State Insurance Fund 7010204

FORM B			OSC Use On Reporting Co			
			Category Cod			
State Consultant Services						
Contrac	ctor's Annual Emplo	yment Repo	ort			
Report Per	iod: April 1, t	o March 31,				
Contracting State Agency Name: NYSIF Contract Number: Contract Term: 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	ours Worked	Amount Payable Under the Contract		
Total this page						
Grand Total						
Name of person who prepared this rep Preparer's Signature: Peter Betthe	ort: H			_		
Title:		one #:				
Date Prepared:						
Use additional pages if necessary)				Page of		

FORM B			OSC Use On Reporting Co	de:		
			Category Coo	ic.		
State Consultant Services						
Contrac	ctor's Annual Empl	oyment Repo	ort			
Report Per	iod: April 1, t	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 He	ours Worked	Amount Payable Under the Contract		
Total this page						
Grand Total						
Name of person who prepared this rep Preparer's Signature: <i>Nicola C</i>	Connor			_		
Title:	Ph	one #:				
Date Prepared:						
Use additional pages if necessary)				Page of		

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: State Insurance Fraud Contract Number: CL00152-01 Agency Business Unit: MSC01 Contract Term: 12/01/2019 to 11/30/2024 Agency Department ID: 7010204 Contractor Name: Deloitte Consulting LLP Contractor Address: 30 Rockefeller Plaza, New York, NY 10112 Description of Services Being Provided: Consulting 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 the Contract		
General and Operations Managers	4.00	758.75	\$309,565.93		
Management Analysts	10.00	3,626.00	\$1,479,388.57		
Total this Page	14.00	4,384.75	\$1,788,954.50		
Grand Total	14.00	4,384.75	\$1,788,954.50		
Name of person who prepared this retaile: EFA Preparer's Signature:Frank 0 Date Prepared: 05/07/2025	eport: Frank Wads Wadsworth	Phone #:	860-508-9311		

FORM B		OSC Use	Only:		
		Reporting	Code:		
		Category C	ode:		
Γ					
	State Consultant So				
	ctor's Annual Empl	•			
Report Per	riod: April 1,2024 t	o March 31, 2025			
Contracting State Agency Name: NYSIF Agency Code: 7010204 Contract Number: CL00161 Contract Term: 12/1/19 to 11/30/24 Contractor Name: Barth Condren LLP Contractor Address: 367 Linwood Ave., Buffalo, NY 14209 Description of Services Being Provided:					
Legal Services					
Scope of Contract (Choose one that best Analysis	h	consulting vironmental Services mer Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
23-1011.00 lawyer	1	0			
Total this page	1.00	0.00	\$0.00		
Grand Total	1.0	0.00	0.00		
Name of person who prepared this rep					
Preparer's Signature: Suzanne M.	, KUSSO	one #: 716-856-1300			
Title:Bookkeeper	Pn	one #: 110-050-1500			

Date Prepared: 4/7/25

FORM B		OSC Use Or	ıly:		
		Reporting Co	ode:		
		Category Co	de:		
State Consultant Services					
Contra	ctor's Annual Emplo	oyment Report			
Report Per	riod: April 1, 2024 t	o March 31, 2025			
Contracting State Agency Name: NY: Contract Number: CL00165		Agency Code: 701020	04		
Contract Term:4/1/24 to 11/30/2					
Contractor Name: Gitto & Niefer, LL Contractor Address: 2 Court Street, S Description of Services Being Provide	Suite 203. Binghamto	on, NY 13901			
Hourly Based Information					
Scope of Contract (Choose one that best fits): Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Legal Support Workers	16	7726.56	169697.44		
Lawyer	1	213.8	32045		
Partners	8	5087.8	763392		
Total this page	25.00	13,028.16	\$965,134.44		
Grand Total					
Name of person who prepared this rep		on ·			
Preparer's Signature:	Kungalan Ph	one #: 607-723-0600	······································		
Date Prepared: 5/7/25	- Pn	one #. 557 725 5566			
Use additional pages if necessary)			Page 1 of 2		

FORM B			OSC Use On	·		
			Reporting Co Category Cod			
			category Coc	ic.		
State Consultant Services						
	ctor's Annual Emplo	•	t			
Report Per	riod: April 1, to	March 31,				
Contracting State Agency Name: NYS Contract Number: Contract Term: to Contractor Name: Contractor Address: Description of Services Being Provide		Agency Code	e: 701020)4		
Scope of Contract (Choose one that best fits): Analysis						
Employment Category	Number of Employees	Number of Hou	rs Worked	Amount Payable Under the Contract		
Total this page						
Grand Total						
Name of person who prepared this report Preparer's Signature:	 	ne #:				
Date Prepared:	Pnoi	IIC #.				

