

State Insurance Fund

7010204

APPENDIX O

FORM B

OSC Use Only:

Reporting Code:

Category Code:

**State Consultant Services
Contractor's Annual Employment Report**

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 Provided:

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
Total this page			
Grand Total			

Name of person who prepared this report:

Preparer's Signature: Peter Belthoff

Title: _____ Phone #: _____

Date Prepared:

Use additional pages if necessary)

Page of

APPENDIX O

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report

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 Provided:

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
Total this page			
Grand Total			

Name of person who prepared this report:

Preparer's Signature: *Nicole O'Connor*

Title: _____ Phone #: _____

Date Prepared:

Use additional pages if necessary)

Page of

FORM B

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 report: Frank Wadsworth

Title: EFA

Phone #: 860-508-9311

Preparer's Signature: Frank Wadsworth

Date Prepared: 05/07/2025

APPENDIX O

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: 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 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
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 report:

Preparer's Signature: Suzanne M. Russo

Title: Bookkeeper

Phone #: 716-856-1300

Date Prepared: 4/7/25

Use additional pages if necessary)

Page 1 of 1

APPENDIX O

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: CL00165
Contract Term: 4/1/24 to 11/30/24
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 ☐ 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
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 report: Jessica Kingdon

Preparer's Signature: Jessica Kingdon

Title: Finance Assistant

Phone #: 607-723-0600

Date Prepared: 5/7/25

Use additional pages if necessary)

Page 1 of 2

APPENDIX O

FORM B**OSC Use Only:**

Reporting Code:

Category Code:

**State Consultant Services
Contractor's Annual Employment Report**

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 Provided:

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
Total this page			
Grand Total			

Name of person who prepared this report:

Preparer's Signature: R. Maxham

Title:

Phone #:

Date Prepared:

Use additional pages if necessary)

Page of

APPENDIX O

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: CL00226
Contract Term: 9/16/20 to 9/16/25
Contractor Name: Ronda Anderson dba Insurance Consulting Expertise
Contractor Address: 130 Charlton Road, Ballston Spa nY 12020
Description of Services Being Provided:
Claims Review and Audit 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
Auditor 13-211.02	1	630.25	\$53,571.25
Total this page	1.00	630.25	\$53,571.25
Grand Total	1	630.25	\$53,571.25

Name of person who prepared this report:

Preparer's Signature: Ronda Anderson Phone #: 5188850971

Title: Principal

Date Prepared: 4/4/25

Use additional pages if necessary)

Page 1 of 1

APPENDIX O

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report

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 Provided:

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
Total this page			
Grand Total			

Name of person who prepared this report:

Preparer's Signature: Marlon Torio

Title:

Phone #:

Date Prepared:

Use additional pages if necessary)

Page of

APPENDIX O

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report

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 Provided:

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
Total this page			
Grand Total			

Name of person who prepared this report:

Preparer's Signature: Marlon Torio

Title:

Phone #:

Date Prepared:

Use additional pages if necessary)

Page of

APPENDIX O

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: CL00374
Contract Term: 12/1/24 to 11/30/29
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 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
23-1011.00 lawyer	1	63.4	11,095.00
Total this page	1.00	63.40	\$0.00
Grand Total	1.0	63.4	11,095.00

Name of person who prepared this report:

Preparer's Signature: Suzanne M. Russo

Title: Bookkeeper

Phone #: 716-856-1300

Date Prepared: 4/11/25

Use additional pages if necessary)

Page 1 of 1

APPENDIX O

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: 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 ☐ 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
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 report: Jessica Kingdon

Preparer's Signature: Jessica Kingdon

Title: Finance Assistant

Phone #: 607-723-0600

Date Prepared: 5/7/25

Use additional pages if necessary)

Page 2 of 2

APPENDIX O

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: CL00383
 Contract Term: 12/1/24 to 11/30/29
 Contractor Name: Vecchione, Vecchione & Cano, LLP
 Contractor Address: 147 Herricks Road Garden City Park, NY 11040
 Description of Services Being Provided:
 Legal 1A Insurance Defense Outside Counsel WC Board Hearings

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
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			

Name of person who prepared this report:

Preparer's Signature: 

Title: Billing Manager

Phone #: 516-741-7575 x606

Date Prepared: 5/14/25

Use additional pages if necessary)

Page 1 of 1

APPENDIX O

FORM B**OSC Use Only:**

Reporting Code:

Category Code:

**State Consultant Services
Contractor's Annual Employment Report**

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 Provided:

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
Total this page			
Grand Total			

Name of person who prepared this report:

Preparer's Signature: *T. Harsanyi*

Title:

Phone #:

Date Prepared:

Use additional pages if necessary)

Page of

APPENDIX O

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report

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 Provided:

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
Total this page			
Grand Total			

Name of person who prepared this report:

Preparer's Signature:

Title: _____ Phone #: _____

Date Prepared:

Use additional pages if necessary)

Page of

APPENDIX O

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report

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 Provided:

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
Total this page			
Grand Total			

Name of person who prepared this report: **Rovin R. Rozario**

Preparer's Signature:

Title: _____ Phone #: _____

Date Prepared:

Use additional pages if necessary)

