State Insurance Fund 7010204

FORM B		OSC Use O				
		Reporting C				
		Category Co	ode:			
State Consultant Services						
Contra	ctor's Annual Emplo					
		_				
Report I er	iou. April 1, (o March 31,				
Contracting State Agency Name: NYS	SIF	Agency Code: 70102	204			
Contract Term: to						
Contractor Name:						
Contractor Address:						
Description of Services Being Provide	ed:					
Scope of Contract (Choose one that best fits): Analysis						
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 rep	ort:					
Preparer's Signature: Peter Belth			_			
Title:	Pho	one #:				
Date Prepared:						

Page

of

Use additional pages if necessary)

FORM B		OSC Use On	ly:		
		Reporting Co			
		Category Coo	le:		
					
State Consultant Services					
	ctor's Annual Emplo				
Report Per	iod: April 1, 2023 to	o March 31, 2024			
Contracting State Agency Name: NYS	SIF	Agency Code: 701020)4		
Contract Number: CL00127 Contract Term: 4/1/23 to 3/31/24					
Contractor Name: Barry McTiernan and	Moore LLC		1		
Contractor Address: 101 Greenwich St.	14th fl NV NV 10006		1		
Description of Services Being Provide	ed:				
Legal			4		
L					
Scope of Contract (Choose one that bes	4 64 0\.				
Analysis	n ☐ Training ☐ nming ☐ Other IT c Surveying ☐ En ices ☐	onsulting vironmental Services er Consulting			
	r		Amount Payable Under the		
Employment Category	Number of Employees	Number of Hours Worked	Contract		
23-1011-00 - Lawyers	14	885.30	155051.50		
23-2011-00 Paralegal/Legal Asst.	6	99.90	7484.00		
			-		
Total this page	20.00	985.20	\$162,535.50		
Grand Total	20	985.20	162535.50		
Name of person who prepared this rep Preparer's Signature:	LUCIA -	212-313-3600	_		
Title: Human Resources Director Date Prepared: 5/22/24	Ph	one #: 212-313-3600			
Use additional pages if necessary)			Page 1 of 1		

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

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					
☐ Data Processing ☐ Computer Pro☐ Engineering ☐ Architect Services ☐ Health Services ☐ Mental Health	search				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
General and Operations Managers	2.00	482.50	\$30,949.65		
Management Analysts	9.00	2,084.25	\$133,692.85		
Total this Page	11.00	2,566.75	\$164,642.50		
Grand Total	11.00	2,566.75	\$164,642.50		
Name of person who prepared this retained the EFA Preparer's Signature: Date Prepared: 05/09/2024	eport: Jordan Lew		717-215-6181		

(Use additional pages, if necessary)

FORM B			OSC Use On Reporting Co	ode:	
			Category Coo	ie:	
State Consultant Services					
Contrac	ctor's Annual Emp	loyment Rep	ort		
Report Per	iod: April 1,	to 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 H	ours Worked	Amount Payable Under the Contract	
Total this page					
Grand Total					
Name of person who prepared this report: Preparer's Signature: Suzanne M. Russo					
Title:	Pl	none #:			
Date Prepared: Use additional pages if necessary)				Page of	

FORM B			OSC Use On	ılv:	
			Reporting Co		
			Category Cod	le:	
State Consultant Services					
Contra	ctor's Annual Emplo	yment Repo	ort		
Report Per	iod: April 1, t	o March 31,			
Contracting State Agency Name: NYS Contract Number: Contract Term: to Contractor Name: Contractor Address: Description of Services Being Provide		Agency Co	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	
Total this page					
Grand Total					
Name of person who prepared this rep Preparer's Signature:	ort:				
Title: Phone #:					
Date Prepared:					
Use additional pages if necessary)				Page of	

FORM B		OSC Use On Reporting Co Category Cod	de:
	State Consultant Se		<u> </u>
	tractor's Annual Emple		
Report .	Period: April 1, 2023 to	March 31, 2024	
Contracting State Agency Name: Nontract Number: CL0022\$ Contract Term:9/16/20 to 9/15 Contractor Name: Ronda Anderson dba Insul Contractor Address: 130 Charlton Description of Services Being Production Claims Review and Audit S	/25 rance Consulting Expertise Road, Ballston Spa, Nev vided:	Agency Code: 701020 v York 12020)4
Scope of Contract (Choose one that Analysis Evaluation Reset Data Processing Computer Protein Engineering Architect Services Health Services Mental Health Accounting Auditing Par	earch	vironmental Services	Amount Daughle I Index the
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Auditor 13-211.02	1	371.25	31556.25
Total this page	1.00	371.25	\$31,556.25
Grand Total	1	371.25	\$31,556.25
Name of person who prepared this Preparer's Signature: Title: Owner Date Prepared: 4/25/24	a Condesson	one #: 518-885-0971	

