# State Insurance Fund

7010204

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

Contracting State Agency Name: Ne Contract Number: C000455 Contract Term: 12/1/2014 to 11/3		rance Fund Agency Business Ur Agency Department	
Contractor Name: Deloitte Consultin	ng		
Contractor Address: 39 N. Pearl Stre	eet, Albany, NY 12	2207	
Description of Services Being Provide	ded: Risk Manage	ement	
2	L 4 5°4-1.		
Scope of Contract (Choose one that I	esearch Trair	ning	
☐ Data Processing ☐ Computer P		Other IT consulting	
☐ Engineering ☐ Architect Service		☐ Environmental	Services
Health Services Mental Healt			00,11000
	aralegal  Lega	al Other Consult	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Computer and Information Systems		114 27 4 10 43 10 43 10	20130710407
Manage	3.00	125.00	\$0.00
Computer Occupations, All Other	3.00	312.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	437.00	\$ 0.00
Grand Total	6.00	437	\$0.00
Name of person who prepared this r			404-631-3585

FORM B		OSC Use On Reporting Co Category Con	ode.
	State Consultant Se		
Contra	actor's Annual Emplo	yment Report	
Report P	eriod: April 1, 2017to	March 31, AUS	
Contracting State Agency Name: N Contract Number: COOD 488 Contract Term: ON 16/2017 to 09/16 Contractor Name: Roway Andress Contractor Address: 130 Char Ho Description of Services Being Provide	6/2020 NOW OLGO INSURCANC NO READ BAILSTON	Spa Ny 1200 -	·
Data Processing Computer Progra Engineering Architect Services Health Services Mental Health Ser	ch	onsulting  vironmental Services  er Consulting  Number of Hours Worked	Amount Payable Under the
No em player >	Number of Employees	Number of Hours Worked	Contract
Total this page			
Grand Total			
Name of person who prepared this re Preparer's Signature: Amala Title: Date Prepared: 3 /30/ 2018 Use additional pages if necessary)	andoso-	5/8 885 one #:	2.097/ Page of

FORM B		OSC Use Or Reporting Co Category Co	ode.
	State Consultant S		
1	ractor's Annual Empl		
Report	Period: April 1, 17	to March 31, 18	
Contracting State Agency Name: N Contract Number: GL00127-8 Contract Term: 4/1/fr / to 3/3 Contractor Name: Cullen and Dykman LU Contractor Address: 100 Quentin Roos Description of Services Being Prove	ที่ทุกซ์ p sevelt Boulevard, Garden (	Agency Code: 70102	04
Data Processing Computer Progressing Architect Services Health Services Mental Health Secounting Auditing Paral	rch Training Officer Tr	consulting  nvironmental Services  her Consulting	Amount Payable Under the
Employment Category	Number of Employees	Number of Hours Worked	Contract
23-1011	7 3	627.1 58.5	114539 4575
Total this was	40.00	695.60	\$119.114.00
Total this page	10.00	685.60	\$119,114.00
Grand Total		<u> </u>	<u> </u>
Name of person who prepared this Preparer's Signature:  Title: Practice Support Administrator Date Prepared: 5/1/18/	Iryrow	one #: 516-357-3862	_

Use additional pages if necessary)

FORM B		OSC Use O Reporting C Category Co	ode:
	State Consultant S		-
Cor	itractor's Annual Empl	oyment Report	
Repor	t Period: April 1, 17	to March 31, 18	
Contracting State Agency Name: 1 Contract Number: CL00127-09 Contract Term: 3/10/5 / to :: Contractor Name: Dillon Horowitz & Gol Contractor Address: 11 Hanover So Description of Services Being Pro	2/29/2d Idstein LLP 3Uare 20th Fl, New York, N	Agency Code: 70102 Y 10005	04
Legal Services			
<u> </u>			
Analysis Evaluation Resorders Processing Computer Pro Engineering Architect Services Health Services Mental Health Accounting Auditing Par	S Surveying Er	nvironmental Services	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Data Processing	1	37	0
Paralegal	2	51	4335
Lègal		226	44070
Accounting		8	0
			-
Total this page	7.00	322.00	\$48,405.00
Grand Total			
Name of person who prepared this Preparer's Signature: Title: Bookkeeper	-17:13/	tone #: 212-248-4900	_
Date Prepared: 5/74/18 Use additional pages if necessary)			Page / of /