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FORM B		OSC Use Onl Reporting Cod Category Cod	ie:		
State Consultant Services					
	ctor's Annual Emplo				
Report Per	riod: April 1, 2024 to	March 31, 2025			
Contracting State Agency Name: NY: Contract Number: CL00226 Contract Term: 9/16/20 to 9/16/25 Contractor Name: Ronda Anderson dba Instar Contractor Address: 130 Charlton Road Description of Services Being Provide Claims Review and Audit serv	nce Consulting Expertise , Ballston Spa nY 12020 ed:	Agency Code: 701020	4.		
	th Training Temming Training Other IT comming Training Tr	vironmental Services er Consulting	Amount Payable Under the		
Employment Category	Number of Employees	Number of Hours Worked	Contract \$53,571.25		
Auditor 13-211.02		630.25			
Total this page	1.00	630.25	\$53,571.25		
Grand Total	1	630.25	\$53,571.25		
Name of person who prepared this re Preparer's Signature: Title: Principal Date Prepared: 4/4/25 Use additional pages if necessary)	andorsa	one #: 5188850971	Page 1 of 1		

FORM B		OSC Use Or				
		Reporting Co				
		Category Co	de:			
State Consultant Services						
Contra	ctor's Annual Emplo					
Report Period: April 1, to March 31,						
Contracting State Agency Name: NYSIF Agency Code: 7010204						
Contract Number: Contract Term: to						
Contractor Name:						
Contractor Address:						
Description of Services Being Provide	ed:					
	4.004					
Scope of Contract (Choose one that bes Analysis Evaluation Research						
Data Processing Computer Program	_ ~	onsulting				
Engineering Architect Services	~ _	vironmental Services				
Health Services Mental Health Serv	; e <u>—</u>	<u> </u>				
Accounting Auditing Paraleg	gal 🔲 Legal 🔲 Oth	er Consulting				
	T N 1 CF 1		Amount Payable Under the			
Employment Category	Number of Employees	Number of Hours Worked	Contract			
	_					
Total this page						
Grand Total						
3 5 5 5 5	<u> </u>					
Name of person who prepared this rep	ort:					
Preparer's Signature: Marlon Torio			_			
Title:	Pho	one #:				
Date Prepared:						

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FORM B		OSC Use Or				
		Reporting Co				
		Category Co	de:			
State Consultant Services						
Contra	ctor's Annual Emplo					
Report Period: April 1, to March 31,						
Contracting State Agency Name: NYSIF Agency Code: 7010204						
Contract Number: Contract Term: to						
Contractor Name:						
Contractor Address:						
Description of Services Being Provide	ed:					
	4.004					
Scope of Contract (Choose one that bes Analysis Evaluation Research						
Data Processing Computer Program	_ ~	onsulting				
Engineering Architect Services	~ _	vironmental Services				
Health Services Mental Health Serv	; e <u>—</u>	<u> </u>				
Accounting Auditing Paraleg	gal 🔲 Legal 🔲 Oth	er Consulting				
	T N 1 CF 1		Amount Payable Under the			
Employment Category	Number of Employees	Number of Hours Worked	Contract			
	_					
Total this page						
Grand Total						
3 5 5 5 5	<u> </u>					
Name of person who prepared this rep	ort:					
Preparer's Signature: Marlon Torio			_			
Title:	Pho	one #:				
Date Prepared:						