Page 1 of 1

APPENDIX O

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: D000172

Contract Term: 10/16/20 to 10/15/24

Contractor Name: WCGS Architects PC

Contractor Address: 20 Corporate Woods Blvd, Albany, 12211

Description of Services Being Provided:

Architectural design and planning 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
Architect except landscape and naval	3	154	26380.36
Total this page	3.00	154.00	\$26,380.36
Grand Total			

Name of person who prepared this report:

Preparer's Signature: Joe Kupczynski

Title: Business Manager

Phone #: 5183121283

Date Prepared: 5/7/25

Use additional pages if necessary)

Page 1 of 1

APPENDIX O

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**

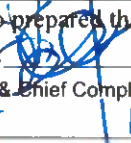
Contracting State Agency Name: NYSIF Agency Code: 7010204
Contract Number: I000245
Contract Term: 3/17/23 to
Contractor Name: Legato Capital Management, LLC
Contractor Address: 111 Pine Street, Suite 1700, San Francisco, CA 94111
Description of Services Being Provided:
Investment Manager - NYSIF/Legato Large Cap Core Portfolio

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
11-3031.03	5	10,400	
Total this page	5.00	10,400	\$0.00
Grand Total	5	10,400	

Name of person who prepared this report:

Preparer's Signature: 

Title: President, CEO & Chief Compliance Officer

Phone #: 1-415-821-8560

Date Prepared:

MAY 14, 2025

Use additional pages if necessary)

Page 1 of 1

FORM B

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 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 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
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	\$0.00
	0.00	0.00	\$0.00
	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

APPENDIX O

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report

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 Provided:

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
Total this page			
Grand Total			

Name of person who prepared this report:

Preparer's Signature: _____

Title: _____ Phone #: _____

Date Prepared: / /

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 Insurance Fund

Contract Number: PH68613

Agency Business Unit:

Agency Department ID:

Contract Term: 07/01/2029 to 06/30/2029

Contractor Name: Knowledge Builders Inc.

Contractor Address: 1977 Western Avenue, Suite 1, Albany, NY - 12203

Description of Services Being Provided: Software Architect & Systems Architect

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
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
	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: Sanjay Kapalli

Title: Executive Vice President

Phone #: (518) 250-4189

Preparer's Signature: _____

Date Prepared: 05/02/2025

FORM B

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 ☐ 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
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
	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			

Name of person who prepared this report: Lawrence Pfaff

Title: Account Management Analyst

Phone #: 518-986-3207

Preparer's Signature: Lawrence Pfaff

Date Prepared: 4/24/2025

FORM B

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 ☐ 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
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
	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

Name of person who prepared this report: Milinda P Puvvada

Title: CEO

Phone #: 518-878-7457

Preparer's Signature: P. Milinda Puvvada

Date Prepared: 5/15/2025

FORM B

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 ☐ 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
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
	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 prepared this report: Deepika Narahari

Title: HR-Manager

Phone #: 518-800-4098

Preparer's Signature: 

Date Prepared: 04/28/2025

FORM B

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 06/30/2029

Contractor Name: Spruce Technology Inc.

Contractor Address: 1149 Bloomfield Ave, Ste G, Clifton, NJ 07012

Description of Services Being Provided: Hourly Based Information Technology 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
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
	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 report: Andrea Cano

Title: Staffing & Administrative Coordinator

Phone #: 9177010966

Preparer's Signature: Andrea Cano

Date Prepared: 05/12/2025

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS INSURANCE FUND (NYSIF)
 Contract Number: PH68632 Agency Business Unit:
 Contract Term: 7/19/2019 to 6/30/2029 Agency Department ID:
 Contractor Name: Unique Comp, Inc.
 Contractor Address: 27-08 42nd Road Long Island City, NY 11101
 Description of Services Being Provided: IT Staffing 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
15-1252.00 Software Developers	7.00	13,320.00	\$1,547,384.40
		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
Total this Page	7.00	0.00	\$ 0.00
Grand Total	7.00	13,320	\$1,547,384.40

Name of person who prepared this report: Diana Tacuri

Title: Sr. Resource Manager

Phone #: 718-392-5100

Preparer's Signature: Diana Tacuri

Date Prepared: 05/07/2025

APPENDIX O

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: PH68911
Contract Term: 7/1/19 to 6/30/24
Contractor Name: AVENUES INTERNATIONAL INC.
Contractor Address: 4 Restrict Ct, Princeton Junction, NJ 08550
Description of Services Being Provided:
Hourly Based Information Technology 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
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 report:

Preparer's Signature: Anupam Gupta

Title: Director

Phone #: 609-945-1160

Date Prepared: 4/21/25

Use additional pages if necessary)

FORM B

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: PH69606
 Agency Business Unit:
 Agency Department ID:
 Contract Term: 07/01/2024 to 06/30/2029
 Contractor Name: Computer Technology Services Inc.
 Contractor Address: 358 Broadway - Granite Palace Bldg, Suite 203, Saratoga Springs, NY 12866
 Description of Services Being Provided:

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
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
	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

Phone #: 518-466-5234

Preparer's Signature: 

Date Prepared: 5/14/2025

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2024 to March 31, 2025

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 ☐

Page 1 of 1