FORM B		OSC Use O Reporting C Category Co	ode:
Cont	State Consultant S		
	Period: April 1, 17		
Contracting State Agency Name: N Contract Number: CL00127-11 Contract Term: 3/1/15 / to 2/1 Contractor Name: Herzfeld & Rubin, P.C. Contractor Address: 125 Broad Street, Description of Services Being Prov Legal services	<i>ชี</i> 9/2ซ์ New York, NY 10004	Agency Code: 70102	04
Data Processing Computer Progressing Architect Services Health Services Mental Health Services Accounting Auditing Para	rch Training Orber IT of Surveying Erervices Legal Orber IT or	consulting   nvironmental Services   ther Consulting	Amount Payable Under the
Employment Category	Number of Employees	Number of Hours Worked	Contract
23-1011.00 Lawyers 23-2011.00 Paralegals	8	229.40 15.50	47546.00 1627.50
Total this page	19.00	244.90	\$49,173.50
Grand Total	_		,
Name of person who prepared this in Preparer's Signature:  Title: Controller  Date Prepared; 5/11/18	- 1 11 24 /	MCLU	

		Calegory Co	
-			ode:
	State Consultant S	Services	-
Cont	ractor's Annual Empl	loyment Report	
Report	Period: April 1, 17	to March 31, 18	
Contracting State Agency Name: N Contract Number: CL-00127-21 Contract Term: 3/1/1/5 / to 2/2 Contractor Name: Smith Mazure, Et AL Contractor Address: 111 John Street, Description of Services Being Provi	d9/20 , N.Y. N.Y. 10038	Agency Code: 70102	04
Oata Processing Computer Progr Ingineering Architect Services Ealth Services Mental Health Se	rch Training	consulting  nvironmental Services  her Consulting	A a court Our and a 17-2 and
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
23-1011-00	3	518.90	82,750.00
<del></del>			
		<del>_</del>	
Total this page	3.00	518.90	\$82,750.00
	1 2.00	518.90	82750.00
Grand Total	3.00	010.00	

FORM B		OSC Use Of Reporting Co Category Co	ode.
	State Consultant S		
Contr	state Consultant State		
	Period: April 1, 17		
Керогі	renou. April 1, 17 1	o waren 51, 10	
Contracting State Agency Name: NY Contract Number: CLOOLAT-26 Contract Term: 3/1/15 to 2/2 Contractor Name: Synth, Murg Contractor Address: 245 Hold Description of Services Being Provi	a 1997/20 Ny 13 Schoe Acer Street, Sulte 781 ded:	Agency Code: 70102 EILLP G Buffalo, New Y	
Legal and parale	ega 1		
Data Processing Computer Progr. Engineering Architect Services Health Services Mental Health Services		vironmental Services	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	-		
<u> </u>			
		<del> </del>	
Total this page	0.00	0.00	\$0.00
Grand Total	0.00	0.00	10.00
Name of person who prepared this representations of person who prepared this representation of the prepared the prep		Psrooks, Eq., Jone #: (716) 852-15	<del>4</del> 4
Use additional pages if necessary)			Page ( of )

FORM B		OSC Use Of Reporting C Category Co	ode:
	State Consultant S		
	ctor's Annual Empl		
Report Pe	riod: April I, 17	o March 31, 18	
Contracting State Agency Name: NYS Contract Number: CL00129-04 Contract Term: 5/1/5 / to 5/3/1/2 Contractor Name: Vecchlone, Vecchlone, Cor Contractor Address: 147 Herricks Road C Description of Services Being Provide	ର୍ଷ nnors & Cano, LLP Garden City Park, NY 1ୀ d:		04
Legal Services ( New York Wo	orker's Compensa	ation Defense)	
Data Processing Computer Program Engineering Architect Services Health Services Mental Health Servi Accounting Auditing Paralege  Employment Category	Surveying	onsulting  vironmental Services   ner Consulting   Number of Hours Worked	Amount Payable Under the
23-1011 (Lawyers)	29	438	\$67937.00
23-2011 (Paralegals & Legal Assistants)	8	6	\$442.00
23-2090 (Misc. Legal Support Workers) 43-6010 (Secretaries & Administrative Assistants)	13	36	N/A N/A
Total this page Grand Total	64.00	589.00	\$68,379.00
Name of person who prepared this rep Preparer's Signature:  Title: Kathleen O'Sullivan, Office Manager Date Prepared: 5/14/18	ort: Llen (1)	one #: 516-741-7575	

