

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

FORMA

**State Consultant Services - Contractor's Planned Employment
 From Contract Start Date Through The End Of The Contract Term**

State Agency Name: NYS Dept. of Financial Services Agency Code: 37000
 Contractor Name: MLMIC Insurance Company Contract#: C000458
 Contract Start Date: 07/01/2020 Contract End Date: 06/30/2025

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-2053-00	4	12,960	\$1,321,525.00
Total this page	4	12,960	\$1,321,525.00
Grand Total	4	12,960	\$1,321,525.00

Name of person who prepared this report: Patrick G. Conway
 Title: Vice President Phone#: 516-794-7200 Ext. 4173

Preparer's Signature: 
 Date Prepared: 3/21/19
 Revised: 3/18/2020.

(Use additional pages, if necessary)