


CONTRACTOR DISCLOSURE FORM A

AC 271-S (Effective 4/12)

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: NYS Workers' Compensation Board State Agency Department ID: 3560000 Agency Business Unit: WCB01 Contractor Name: LEPTON ACTUARIAL & CONSULTING, LLC Contract Number: C140429 Contract Start Date: / / Contract End Date: 12/31/2030
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Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Full-time	2	550	\$145,450
Part-time	3	512	\$67,550
Total this page	0	0	\$ 0.00
Grand Total	5	1,062.5	\$213,000

Name of person who prepared this report: **George Omondi** Phone #: **646-314-1744**
 Title: **CEO/Principal**
 Preparer's Signature: 
 Date Prepared: **08/01/2025**

Use additional pages if necessary