FORM B		OSC Use On Reporting C Category Co	ode
	State Consultant S		
Co	ntractor's Annual Empl	oyment Report	
Repo	rt Period: April 1, 17	to March 31, 18	
Contracting State Agency Name: Contract Number: CL00129-07 Contract Term: 6/1/15 to Contractor Name: Waish and Hacker Contractor Address: 18 Corporate V Description of Services Being Pro	5 / 31/ 20 Voods Blvd. Albany NY 1221	Agency Code: 70102	04
Legal Services			
Data Processing Computer Pro Engineering Architect Service Health Services Mental Health	search Training Degramming Other IT is Surveying Er	consulting  avironmental Services  are Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Lawyers	10	1262.7	208352.41
	_		
<u>-</u>			_
		_	· <del>-</del>
	-	<del>                                     </del>	_
Total this page	10.00	1,262.70	\$208,352.41
Grand Total			
Name of person who prepared thi Preparer's Signature: Title: Panner	0	alsh one #: 518-463-1269	
Date Prepared: 5/15/18			

Contractor's Annual Report Period: April 1,  Contracting State Agency Name: NYSIF Contract Number: CL00131-04 Contract Term; 8/1/95 / to 7/31/26 Contractor Name: Stockton, Barker & Mead, LLP Contractor Address: 433 River Street Description of Services Being Provided:	OSC Use Only: Reporting Code: Category Code  Stant Services Employment Report 17 to March 31, 18  Agency Code: 7010204
Contractor's Annual Report Period: April 1,  Contracting State Agency Name: NYSIF Contract Number: CL00131-04 Contract Term; 8/1/95 / to 7/31/26 Contractor Name: Stockton, Barker & Mead, LLP Contractor Address: 433 River Street Description of Services Being Provided:	Category Code  Itant Services Employment Report 17 to March 31, 18
Contractor's Annual Report Period: April 1,  Contracting State Agency Name: NYSIF Contract Number: CL00131-04 Contract Term; 8/1/95 / to 7/31/26 Contractor Name: Stockton, Barker & Mead, LLP Contractor Address: 433 River Street Description of Services Being Provided:	Employment Report 17 to March 31, 18
Contractor's Annual Report Period: April 1,  Contracting State Agency Name: NYSIF Contract Number: CL00131-04 Contract Term; 8/1/95 / to 7/31/26 Contractor Name: Stockton, Barker & Mead, LLP Contractor Address: 433 River Street Description of Services Being Provided:	Employment Report 17 to March 31, 18
Report Period: April 1,  Contracting State Agency Name: NYSIF  Contract Number: CL00131-04  Contract Term; 8/1/95 / to 7/\$1/26  Contractor Name: Stockton, Barker & Mead, LLP  Contractor Address: 433 River Street  Description of Services Being Provided:	17 to March 31, 18
Contracting State Agency Name: NYSIF Contract Number: CL00131-04 Contract Term; 8/1/95 / to 7/9/1/20 Contractor Name: Stockton, Barker & Mead, LLP Contractor Address: 433 River Street Description of Services Being Provided:	
Contract Number: CL00131-04  Contract Term;8/1/95 / to 7/3/1/26  Contractor Name: Stockton, Barker & Mead, LLP  Contractor Address:433 River Street  Description of Services Being Provided:	Agency Code: 7010204
Contract Number: CL00131-04  Contract Term;8/1/95 / to 7/3/1/26  Contractor Name: Stockton, Barker & Mead, LLP  Contractor Address:433 River Street  Description of Services Being Provided:	
Contractor Name: Stockton, Barker & Mead, LLP Contractor Address: 433 River Street Description of Services Being Provided:	
Contractor Address: <sub>433 River</sub> Street Description of Services Being Provided:	
Description of Services Being Provided:	
Outoido personal persiana formado esta en esta	
Outside counsel services for workers' con	npensation claims
Engineering Architect Services Surveying Health Services Mental Health Services Accounting Auditing Paralegal Legal	Other Consulting
Employment Category Number of Emp	Number of Hours Worked Contract
Lawyers and Paralegals 10	1111 180111.60
Total this page 10.00	1,111.00 \$180,111.60
Grand Total 10	1111 180111.6
Name of person who prepared this report: Mattherpore of person who p	Digitally signed by Matthew 3 Mead Dh. ton-Mallhew R. Mead o Sincaton Barker & Mead. L.I., Date: 2018.05.01.09.24.55-04.00  Phone #: 518-435-1919