Use additional pages if necessary)

FORM B		OSC Use Or Reporting Co Category Co	ode:		
	State Consultant Se	ervices			
Contrac	ctor's Annual Emplo	oyment Report			
Report Per	iod: April 1, 2023 t	o March 31, 2024			
Contracting State Agency Name: NYS Contract Number: CL00239 Contract Term: 11/16/20 to 11/15/20 Contractor Name: Hirschler Fleischer Contractor Address: 2100 East Cary S Description of Services Being Provide Legal	5	Agency Code: 701020	04		
Scope of Contract (Choose one that bes Analysis	n Training T nming Other IT c Surveying En rices D	onsulting vironmental Services ner Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
	0	0	0		
Total this page	0.00	0.00	\$0.00		
Total this page Grand Total	0.00	0.00	0		
Name of person who prepared this repreparer's Signature: Title: Brian Daly Date Prepared: 4/29/24 Use additional pages if necessary)	Dell	one #: 8047719584	Page of		

FORM B		OSC Use O Reporting O Category O	Code:			
State Consultant Services						
Cont	ractor's Annual Emp	loyment Report				
Report F	Period: April 1, 2023	to March 31, 2024				
		·				
Contracting State Agency Name: N Contract Number: CL00246 Contract Term: 1/24/21 to 1/23/2 Contractor Name: Connors Corcoran Contractor Address: 45 Exchange Blv Description of Services Being Prov Legal Services	26 & Buholtz PLLC	Agency Code: 70102	04			
Data Processing Computer Progr Engineering Architect Services Health Services Mental Health Services	rch Training Camming Camming Camming En	consulting nvironmental Services ther Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Attorney	1	193,8	43560			
Paralegal	2	130.2	9765			
Total this page	3.00	324.00	\$53,325.00			
Grand Total	3.00	324.00	53325.00			
Name of person who prepared this r Preparer's Signature: Title: Bookkeeper Date Prepared: 4/26/24	NE DUS	one #: 585-232-5885	_			

FORM B		OSC Use C	·				
			Code:				
		Category C	ode:				
	State Consultant Services						
Contra	ctor's Annual Empl						
	riod: April 1, 2023 t	•					
11000111	(o March 31, ===					
Contracting State Agency Name: NY Contract Number: CL00298	SIF	Agency Code: 70102	204				
Contract Term: 2/10/22 to 1/31/27							
Contractor Name: Triad Group, LLC.							
Contractor Address: 400 Jordan Rd., Tr Description of Services Being Provid	oy, NY 12180 ed:						
Nurse Case Management Sei	rvices						
Scope of Contract (Choose one that best fits): Analysis							
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract				
Total this page	0.00	0.00	\$0.00				
Grand Total	1.00						
	•	•	•				
Name of person who prepared this representations of person who prepared this representation with the second	79	Title: President					
Phone #: 800-337-7419 ext. 120	Date: 5/8/2024						
Use additional pages if necessary)			Page of				

FORM B		OSC Use Or	•		
		Reporting Co			
		Category Co	de:		
State Consultant Services					
Contra	ctor's Annual Empl				
	riod: April 1, 2023 t	•			
Report 1 c.	110u: 11p111 1, 2020 [o March 31, 202 i			
Contracting State Agency Name: NY Contract Number: CL00315	SIF	Agency Code: 70102	04		
Contract Term: 1/11/22 to 10/31/2					
Contractor Name: JAG Source IPA, L	LC				
Contractor Address: 270 Forts Ferry R Description of Services Being Provide	d, Latham, NY 12110 ed:				
Diagnostic Testing Services					
L					
Scope of Contract (Choose one that best fits): Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Chief Executives	2	4160	247500		
Sales Managers	2	3120	148000		
Medical Secretaries and Admin Asst.	2	4160	104000		
Financial Analysts	1	2080	75400		
Human Resources	1	1540	74000		
Total this page	8.00	15,060.00	\$648,900.00		
Grand Total					
Name of person who prepared this person who person who person who person who prepared this person who	lal Uall a		_		
Title: Chief Operating Officer	Ph	one #: (518) 444-3030	x271		
Date Prepared: 5/7/24	\				
Use additional pages if necessary)			Page of		

