NV - 12203					
Description of Services Being Providence	led: Systems Archit						
	Systems Archit	.ect					
Scope of Contract (Choose one that be Analysis Evaluation Research Data Processing Computer Progra Engineering Architect Services Health Services Mental Health Ser Accounting Auditing Parale	ch Training D mming Other IT c Surveying En vices D	consulting  vironmental Services  mer Consulting					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the				
15-1299.08	2	1,767.50	Contract \$159,186				
16 1260.66		1,707.00	ψ100,100				
	1						
	+		_				
	1						
Total this page	2	1,767.50	\$159,186				
Grand Total	2	1,767.50	\$159,186				
Name of person who prepared this re	port: Sanjay Kapalli						
Preparer's Signature:	1 Aarl	# E10 OE0 4100	_				
Title: Executive Vice president	(Aur)   Ph	one #: 518-250-4189					
Date Prepared: 05//07/2021							

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of

FORM B		OSC Use On	•			
		Reporting Co				
Category Code:						
	State Consultant Se	ervices				
Contra	ctor's Annual Emplo	oyment Report				
Report Per	riod: April 1, 2020 t	o March 31, 2021				
	<u> </u>	,				
Contract Number: PH68613 Contract Term: 07/01/2019 to 06/3	Contracting State Agency Name: NYSIF Agency Code: 7010204 Contract Number: PH68613 Contract Term: 07/01/2019 to 06/30/2024					
Contractor Name: Knowledge Builders						
Contractor Address: 1977 Western Address: 19	venue; Ste # 1; Alban	y; NY - 12203				
Description of Services Being Froview	Software Develo	oper				
Analysis Evaluation Researce Data Processing Computer Program Engineering Architect Services Health Services Mental Health Serv	Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services  Health Services Mental Health Services					
Employment Category	Employment Category Number of Employees Number of Hours Worked Contract  Amount Payable Under the Contract					
15-1252.00	2	2,361	\$184,748			
	_					
	_					
Total this page	2	2,361	\$184,748			
Grand Total	2	2,361	\$184,748			
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Name of person who prepared this rep	port: Sanjay Kapalli	<u></u>				
Preparer's Signature:						
Title: Executive Vice President	Am   Pho	one #: 518-250-4189				
Date Prepared: 05//07/2021	Date Prepared: 05//07/2021					

Use additional pages if necessary)

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FORM B			SC Use Only:		
			eporting Code:		
Category Code:			ategory Code:		
	State Consultant So				
	ctor's Annual Emplo	-			
Report Per	riod: April 1, 2020 t	o March 31, 20	)21		
Contracting State Agency Name: NY	SIF	Agency Code:	7010204		
Contract Number: PH68613					
Contract Term: 07/01/2019 to 06/3					
Contractor Name: Knowledge Builders					
Contractor Address: 1977 Western Av	venue; Ste # 1; Alban	y; NY - 12203			
Description of Services Being Provide	Software Archit	ect			
Scope of Contract (Choose one that bes	at fits):				
Analysis Evaluation Research					
Data Processing Computer Program		onsulting			
Engineering Architect Services	Surveying En	vironmental Servi	ices 🗌		
Health Services Mental Health Serv		_			
Accounting Auditing Paraleg	gal 🗌 Legal 🔲 Oth	ner Consulting			
Employment Cotegory Number of Employees Number of Hours Worked Amount Payable Under the					
Employment Category	Number of Employees	Number of Hours	Contract		
15-1199.02	2	2,537	\$228,355	,	
		10.505			
Total this page	2	2,537	\$228,355		
Grand Total	2	2,537	\$228,355	)	
Name of person who prepared this rep	oort: Şanjay Kapalli				
Preparer's Signature:	· · · · · · · · · · · · · · · · · · ·	# E10 0E0	4190		
Title: Executive Vice President	Ph	one #: 518-250	<del>-4</del> 109		
Date Prepared: 05//07/2021	Date Prepared: 05/07/2021				

#### **FORM B**

### New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

		<u> </u>				
Contracting State Agency Name: NY	S Insurance Fur	nd				
Contract Number: PH68617 Agency Business Unit: MSC01						
Contract Term: 7/1/2019 to 6/30/2024 Agency Department ID: 7010204						
Contractor Name: MVP Consulting P	lus					
Contractor Address: 435 New Karner	r Road, Suite 20	2 Albany, NY 12205				
Description of Services Being Provid	ed: IT Consultin	g Services				
Scope of Contract (Choose one that b	•					
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Tra	ining				
☐ Data Processing ☐ Computer Pr	ogramming <u>X</u>	Other IT consulting				
☐ Engineering ☐ Architect Services	s 🔲 Surveying	g Environmental	Services			
☐ Health Services ☐ Mental Health	Services					
Accounting Auditing Pa	ralegal 🔲 Leç	gal 🔲 Other Consul	ting			
	Number of	Number of	Amount Payable			
Employment Category	Employees	Hours Worked	Under the Contract			
15-1199.02	1	1680	\$120,086.40			
15-1141.00	1	752	\$47,744.48			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
0.00 0.00						
0.00 0.00						
	0.00 0.00					
	0.00 0.00 \$0					
	0.00 0.00 \$0.					
Total this Page	2	2432	\$167,830.88			
Grand Total	2	2432	\$167,830.88			