:		OSC Use O Reporting C Category C	ode:
			-
Con	State Consultant S	7	
	ntractor's Annual Emp		
Repor	rt Period: April 1, 17	to March 31, 10	
Contracting State Agency Name: Contract Number: DTG 440 Contract Term: // to Contractor Name: CmA Contractor Address: ToO T Description of Services Being Pro	5	Agency Code: 70102	
Scope of Contract (Choose one that	t hest fits):		
Scope of Contract (Choose one that Analysis  Evaluation  Res Data Processing  Computer Pro Engineering  Architect Services Health Services  Mental Health Accounting  Auditing Par	earch Training Other IT s Surveying En	nvironmental Services	
Analysis Evaluation Resolved R	earch Training Other IT s Surveying En	nvironmental Services	Amount Payable Under the
Analysis Evaluation Resolated Processing Architect Services Engineering Architect Services Health Services Mental Health Accounting Auditing Par	earch Training Other IT s Surveying Es Services Tralegal Other IT Legal Other IT Control Contr	her Consulting	
Analysis	earch Training Other IT s Surveying Es Services Tralegal Other IT Legal Other IT Control Contr	her Consulting	Contract
Analysis	earch Training Other IT s Surveying Es Services Tralegal Other IT Legal Other IT Control Contr	her Consulting	Contract
Analysis	earch Training Other IT s Surveying Es Services Tralegal Other IT Legal Other IT Control Contr	her Consulting	Contract
Analysis	earch Training Other IT s Surveying Es Services Tralegal Other IT Legal Other IT Control Contr	her Consulting	Contract
Analysis	earch Training Other IT s Surveying Es Services Tralegal Other IT Legal Other IT Control Contr	her Consulting	Contract
Analysis	earch Training Other IT s Surveying Es Services Tralegal Other IT Legal Other IT Control Contr	her Consulting	Contract

FORM B		Reporting Co	ode:
		Category Co	de:
	State Consultant S	Services	
Con	itractor's Annual Empl	oyment Report	
Repor	t Period: April 1, 2017	to March 31, 2018	
	•	•	_
	HBITS Non-Exec	= :	
Contracting State Agency Nan		Agenc	<b>y</b> Code:
Contract Number: PH65769			7010204
Contract Term: 11-1-2012		las	
Contractor Name: Compute Contractor Address: 200 Gr			2203
Description of Services Being		TAIDAITY, NEW TOIK I	
IT staff augmentation under th			
Scope of Contract (Choose one			
• — —	Research 🗌 🔝 <u>T</u> raining 🖺		
	Programming 🛛 Othe	-	_
Engineering Architect Serv		Environmental Service	s 📙
	alth Services   Regalated   Re	Other Consulting	
Accounting Auditing I	-araieyar □ Leyar □	Other Consulting [	
Exployment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Computer Programming	1	1,802.50	\$133,493.15
Architect Services	3	3,969.50	\$330,983.38
		_	
T-+-! +			
Total this page	4	E 770.00	<b>*</b> 404.470.50
Grand Total	4	5,772.00	\$464,476.53
Name of person who prepared	I this report: Darcy B	atzold	
		محالا	
Preparer's Signature:	ricy Satzoll		
Title: human Resources Ma		000 # (E10) 000 31	504 out 202
	mager Ph	one #:(518) 869 <u>-3</u> 5	DST EXT. 203
Date Prepared: 5-10-2018			