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

Report Period: April 1, [2023] to March 31, [2024]

Contracting State Agency Name: [No	ew York State Insura	ance Fund]	
Contract Number: [PH68606]		Agency Business Unit: [Business Unit]	
Contract Term: [07/01/2019] to [06/	/30/2024]	Agency Department	ID: [######]
Contractor Name: [Computer Technology	ology Service's Inc.]		
Contractor Address: 358 Broadw			
STE 203	3 Springs, NY 12866		
Garatoga	Opinigs, 141 12000		
Description of Services Being Pro	vided:		
Scope of Contract (Choose one t	hat best fits):		
☐ Analysis ☐ Evaluation	☐ Research	☐ Training	
☐ Data Processing Com	puter Programming	☐ Other IT cons	ulting
☐ Engineering ☐ Architect	Services 🔲 S	urveying	rironmental Services
☐ Health Services ☐ Menta	l Health Services		
☐ Accounting ☐ Auditing	☐ Paralegal	☐ Legal ☐	Other Consulting
	T	T	.
Employment Category	Number of Employees	Number of Hours to Worked	Amount Payable Under the Contract
Software Developer	2	3450.50	\$270,765.24
Total this page	2	3450.50	\$270,765.24
Grand Total	2	3450.50	\$270,765.24
Name of person who prepared this	s report: <u>Darcy Batz</u>	<u>old</u>	
Title: Operations Manager Phone #: 518.869.3592			
Norce Lat	islo		
Preparer's Signature			
D + D 1 05/40/0004			

Date Prepared: 05/13/2024

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

· .	•		
Contracting State Agency Name: NYSIF Contract Number: PH68607 Agency Business Unit: Agency Department ID: Contract Term: 07/01/2019 to 06/30/2 Contractor Name: Crossfire Consulting Contractor Address: 1940 Commerce State	Corp reet, Yorktown He	•	
Scope of Contract (Choose one that best in Analysis	ch	r IT consulting Bnvironmental Services Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Systems Architect	2.00	1,592.00	\$143,280.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,592.00	\$143,280.00
Grand Total	2.00	1,592	\$143,280.00
Name of person who prepared this report Title: Administrator Preparer's Signature: Date Prepared: 05/15/2024	t: Maureen Kruze	Phone #: 9 	914-302-2900

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

	Contracting	State Agency	/ Name: NY	State	Insurance Fun	d
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Contract Number: PH68613 Agency Business Unit: Contract Term: 07/01/2019 to 06/20/2024 Agency Department ID:

Contractor Name: Knowledge Builders Inc.

Contractor Address: 1977 Western Avenue; Ste #1; Albany; NY - 12203

Description of Services Being Provided: Systems Architect; Systems Developer; Software

Architect

Scope of Contract (Choose one that best fits):					
□ Data Processing □ Computer Processing □ Computer Processing □ Computer Processing □ Computer Processing □ Computer Processing □ Computer Pr	ogramming 🛚 🖂	Other IT consulting			
☐ Engineering ☐ Architect Services	Surveying	☐ Environmental	Services		
☐ Health Services ☐ Mental Health	Services				
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal 🔲 Other Consul	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
15-1299.08	3.00	4,943.00	\$440,706.42		
15-1252.00	1.00	64.00	\$5,008.00		
15-1299.08	3.00	5,548.00	\$511,297.99		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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	Total this Page 7.00 10,555.00 \$957,012.4				
Grand Total 7.00 10,555 \$957,012.41					

Name of person who prepared the	is report: Sanjay Kapalli	
Title: Executive Vice President	Klamm	Phone #: 518-250-4189
Preparer's Signature:	$\sqrt{\pi}$	

Date Prepared: 05/07/2024

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: New York State Insurance Fund Contract Number: PH68621 Agency Business Unit: MSC01 Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: 7010204 Contractor Name: PSI International Inc. Contractor Address: 11200 Waples Mill Rd, Suite 200 Fairfax, ,VA 22030 Description of Services Being Provided: IT Services						
Scope of Contract (Choose one that best fits): Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Software Developers, Applications		463.00	\$ 38,373.44			
Total this Page	1	463.00	\$38,373.44			
Grand Total 1 463.00 \$38,373.44						
Name of person who prepared this report: Jasmin Bertulfo Title: Accountant Preparer's Signature: Date Prepared: 05/13/2024 Prepared: 05/13/2024						

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Na	lame: New York S	State Insurance F	iund - NYSIF
-----------------------------	------------------	-------------------	--------------