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FORM B		OSC Use Or	ıly:
		Reporting Co	ode:
		Category Co	de:
	State Consultant So	ominos	
Contro	ctor's Annual Empl		
	-	•	
Report Per	riod: April 1,2024 t	o March 31, 2025	
	OIF.	A C 1 70100	0.4
Contracting State Agency Name: NYS Contract Number: CL00374	SIF	Agency Code: 701020	J4
Contract Term: 12/1/24 to 11/30/2	9		
Contractor Name: Barth Condren LL	· -		
Contractor Address: 367 Linwood Ave Description of Services Being Provide		9	
Description of Services Being Provide	ed:		
Legal Services			
Scope of Contract (Choose one that bes Analysis	h Training nming Other IT c Surveying En	onsulting vironmental Services er Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
23-1011.00 lawyer	1	63.4	11,095.00
,			<u>'</u>
Total this page	1.00	63.40	\$0.00
Grand Total	1.0	63.4	11,095.00
Name of person who prepared this rep Preparer's Signature: <u>Suzanne M.</u> Title:Bookkeeper Date Prepared: 4/11/25	Russo	one #: 716-856-1300	_

Page 1 of 1

AC 3272-S (Effective 4/12)

FORM B		OSC Use Or Reporting Co Category Co	ode:		
		Calegory Co	uc.		
	State Consultant S	ervices			
	ctor's Annual Empl	-			
Report Per	riod: April 1, 2024 (o March 31, 2025	w.u.		
Contracting State Agency Name: NYSIF Agency Code: 7010204 Contract Number: CL00375 Contract Term:12/1/24 to 3/31/25 Contractor Name: Gitto & Niefer, LLP Contractor Address: 2 Court Street, Suite 203, Binghamton, NY 13901 Description of Services Being Provided: Hourly Based Information					
Scope of Contract (Choose one that best fits): Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Legal Support Workers	17	3780.18	92578.58		
Lawyer	1	62.3	9345		
Partners	8	3027	529230		
Total this page	26.00	6,869.48	\$631,153.58		
Grand Total					
Name of person who prepared this repreparer's Signature: Title:Finance Assistant Date Prepared: 5/7/25 Use additional pages if necessary)	lungdon	don one #: 607-723-0600	Page 2 of 2		

EODM D		Lasari, a		
FORM B		OSC Use On Reporting Co		
		Category Cod		
	State Co. H. 4 C			
Contra	State Consultant Se ctor's Annual Emplo			
	iod: April 1, 2024 to			
Report i ei	юц. Арти 1, 2024 (0 Wiarch 31, 2020		
Contracting State Agency Name: NYS	SIF	Agency Code: 701020)4	
Contract Term: 12/1/24 to 11/30/29				
Contractor Name: Vecchione, Vecchion	e & Cano, LLP			
Contractor Address: 147 Herricks Road Description of Services Being Provide	Garden City Park, NY 11 ed:	040		
Legal 1A Insurance Defense (Outside Counsel V	VC Board Hearings		
Scope of Contract (Choose one that best fits): Analysis				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
23-101 Lawyers	26	3560	239602	
23-2011 Paralegals & Legal Assistants	1	5	100	
23-2090 Misc. Legal Support Workers	12	608.7	n/a	
Total this page	39.00	4,173.70	\$239,702.00	
Grand Total				
N 6	AN INC.			
Name of person who prepared this rep Preparer's Signature:	oort:			
Title: Billing Manager	Ph	one #: 516-741-7575 x60	6	
Date Prepared: 5/14/25	1 11	OILO II.		
Use additional pages if necessary)			Page 1 of 1	

FORM B			OSC Use On	·			
			Reporting Co Category Cod				
			category Coc	ic.			
State Consultant Services							
	ctor's Annual Emplo	•	t				
Report Per	riod: April 1, to	March 31,					
Contracting State Agency Name: NYS Contract Number: Contract Term: to Contractor Name: Contractor Address: Description of Services Being Provide		Agency Code	e: 701020)4			
Scope of Contract (Choose one that best Analysis	h	onsulting vironmental Ser er Consulting					
Employment Category	Number of Employees	Number of Hou	rs Worked	Amount Payable Under the Contract			
Total this page							
Grand Total							
Name of person who prepared this report Preparer's Signature:	 	ne #:					
Date Prepared:	Pnoi	IIC #.					