Use additional pages if necessary)

PO	Sec. of	WM:
FO	* C 17/1	-

OSC Use Only:	
Reporting Code:	
Category Code:	

# State Consultant Services Contractor's Annual Employment Report

Report Per	iod: April 1, 2017 t	o March 31, 2018	
Contracting State Agency Name: N Contract Number: PH65773 Contract Term: 10/01/2012 to 09 Contractor Name: IIT Inc Contractor Address: 6 CORNISH Description of Services Being Prov	9/30/2018 COURT, SUITE 101	Agency Code: 7010	
Scope of Contract (Choose one that Analysis	arch ☐ Training ☐ gramming ☒ Othe ☐ Surveying ☐ services ☐	r IT consulting  Environmental Service	s 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
16-1131.00 Computer Programmers	7	8359.25	708378.23
Total this page	7	8359.25	708378,23
Grand Total	7	8359.25	708378.23

Use additional pages if necessary)

Page 1 of 1

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

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NYS Insurance Fund			
Contract Number: PH65775		Agency Business Unit	M3COI
Contract Term: 11/1/2012 to 10/31/	2018	Agency Department II	0::7010204
Contractor Name: NTT DATA, Inc.			,
Contractor Address: 18 Corporate W	oods Blvd., Albany,		
NY 12211 Description of Services Being Provid	ed: Consultina Servic	es	
	<b>3</b>		
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 Surve	ying 🔲 Environm	ental Services
☐ Health Services ☐ Mental I	Health Services		
☐ Accounting ☐ Auditing	☐ Paralegal [	Legal Dther	Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Computer Systems Engineers/	2	3668.75	\$276,843.93
Architects			72.0,0.000
Total this page	2	3668.75	\$276,843.93
Total this page  Grand Total	2 2	3668.75 3668.75	\$276,843.93 \$276,843.93

Name of person who prepared this report: Carol Fitzgerald

Title: Delivery Director

Phone #: 518-815-2057

Preparer's Signature: Carol Fitzgralo
Date Prepared: 4/19/18

(Use additional pages, if necessary)

Page 1 of 1

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

Report Period: April 1, 2017 to March 31, 2018

	-		
Contracting State Agency Name: N	NYSIF		
Contract Number: PR65774		Agency Business Unit: M 5C01	
Contract Term: 04/01/2017 to 03/31/2018 Contractor Name: InfoPeople Corporation		Agency Department	ID: 7010204
		,	
Contractor Address: 450 Seventh	Avenue, Suite 1106	, NY NY 10123	
Description of Services Being Prov	vided: IT Staff Augn	nentation Services	
Scope of Contract (Choose one tha	t best fits):		
☐ Analysis ☐ Evaluation ☐	Research   Train	ning	
☐ Data Processing ☐ Computer	Programming	Other IT consulting	
☐ Engineering ☐ Architect Servi	ces Surveying	☐ Environmental :	Services
☐ Health Services ☐ Mental Hea	alth Services		
☐ Accounting ☐ Auditing ☐	Paralegal	al Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1133.00 Software Developer/Systems Software	1.00	1,908.00	\$180,802.08
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.0
	0.00	0.00	\$0.00
	0.00	0.00	The second secon
	0.00	0.00	
			\$0.0
	0.00	0.00	\$0.0
	0.00	0.00	\$0.0 \$0.0 \$0.0
	0.00 0.00 0.00	0.00 0.00 0.00	\$0.0 \$0.0 \$0.0 \$0.0
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00
	0.00 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	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$180,802.00

Name of person who prepared this report: Douglas Bernstein

Title: VP
Preparer's Signature:

Date Prepared: 5//10/2017

Phone #: 646-790-8252

(Use additional pages, if necessary)