Contract Number: PH68626 Agency Business Unit: SIF01

Contract Term: 07/01/2019 to 6/30/2024 Agency Department ID:

Contractor Name: Spruce Technolongy 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						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Software Developer	3.00	3,460.00	\$247,491.68			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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	3,460.00	\$247,491.68			
Grand Total	3.00	3460	247,491.68			

N	ame	ot	person	who	prepare	d this	report:	Andrea	Cano
---	-----	----	--------	-----	---------	--------	---------	--------	------

Title: Staffing & Administrative Coordinator Phone #: 917-701-0966

Preparer's Signature: Andrea Cano

Date Prepared: 5/13/2024

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: NYS INSURANCE FUND (NYSIF) Contract Number: PH68632 Agency Business Unit: Contract Term: 7/19/2019 to 6/30/2024 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					
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract					
15-1252.00 Software Developers	7.00	13,030.00	\$1,511,775.26		
		0.00	\$0.00		
		0.00	\$0.00		
		0.00	\$0.00		
		0.00	\$0.00		
		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	13,030	\$1,511,775.26		
Name of person who prepared this re Title: Sr. Resource Manager Preparer's Signature:			718-392-5100		

FORM B	OSC Use On Reporting Co Category Co	ode:				
_	State Consultant S					
	nctor's Annual Empl	=				
Report Period: April 1, 2023 to March 31, 2024						
Contracting State Agency Name: NYSIF Contract Number: PH68911 Contract Term:7/1/19 to 6/30/24 Contractor Name: Avenues International Inc. Contractor Address: 4 Restrick Ct, Princeton Junction, NJ 08550 Description of Services Being Provided: Hourly Based Information Technology Services						
Scope of Contract (Choose one that best fits): Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
IT Specialist	1	1832.00	\$146834.80			
Software Developer 1 637.00 \$50928.15						
Total this page 2.00 2,469.00 \$197,762.95						
Grand Total						
Name of person who prepared this report: Anupam Gupta Preparer's Signature: Title: Director Phone #: 609-945-1160 Date Prepared: 4/21/24						

Use additional pages if necessary)

FORM B			OSC Use On			
			Reporting Co Category Coo			
State Consultant Services						
Contrac	State Consultant Se ctor's Annual Emplo		ort			
		o March 31,				
Contracting State Agency Name: NYSIF Contract Number: N/A Contract Term: NA to NA Contractor Name: CHA Consulting, Inc. Contractor Address: 3 Winners Circle, Albany, NY 12203 Description of Services Being Provided: NA						
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 report: Nataleah Juman Preparer's Signature: Title: Sr. Project Financial Analyst Phone #: 518-453-3906						
Title: Sr. Project Financial Analyst Date Prepared: Use additional pages if necessary)	1 HOIN	J 11. J 10-7JJ-		Page of		

AC 3272-S (Effective 4/12)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: New York State Insurance Fund
Contract Number:
Agency Business Unit: IF
Agency Department ID:
Contract Term: 7/1/2019 to 6/30/2024
Contractor Name: Trigyn Technologies, Inc.
Contractor Address: 100 Metroplex Drive, Suite 301,Edison, NJ 08817
Description of Services Being Provided: Hourly Based Information Technology Services
u 1 - 11-

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 Ser	vices					
Accounting Auditing Parale	gal 🔲 Legal	☐ Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Software Architect Expert	1.00	1,840.00	\$181,184.80			
Systems Architect Expert	1.00	1,920.00	\$182,956.80			
Software Developer Expert	2.00	379.50	\$30,045,02			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
,	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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	4.00	4,139.50	\$394,186.62			
Grand Total	4.00	4,139.50	\$394,186.62			

Name of person who prepared this report: Thomas Gordon

Title: Sr. Vice President

Preparer's Signature: _

Date Prepared: 5/7/2024

Phone #: 732-777-4608

FORM B		OSC Use Only: Reporting Code: Category Code:	
State Consultant Services			
Contractor's Annual Employment Report			
Report Period: April 1, 2023 to March 31, 2024			
Contracting State Agency Name: NYSIF Contract Number: 21108295 Contract Term: 4/1/23 to 3/31/24 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			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Enviornmental testing and services	1	738.25	73825
Total this page	1.00	738.25	\$73,825.00
Grand Total	1	738.25	73,825.00
Name of person who prepared this rep Preparer's Signature: Title: HR Administrator Date Prepared: 5/21/24	Ale	S. Izen one#: 6315433167	
Use additional pages if necessary) Page 1 of 1			