Name of person who prepared this report: Stephen Miller

Title: President

Phone #: 518-218-1700

Preparer's Signature: Date Prepared: 4/22/21

### New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Ne	w York State Insura	nce Fund	
Contract Number: PH68618		Agency Business Uni	t: NYSIF
Contract Term: 07/1/2019 to 6/30/20	Agency Department II		
Contractor Name: NTT DATA, Inc.			
Contractor Address: 18 Corporate W	oods Blvd., Albany,		
NY 12211 Description of Services Being Provid	ed: Hourly Based Info	ermation Tachnology	•
Booshpalon of Convided Beiling 1 10viu	ca. Hourly based line	imation recimology	
Scope of Contract (Choose one th	at best fits):		
☐ Analysis ☐ Evaluation	☐ Research [	Training	
☐ Data Processing ☐ Compu	ter Programming	☑Other IT consulting	
☐ Engineering ☐ Architect Se	ervices	ying 🔲 Environm	ental Services
☐ Health Services ☐ Mental H	Health Services		
☐ Accounting ☐ Auditing	☐ Paralegal [	☐ Legal ☐ Other	Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Computer Systems Engineers/	2	3756.5	\$313,367.24
Architects (15-1199.02)	2	5/30.3	φ313,307.24
			•
·			
			:
Total this page	2	3756.5	\$313,367.24
Grand Total	2	3756.5	\$313,367.24

Name of person who prepared this report: Carol Fitzgerald

Title: Delivery Director

Preparer's Signature: Concluty Pla

Date Prepared: 05/03/2021

(Use additional pages, if necessary)

Phone #: 518-815-2057

#### FORM B

### New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: New York State Insurance Fund Contract Number: PH68621 Agency Business Unit: MSC01 Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: 7010204 Contractor Name: PSI International Inc. Contractor Address: 11200 Waples Mill Rd, Suite 200 Fairfax, ,VA 22030 Description of Services Being Provided: IT Services					
☐ Data Processing ☐ Computer Pro☐ Engineering ☐ Architect Services☐ Health Services ☐ Mental Health	search	_			
Employment Category	Number of Number of Amount Payable gory Employees Hours Worked Under the Contract				
Software Developers, Applications	1	1,291.00	\$106,998.08		
Total this Page	1	1,291.00	\$106,998.08		
Grand Total	1	1,291.00	\$106,998.08		
Name of person who prepared this report: Jasmin Bertulfo  Title: Accountant  Preparer's Signature:  Date Prepared: 05/03/2021  Phone #: 703.621.5849					

#### FORM B

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2019 to March 31, 2020

Report Feriou.	April 1, 2019	to March 31, 2020			
Contracting State Agency Name: NY	SIF-HBITS				
Contract Number: PH68629		Agency Business Ur	nit: MSC01		
	20/2024	•			
Contract Term: 07/01/2019 to 06/3		Agency Department	ID: 7010204		
Contractor Name: Tech Valley Talent	t				
Contractor Address: 20 Prospect St,	<b>Ballston Spa NY</b>	′ 12020			
Description of Services Being Provide	-		logy		
Description of dervices being through	sa. Hourry base		nog)		
			·		
Scope of Contract (Choose one that best fits):					
☐ Analysis ☐ Evaluation ☐ Research ☐ Training					
☐ Data Processing ☐ Computer Programming ☒ Other IT consulting					
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services					
☐ Health Services ☐ Mental Health Services					
Accounting Auditing Paralegal Legal Other Consulting					
	Number of	Number of	Amount Pavable		

Accounting Auditing Paralegal Legal Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1241.00 Computer Network Architects	1.00	1,802.00	\$145,530.56	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
Total this Page	1.00	1,802.00	\$145,530.56	
Grand Total	1.00	1,802	\$145,530.56	

Name of person who prepared this report: Jennifer Duane	,
Title: Administrative Assistant  Preparer's Signature:  Jennifer Duane	Phone #: 518-882-0001 x113
Preparer's Signature: Jewinger yource	
Date Prepared: 05/03/2021	

FORM B		OSC Use On	ıly:	
			Reporting Code:	
Category Code:			de:	
	State Consultant Se	ervices		
Contrac	ctor's Annual Emplo	yment Report		
Report Per	iod: April 1, to	o March 31,		
Contracting State Agency Name: NYSIF Contract Number: Contract Term: / / to / / Contractor Name: Contractor Address: Description of Services Being Provided:				
Scope of Contract (Choose one that best fits):  Analysis				
Accounting Auditing Paralega	al Legal Oth	er Consulting	Amount Payable Under the	
Employment Category	Number of Employees	Number of Hours Worked	Contract	
Total this page				
Grand Total				
	•	•	•	
Name of person who prepared this rep Preparer's Signature: <u>Siana Ta</u> Title:	curi	one #:	_	