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FORM B			OSC Use On Reporting Co Category Coo	ode:			
State Consultant Services							
	ctor's Annual Empliod: April 1,	_	rt				
Report 1 er	iou. Aprii 1,	to 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							
Employment Category	Number of Employees	Number of Ho	ours Worked	Amount Payable Under the Contract			
Tataldianasa							
Total this page Grand Total		1					
		1		ı			
Name of person who prepared this rep Preparer's Signature: Title: Date Prepared:	A	one #:		_			

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FORM B			OSC Use On					
			Reporting Co					
			Category Coc	le:				
State Consultant Services								
Contractor's Annual Employment Report								
		_						
Report 1 er	iou. April 1, to	o March 31,						
Contracting State Agency Names NW		A C	Ja. 701020	14				
Contracting State Agency Name: NYS Contract Number:	SIF	Agency Co	ue: /01020	J 4				
Contract Term: to								
Contractor Name:								
Contractor Address:								
Description of Services Being Provide	.q.							
Description of Services Being Frovide	λα.							
Scope of Contract (Choose one that best Analysis	h Training Tomming Other IT consumer Surveying Envices	onsulting vironmental So						
	_	1		Amazza Dazzal II. II. daza da a				
Employment Category	Number of Employees	Number of Ho	ours Worked	Amount Payable Under the Contract				
m								
Total this page								
Grand Total								
Name of paragraphs are and this	ort: Davin D. D							
Name of person who prepared this rep	oli. Kovin K. Kožari	U						
Preparer's Signature:				_				
Title:	Pho	one #:						
Date Prepared:								

Use additional pages if necessary)

Page 1 of 1

EODM D							
FORM B		OSC Use C	-				
		Reporting (
		Category C	ode:				
State Consultant Services							
Contra	actor's Annual Empl	oyment Report					
I .	riod: April 1, 2024 (•					
1.000.010.		to March 31, 2020					
Contracting State Agency Name: NYSIF Agency Code: 7010204 Contract Number: D000172 Contract Term: 10/16/20 to 10/15/24							
Contractor Name: WCGS Architects PC Contractor Address: 20 Corporate Woods B Description of Services Being Provide	lvd, Albany, 12211 ed;						
Architectural design and plani	ning services						
Scope of Contract (Choose one that best fits): Analysis							
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract				
Architect except landscape and naval	3	154	26380.36				
Total this page	3.00	154.00	\$26,380.36				
Grand Total	0.00	104.00	\$20,000.00				
2000 2000							
Name of person who prepared this rep	ort:						
Preparer's Signature: Jose Koper	ymsks.		_				
Title: Business Manager	Pho	one #: 5183121283					
Date Prepared: 5/7/25							
Use additional pages if necessary)			Page 1 of 1				

AC 3272-S (Effective 4/12)

FORM B		OSC Use O	•			
		Reporting (
Category Code:						
	State Consultant Se	ervices				
Contra	ictor's Annual Empl	oyment Report				
	riod: April 1, 2024 t	-				
•		Virial Cit Day				
Contracting State Agency Name: NY Contract Number: 1000245	SIF	Agency Code: 70102	04			
Contract Term:3/17/23 to						
Contractor Name: Legato Capital Mana	gement, LLC					
Contractor Address: 111 Pine Street, St Description of Services Being Provide	ilte 1700, San Francisco, ed:	. CA 94111				
Investment Manager - NYSIF						
mvestment wanager - 14 Foli /						
Scope of Contract (Choose one that best fits): Analysis						
Employment Category Number of Employees Number of Hours Worked Amount Payable Under the						
11-3031.03	Contract					
17-3001:03		.01400	+			
- 207						
No.						
Total this page	5.00	10,400	\$0.00			
Grand Total	5	10,400				
Name of person who prepared this rep	ort:					
Preparer's Signature.	OIT.					
Title: President, CEO & Chief Compliance	Officer Pho	one #: 1-415-821-8560	-			
Date Prepared:		****				
Use additional pages if necessary	.,		Page 1 of 1			