#### FÖRM B

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

Report Period: April 1, 2017 to March 31, 2018

- Report elles	7. April 1, 2017	10 101011 51, 201	<del></del>
Contracting State Agency Name: N'	YS Insurance Fu	nd Agency Business U	nit: MSC01
Contract Term: 11/1/2012 to 10/3	81/18	Agency Department	
Contractor Name: MVP Consulting F		Agency Department	.10. 7010204
Contractor Address: 435 New Karne		JV 12205	
Description of Services Being Provide	- ·		
Decemplian or outlines Being 1 10410	red. Compater C	onsulting (various)	
			<u></u> _
Scope of Contract (Choose one that t	est fits):		
☐ Analysis ☐ Evaluation ☐ Re	esearch 🔲 Tra	ining	
□ Data Processing □ Computer Pr	rogramming 🛮 🖂	Other IT consulting	
Engineering Architect Services	s 🔲 Surveying	g Environmental	Services
☐ Health Services ☐ Mental Health	services		
☐ Accounting ☐ Auditing ☐ Pa	aralegal Leg	jal 🗌 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1199.02	1.00	1,936.00	\$166,453.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
-	0.00	0.00	<b>\$</b> 0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,936.00	<b>\$</b> 166,453.00
Grand Total	1.00	1,936	\$166,453.00
Name of person who prepared this re Title: CEO/CFO			518-218-1700
Preparer's Signature: IN Pad	<u>el</u>	<del></del>	

(Use additional pages, if necessary)

Date Prepared: 4/25/2018

FORM B		OSC Use Or Reporting Co Category Co	ode.
	State Consultant S		
	ractor's Annual Empl	-	
Report 1	Period: April 1, 17	o March 31, 18	
Contracting State Agency Name: No Contract Number: PH 65782 Contract Term: 11/01/12 to 10/ Contractor Name: PSI INTERNATIONAL I	/30/18 nc.	Agency Code: 70102	04
Contractor Address: 11200 Waples Mi Description of Services Being Provi IT Services	II Rd, Suite 200 Fairfax, V ded:	A 22030	
Scope of Contract (Choose one that b			
	rch	consulting  vironmental Services  cer Consulting	
Analysis	rch	vironmental Services	Amount Payable Under the
Analysis	rch	ner Consulting	Amount Payable Under the Contract 77273.25
Analysis	rch Training Tamming Other IT of Other IT of Surveying Entryices Degal Degal Other IT of Surveying Surveying Other IT of Employees	ner Consulting  Number of Hours Worked	Contract
Analysis	rch	Number of Hours Worked	Contract 77273,25
Analysis	rch	Number of Hours Worked 1569.00 1653.50	Contract 77273,25 156685,66

Use additional pages if necessary)

Title: Controller

Date Prepared: 5/10/18

Phone #: 703-621-5855

	n	R	м	
,	v	м		

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NYS Insurance Fund

Agency Code: XINK/70XXX 7010204 Contract Number: PR65777/PH65777

Contract Term: 11 / 01 / 2012 to 10/ 30 / 2018

Contractor Name: Logic House Ltd.

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

Agency Business Unit: unknown Agency Department ID: unknown

Scope of Contract (Choose one that Analysis	rch	T consulting   Environmental Services	s 🗆
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Computer Programmer	3	5,469.75	\$ 389,797
Total this page	3	5,469.75	\$ 389,797
Grand Total	3	5,469.75	\$ 389,797

Name of person who prepared this report:	Keith A. House
Preparer's Signature:	Jan offeren
Title: Vice President	Phone #: 4310 871-2790
Date Prepared: 5 /7/2018	

Use additional pages if necessary)

Page 1 of 1

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

		•	
Contracting State Agency Name: NY:	S Insurance Fund		
Contract Number: 04-03042		Agency Business Unit	
Contract Term: 1/26/16 to 1/25/18		Agency Department II	7010204
Contractor Name: GCOM Software L	LC		
Contractor Address: 24 Madison .			
Albany NY 1 Description of Services Being Provide		es	
	<b>3</b>		
Scope of Contract (Choose one that	at best fits):		
Analysis Evaluation	Research [	Training	
☐ Data Processing ☐ Comput	ter Programming	Other IT consulting	
☐ Engineering ☐ Architect Se	rvices Surve	· · · · · · · · · · · · · · · · · · ·	ental Services
☐ Health Services ☐ Mental F	lealth Services	•	
☐ Accounting ☐ Auditing	☐ Paralegal [	Legal Other	Consulting
Employment Category	Number of	Number of	Amount Payable
	Employees	Hours Worked	Under the Contract
15-1131.00	1	1509.25	128271.16
	_		
			<u> </u>
		. <u></u>	
Total this page	1	1509.25	128271.16
Grand Total	1	1509.25	128271.16
Name of person who prepared this re	port: Holly Savare	ese	
Title: VP of Finance & Administra	tion 1	Phone #:	518-869-1671
Preparer's Signature:	elle leux	lles	
Date Prepared: 5/10/18	,		