FORM B		OSC Use On Reporting Co Category Coc	de:		
	State Consultant Services				
Report Perio	tor's Annual Emplo	-	ort		
Keport I en	ou. April 1, (	o March 31,			
Contracting State Agency Name: NYSIF Contract Number: Contract Term: / / to / / Contractor Name: Contractor Address: Description of Services Being Provided:					
Scope of Contract (Choose one that best fits):  Analysis					
Employment Category	Number of Employees	Number of Ho	dis Worked	Contract	
Total this page					
Grand Total					
Name of person who prepared this repo Preparer's Signature: <i>Dharmash</i> Title:	£	one #:		-	

Use additional pages if necessary)

Page of

FORM B		Reporting Code: Category Code:								
Category Code.										
	State Consultant Se	ervices								
Contractor's Annual Employment Report										
Report Po	eriod: April 1, 2020 t	o March 31, 2021								
Contracting State Agency Name:	NYSIF	Agency	Code: 7010204							
Contract Number: PR65769		_								
dilliant letti.	o 6/30/2019		7 11							
Contractor Name: Computer Technology Services Inc Contractor Address: 200 Great Oaks Blvd Suite 211 Albany, New York 12203										
Contractor Address: 200 Great	Oaks Blvd Suite 211	Albany, New Tork 122	200							
Description of Services Being Pro	oviged.									
Hourly based IT services										
Health Services Mental Health	s Surveying	r IT consulting   Environmental Service  Other Consulting								
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract							
Technical Architect	2	1767.75	\$153,833.25							
	1	1767.25	\$153,833.25							
Total this page 2 \$153										
Grand Total	2	1707.20								
Name of person who prepared to	this report: Darcy Darcy Batyoll	Batzold								
Preparer's Signature:  Title: Operations Manager		hone #: (518) 869-3	3592							
Date Prepared: 05/03/2021			Page 1 of 1							

#### FORM B

### New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYSIF Contract Number: PR65774 Agency Business Unit:										
Contract Term: 04/01/2020 to 03/3										
5 , 1										
Contractor Name: InfoPeople Corporation										
Contractor Address: 450 Seventh Avenue, Suite 1106, NY NY 10123										
Description of Services Being Provided: IT Staff Augmentation Services										
			· · · · · · · · · · · · · · · · · · ·							
Scope of Contract (Choose one that b	est fits):		**************************************							
	•	ining								
☐ Data Processing ☐ Computer Pro	ogramming 🛛	Other IT consulting								
☐ Engineering ☐ Architect Services			Services							
☐ Health Services ☐ Mental Health	Services									
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal	ting							
	Number of Number of Amount Payable									
Employment Category	Employees	Hours Worked	Under the Contract							
15-1133.00 Software	3.00	3,976.00	\$391,441.20							
Developer/Systems Software		The state of the s								
	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
8.	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
	0.00	0.00	\$0.00							
Total this Page	3.00	3,976.00	\$391,441.20							
Grand Total	3.00	3,976	\$391,441.20							

Name of pe	rson who prepa	red this report	Douglas	Bernstein

Preparer's Signature:

Title: VP

Date Prepared: 5/04/2021

Phone #: 646-790-8252

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS Insurance Fund

Agency Code: 7010204

Contract Number: PR65777/PH65777 Contract Term: 11/01/2012 to 06/30/2019

Contractor Name: Logic House Ltd.

Contractor Address: 49950 Jefferson St., Suite 130-391, Indio, CA 92201 Description of Services Being Provided: Various Hourly Based IT Services

Analysis Evaluation Research Training Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting  Employment Category Number of Employees Number of Hours Worked Amount Payable Under the Contract
Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting  Employment Category Number of Employees Number of Hours Worked the Contract
Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting  Employment Category Number of Employees Number of Hours Worked The Contract
Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting  Employment Category Number of Employees Number of Hours Worked the Contract
Employment Category Number of Employees Number of Hours Worked the Contract
the Contract
Computer Programmer         1         478.50         \$36,198.53
Total this page 1 478.50 \$36,198.53
Grand Total 1 478.50 \$36,198.53

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FORM B
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OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services								
Contractor's Annual Employment Report  Report Period: April 1, to March 31,								
Report Per	ioa: April 1, to	o March 31,						
Contracting State Agency Name: Contract Number: 341896 Contract Term: 10/16/2019 to 6 Contractor Name: CmA Consult Contractor Address: 100 Troy Description of Services Being Prov	12012021	Agency Code: Pd. Latham, N.Y. Donsalling.	12110					
- [ - [ - [ - [ - [ - [ - [ - [ - [ - [	arch		s 🗆					
Employment Category Number of Employees Number of Hours Worked the Contract								
Computer Programming:	npulle Programming: 2 37.25							
Total this page	2	37.75	8267.25					
Grand Total	2	37.75	8267.25					
Name of person who prepared this Preparer's Signature: Discount Date Prepared:  Use additional pages if necessary)	cheman	One #: 518-783.9						