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: New York State Insurance Fund (NYSIF)						
Contract Number: PH68604	Contract Number: PH68604 Agency Business Unit:					
Contract Term: 12/29/2022 to 06/28/2025	Agency Department ID:					
Contractor Name: Bits & Bytes Technology Solutions Inc						
Contractor Address: 30 Corporate Circle, Suite 100, Albany, NY 12203						
Description of Services Being Provided: HBITS-04-12450 Software Developer						

Scope of Contract (Choose one that b	Scope of Contract (Choose one that best fits):					
☐ Analysis ☐ Evaluation ☐ Research ☐ Training						
☐ Data Processing ☐ Computer Pro	ogramming 🛚 🖂	Other IT consulting				
☐ Engineering ☐ Architect Services	s 🔲 Surveying	☐ Environmental	Services			
☐ Health Services ☐ Mental Health	Services					
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal 🔲 Other Consul	ting			
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract						
Software Developers	1.00	1,751.50	\$138,701.29			
	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						
	0.00	0.00	\$0.00			
Total this Page	1.00	1,751.50	\$138,701.29			
Grand Total	1.00	1,751	\$138,701.29			

Name of person who prepared this report: Diwakar (Dave) Sahai	
Title: President	Phone #: 518-309-6900 x 1001
Preparer's Signature: Diwakar Sahai	
Date Prepared: 05/13/2025	

of

FORM B	R	OSC Use On eporting Codategory Cod	de:					
State Consultant Services								
	Contractor's Annual Employment Report Report Period: April 1, to March 31,							
Report 1 er	iou. April 1, [o March 31,						
Contracting State Agency Name: NYS Contract Number: Contract Term: / / to / Contractor Name: Contractor Address: Description of Services Being Provide	/	Agency Code:	701020	14				
Scope of Contract (Choose one that best fits): Analysis								
1,7 0,7				Contract				
Total this page								
Grand Total								
_	<u> </u>							
Name of person who prepared this rep Preparer's Signature: Title: Date Prepared: / /	\	one #:		-				

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Page of

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NY State Contract Number: PH68613 Agency Business Unit: Agency Department ID: Contract Term: 07/01/2029 to 06/30/2 Contractor Name: Knowledge Builders In Contractor Address: 1977 Western Avenue Description of Services Being Provided:	029 ic. ue, Suite 1, Alban	y, NY - 12203	
Scope of Contract (Choose one that best to Analysis	ch	r IT consulting ☐ Environmental Services ☐ Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1299.08 / Software Architect	3.00	7,217.25	\$665,358.30
15-1299.08 / Systems Architect	3.00	7,263.00	\$648,570.91
	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	6.00	14,480.25	\$1,313,929.21
Grand Total	6.00	14,480	\$1,313,929.20
Name of person who prepared this report Title: Executive Vice President Preparer's Signature: Date Prepared: 05/02/2025	t: Sanjay Kapalli	Phone #: (518) 250-4189

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: New York State Insurance Fund

Contract Number: PH68618 Agency Business Unit: NYSIF

Agency Department ID:

Contract Term: 7/1/2019 to 6/30/2025

Contractor Name: Experis US LLC

Contractor Address: P.O. Box 546, Clifton Park, NY 12065 Description of Services Being Provided: Consulting Services

Scope of Contract (Choose one that best fits):						
☐ Analysis ☐ Evaluation ☐ Resear	ch Training					
☐ Data Processing ☐ Computer Progra	mming	r IT consulting				
☐ Engineering ☐ Architect Services	☐ Surveying ☐	☐ Environmental Services				
☐ Health Services ☐ Mental Health Ser	vices					
☐ Accounting ☐ Auditing ☐ Parale	gal 🗌 Legal	Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
OCHBIT12115	1.00	1,614.75	\$134,702.45			
OCHBIT11813	1.00	870.00	\$72,575.40			
	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			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
Total this Page	2.00	2,484.75	\$207,277.85			
Grand Total						

N	lame of	person wh	no prepare	d this rep	oort: I	Lawrence Pfaff
---	---------	-----------	------------	------------	---------	----------------

Title: Account Management Analyst Phone #: 518-986-3207

Preparer's Signature: Lawrence Pfaff

Date Prepared: 4//24/2025

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYSIF	
Contract Number: PH68620	Agency Business Unit: SID01