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

<u> </u>						
Contracting State Agency Name: NY	S Insurance Fund					
Contract Number: 04-03377		Agency Business Unit: MSC01				
Contract Term: 4/27/16 to 4/26/18		Agency Department ID: 70/0204				
Contractor Name: GCOM Software L		1 2 2 7				
Contractor Address: 24 Madison						
Albany NY 12203  Description of Services Being Provided; Consulting Services						
Description of Garateas being recorded. Consulting Garateas						
0						
Scope of Contract (Choose one that						
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 [	aralegal				
	Number of	Number of	Amount Payable			
Employment Category	Employees	Hours Worked	Under the Contract			
15-1131.00	1	1968	137740.32			
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	· -		_			
	-	_				
			_			
			<u>-</u> -			
Total this page	1	1968	137740.32			
Grand Total	1	1968	137740.32			
Name of person who prepared this report: Holly Savarese						
Title: VP of Finance & Administration						
Preparer's Signature:						
Date Prepared: 5/10/18	The same of the sa					

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

Contracting State Agency Name: NY	S Insurance Fund			
Contract Number: 04-03563		Agency Business Unit		
Contract Term: 9/9/16 to 9/8/18		Agency Department II	0: 7010704	
Contractor Name: GCOM Software L	LC		1020-7	
Contractor Address: 24 Madison				
Albany NY 1 Description of Services Being Provide		20		
	out defined thing do not	<b>,</b>		
Seems of Contract (Change and the	at boot fital			
Scope of Contract (Choose one that			<u> </u>	
Analysis Evaluation	Research	Training		
☐ Data Processing ☐ Comput	ter Programming	Other IT consulting		
☐ Engineering ☐ Architect Se	rvices Surve	ying 🔲 Environm	ental Services	
☐ Health Services ☐ Mental F	Health Services			
Accounting Auditing	Paralegal [	Paralegal Legal Other Consulting		
-				
	Number of	Number of	Amount Payable	
Employment Category	Employees	Hours Worked	Under the Contract	
15-1131.00	1	2076	253272.00	
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		_		
			-	
····	_			
			_	
		<u> </u>	11,	
Total this page	1	2076	253272.00	
Grand Total	1	2076	253272.00	
Name of person who prepared this re			2002/2.00	
Title: VP of Finance & Administra	The second secon		518-869-1671	
		WWW.	310*003-1071	
Preparer's Signature:	young tell			
Date Prepared: 5/10/18				

# New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NY	S Insurance Fund		_		
Contract Number: 04-03573		Agency Business Unit:			
Contract Term: 9/8/16 to 9/7/18		Agency Department ID: 7010204			
Contractor Name: GCOM Software L					
Contractor Address: 24 Madison					
Albany NY 1 Description of Services Being Provide		es			
	•				
Scope of Contract (Choose one th	at best fits):		·		
☐ Analysis ☐ Evaluation	☐ Analysis ☐ Evaluation ☐ Research ☐ Training				
☐ Data Processing ☐ Compu	☐ Data Processing				
☐ Engineering ☐ Architect Se	ervices Surve	ying Environm	ental Services		
☐ Health Services ☐ Mental F	Health Services				
☐ Accounting ☐ Auditing	☐ Paralegal [	Paralegal Degal Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
15-1131.00	1	1898.75	231647.50		
	-				
		-			
		·	_		
	_				
Total this page	1	1898.75	231647.50		
Grand Total	11	1898.75	231647.50		
Name of person who prepared this re	eport: Holly Savare	ese			
Title: VP of Finance & Administra	ation by	Phone #:	518-869-1671		
Preparer's Signature:	Way Du	Ille			
Date Prepared: 5/10/18					