Contract Term: 7/1/2019 to 6/30/2029 Agency Department ID:

Contractor Name: Panha Solutions Inc

Contractor Address: 1659 Central Ave, Ste 103, Albany, NY 12205

Description of Services Being Provided: Hourly Based Information Technology

Scope of Contract (Choose one that best fits): Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Software Developer	3.00	4,461.50	\$367,366.28		
	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	3.00	4,461.50	\$367,366.28		
Grand Total	3.00	4,461	\$367,366.28		

ame	ot	person	who	prepared	this	report:	Mıl	ında	P	Puv	vac	la
	ame	ame of	ame of person	ame of person who	ame of person who prepared	ame of person who prepared this	ame of person who prepared this report:	ame of person who prepared this report: Mil	ame of person who prepared this report: Milinda	ame of person who prepared this report: Milinda P	ame of person who prepared this report: Milinda P Puv	ame of person who prepared this report: Milinda P Puvvac

Title: CEO Phone #: 518-878-7457

Preparer's Signature: P. Milindo Panko

Date Prepared: 5/15/2025

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: New York State Insurance Fund

Contract Number: PH68624
Agency Business Unit: SIF01
Agency Department ID:

Contract Term: 07/01/2019 to 06/30/2029 Contractor Name: Sligo Software Solutions Inc.

Contractor Address: 12 Metro Park Road, Suite 112, Albany, NY-12205

Description of Services Being Provided: Hourly Based Information Technology

Scope of Contract (Choose one that best fits):						
☐ Analysis ☐ Evaluation ☐ Research ☐ Training						
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting						
☐ Engineering ☐ Architect Services	☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services					
☐ Health Services ☐ Mental Health Services						
☐ Accounting ☐ Auditing ☐ Paraleg	gal 🗌 Legal	Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
	Employees	Hours Worked	Officer the Contract			
Software Developer - Expert OCHBIT12121 OCHBIT13744	1.00	1,960.00	\$143,365.60			
Software Architect - Expert OCHBIT13685	1.00	472.00	\$46,775.20			
	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	2,432.00	\$190,140.80			
Grand Total	2.00	2,432.00	\$190,140.80			

Name of person who prepar	ed this report: 1	Deepika Narahari
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Title: HR-Manager Phone #: 518-800-4098

Preparer's Signature:

Date Prepared: 04/28/2025

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

•	-					
Contracting State Agency Name:						
New York State Insurance Fund - NYSIF						
Contract Number: PH68626						
Agency Business Unit: SIF01						
Agency Department ID:						
Contract Term: 7/19/2019 to 06/30/20	29					
Contractor Name: Spruce Technology In-	C.					
Contractor Address: 1149 Bloomfield Ave	e, Ste G, Clifton, N	J 07012				
Description of Services Being Provided:	Hourly Based Info	ormation Technology Se	rvices			
	,	0 ,				
Scope of Contract (Choose one that best						
☐ Analysis ☐ Evaluation ☐ Resear	_					
☐ Data Processing ☐ Computer Progra		r IT consulting				
☐ Engineering ☐ Architect Services	☐ Surveying ☐	☐ Environmental Services				
☐ Health Services ☐ Mental Health Ser	vices					
☐ Accounting ☐ Auditing ☐ Parale	gal 🗌 Legal	Other Consulting				
	Number of	Number of	Amount Payable			
Employment Category	Employees	Hours Worked	Under the Contract			
Software Developer Expert	1.00	1,552.00	\$ 102,975.20			
Software Developer Senior	1.00	1,912.50	\$ 145,809.00			
	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	3,464.50	\$248,784.20			
Grand Total	2.00	3,464	\$248,784.20			
Name of person who prepared this repor	t: Andrea Cano					
Title: Staffing & Administrative Coordinator		Phone #· G	0177010966			
Dronoror's Signofilies A VIDAZIAZIA	Preparer's Signature:					

(Use additional pages, if necessary)

Date Prepared: 05/12/2025

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NY: Contract Number: PH68632	S INSURANCE F				
CONTRACT NUMBER DHEXE'S			_		
	rigority Edonicus Offic.				
Contract Term: 7/19/2019 to 6/30/	- Some Superior Control Contro				
Contractor Name: Unique Comp, Inc.					
Contractor Address: 27-08 42nd Roa	_	Long Island C	ity, NY 11101		
Description of Services Being Provide	ed: IT Staffing Se	ervices	α.		
Scope of Contract (Choose one that be					
	search 🔲 Trair	•			
☐ Data Processing ☐ Computer Pro		Other IT consulting			
☐ Engineering ☐ Architect Services	_ , ,	☐ Environmental	Services		
Health Services Mental Health					
Accounting Auditing Pa	ralegal	al Other Consult	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
15-1252.00 Software Developers	7.00	13,320.00	\$1,547,384.4		
		0.00	\$0.0		
		0.00	\$0.0		
		0.00	\$0.0		
		0.00	en a		
		0.00	Φ 0.0		
		0.00	\$0.0 \$0.0		
			\$0.0		
		0.00	\$0.0 \$0.0		
		0.00	\$0.0 \$0.0 \$0.0		
		0.00 0.00 0.00			
		0.00 0.00 0.00 0.00	\$0.0 \$0.0 \$0.0 \$0.0		
Total this Page	7.00	0.00 0.00 0.00 0.00	\$0.0 \$0.0 \$0.0 \$0.0		

FORM B		OSC Use Or	ıly:				
		Reporting Code:					
		Category Co	de:				
State Consultant Services							
Contra	actor's Annual Empl	oyment Report					
Report Pe	riod: April 1, 2024 (to March 31, 2025					
- · · · · · · · · · · · · · · · · · · ·							
Contracting State Agency Name: NY	SIF	Agency Code: 701020	04				
Contract Number: PH68911							
Contract Term: 7/1/19 to 6/30/24							
Contractor Name: AVENUES INTERNA	ATIONAL INC.						
Contractor Address: 4 Restrick Ct, Prin Description of Services Being Provide	ceton Junction, NJ 08550 led:						
Hourly Based Information Te	chnology Services						
Analysis Devaluation Research Training Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting							
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract				
IT Specialist	1	1963.00	\$158,892.85				
Software Developer	1	1998.00	\$159,740.05				
Software Architect	1	8	770.96				
Total this page	3.00	3969.00	\$319,403.86				
Grand Total	3.00	3969.00	319,403.86				
Name of person who prepared this re	mort:						
Pranararia Signatura: Amman	n Gupta						

Use additional pages if necessary)

Date Prepared: 4/21/25

Title: Director

Phone #: 609-945-1160

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: New You Contract Number: PH69606 Agency Business Unit: Agency Department ID: Contract Term: 07/01/2024 to 06/30/2 Contractor Name: Computer Technology Contractor Address: 358 Broadway - Grand Description of Services Being Provided:	029 Services Inc.		rings, NY 12866			
Scope of Contract (Choose one that best fits): Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Software Developer	3.00	3,849.75	\$306,345.70			
·	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	3,849.75	\$306,345.70			
Grand Total	3.00	3,849.75	\$306,345.70			
Name of person who prepared this report: Thomas Bianco Title: Recruiting & Operations Preparer's Signature: Date Prepared: 5//14/2025 Phone #: 518-466-5234						

FORM B OSC Use Only: Reporting Code: Category Code: **State Consultant Services** Contractor's Annual Employment Report Report Period: April 1, 2024 to March 31, 2025 Contracting State Agency Name: NYSIF Agency Code: 7010204 Contract Number: 21108295 Contract Term: 4/1/24 to 3/31/25 Contractor Name: Sound Environmental Associates, LLC Contractor Address: 67 Heights Road, Stony Point, NY 10980 Description of Services Being Provided: Environmental testing and 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 Amount Payable Under the **Employment Category** Number of Employees Number of Hours Worked Contract Environmental testing and services 1 653 65300 \$65,300.00 Total this page 653.00 1.00 **Grand Total** 653 65300 Name of person who prepared this report: Preparer's Signature: Phone #: 6315433167 Title: HR Administrator Date Prepared: 5/12/25 Use additional pages if necessary) Page 1 of 1