

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PATNI AMERICAS, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/2000</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>PATNI AMERICAS, INC.</u> <u>ONE BROADWAY 15TH FLOOR</u> <u>CAMBRIDGE, MA 02142</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-2506346</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>617-914-8381</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541519</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-2506346</u>	2c Sponsor's telephone number <u>617-914-8381</u>	2d Business code (see instructions) <u>541519</u>	
2b Employer Identification Number (EIN) <u>04-2506346</u>					
2c Sponsor's telephone number <u>617-914-8381</u>					
2d Business code (see instructions) <u>541519</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	JOHN HAGEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PATNI AMERICAS, INC. ONE BROADWAY 15TH FLOOR CAMBRIDGE, MA 02142	3b Administrator's EIN 04-2506346 3c Administrator's telephone number 617-914-8381
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	3603
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	3154
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	234
d Subtotal. Add lines 6a , 6b , and 6c	6d	3388
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	3388
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	594
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	482

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 3D 2E 2J 3H 2K 2F 2G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ ¹ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan PATNI AMERICAS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500. PATNI AMERICAS, INC.	D Employer Identification Number (EIN) 04-2506346

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	935936-01	370	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 3388503**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 2098697**c** Additions: (1) Contributions deposited during the year **7c(1)** 2126161(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 72931(4) Transferred from separate account **7c(4)** 2124799(5) Other (specify below) **7c(5)** 60377

▶ LOAN PAYMENTS, CONTRIBUTIONS TO FORFEITURE ACCOUNT

(6) Total additions **7c(6)** 4384268**d** Total of balance and additions (add **b** and **c(6)**). **7d** 6482965**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 563410(2) Administration charge made by carrier **7e(2)** 4509(3) Transferred to separate account **7e(3)** 2526543(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 3094462**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 3388503

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan PATNI AMERICAS, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 PATNI AMERICAS, INC.		D Employer Identification Number (EIN) 04-2506346

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)						
ICAPITAL, LLC 62 PLYMPTON STREET BOSTON, MA 02118						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	51309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐
(a) Enter name and EIN or address (see instructions)						
GREAT-WEST LIFE & ANNUITY COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	81713	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐
(a) Enter name and EIN or address (see instructions)						
PATNI AMERICA'S, INC. ONE BROADWAY CAMBRIDGE, MA 02142						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	15393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan PATNI AMERICAS, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 PATNI AMERICAS, INC.	D Employer Identification Number (EIN) 04-2506346	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	65023	455104
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7596155	11058408
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2098697	3388503
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	9759875	14902015

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9759875	14902015
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8556	
(B) Participants	2a(1)(B)	1223666	
(C) Others (including rollovers)	2a(1)(C)	28743	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1260965

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10769	
(F) Other	2b(1)(F)	72931	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		83700

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	168181	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		168181

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1150945
c Other income.....	2c		69309
d Total income. Add all income amounts in column (b) and enter total.....	2d		2733100

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1362749	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1362749
f Corrective distributions (see instructions)	2f		439877
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	148422	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		148422
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1951048

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		782052
l Transfers of assets:			
(1) To this plan.....	2l(1)		4360088
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GT REILLY

(2) EIN: 04-2513210

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒	☐	1689
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	125000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☒	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>PATNI AMERICAS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PATNI AMERICAS, INC.</u>	D Employer Identification Number (EIN) <u>04-2506346</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Audited
Financial Statements
Patni Americas, Inc. 401(k) Plan
December 31, 2010**

Patni Americas Inc. 401(k) Plan

Audited Financial Statements

December 31, 2010

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G.T. Reilly & Company

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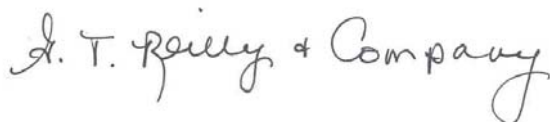
INDEPENDENT AUDITORS' REPORT

To the Trustee of the
Patni Americas, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Patni Americas, Inc. 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the accompanying supplemental schedule of plan assets held for investment purposes and schedule of delinquent participant contributions as of December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Great West Life & Annuity Insurance Company, the Plan's custodian (the Custodian), except for comparing the information with the related information included in the accompanying financial statements and supplemental schedules. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian, as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



G. T. Reilly & Company

Milton, Massachusetts
October 13, 2011

Patni Americas, Inc. 401(k) Plan

Statements of Net Assets Available for Benefits

December 31

	<u>2010</u>	<u>2009</u>
<u>Assets</u>		
INVESTMENTS, at fair value (Notes 2, 3, 6, 7 & 10)		
Shares of registered investment companies	\$ 11,058,407	\$ 7,596,155
Investment contract with insurance company (Note 4)	3,388,504	2,098,697
	<u>14,446,911</u>	<u>9,694,852</u>
RECEIVABLES		
Contributions receivable from participants	85,729	38,330
Notes receivable from participants	455,104	65,023
	<u>540,833</u>	<u>103,353</u>
 TOTAL ASSETS	 <u>14,987,744</u>	 <u>9,798,205</u>
 <u>Liabilities</u>		
EXCESS CONTRIBUTIONS (Note 2)	<u>259,276</u>	<u>402,672</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 14,728,468</u></u>	 <u><u>\$ 9,395,533</u></u>

Patni Americas, Inc. 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2010

ADDITIONS

Additions to net assets attributed to:

Participant contributions	\$ 1,051,697
Investment gain:	
Net appreciation in fair value of investments (Notes 6 & 10)	1,113,739
Dividend and interest income (Note 6)	251,880
Transfer of plan assets (Note 1)	<u>4,360,088</u>

TOTAL ADDITIONS	<u>6,777,404</u>
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DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	1,365,307
Administrative expenses	<u>79,162</u>
TOTAL DEDUCTIONS	<u>1,444,469</u>

NET INCREASE	5,332,935
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NET ASSETS AVAILABLE FOR BENEFITS

AT BEGINNING OF YEAR	<u>9,395,533</u>
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NET ASSETS AVAILABLE FOR BENEFITS

AT END OF YEAR	<u><u>\$ 14,728,468</u></u>
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Patni Americas, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2010

Note 1 - Plan Description

The following description of Patni Americas, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan for a more complete description of the Plan's provisions.

General - On January 1, 2000, Patni Americas, Inc. established a defined contribution retirement plan for the benefit of its employees. Effective July 1, 2010 the employees of CHCS Services, Inc., a wholly owned subsidiary of Patni Americas, Inc., became eligible for participation in the Plan. In addition, the portion of net assets of the participants of CHCS Services, Inc. whose plan assets were included in its former parent company plan were transferred into the Plan during August of 2010. The Plan contains a salary reduction feature under Internal Revenue Code 401(k). The Plan administrator is Patni Americas, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility - All employees of Patni Americas, Inc., Patni Telecom Solutions, Inc. and Subsidiaries, Patni Life Sciences Corporation and CHCS Services, Inc. (collectively the "Company") are eligible to participate in the Plan. Participation commences on the first day of the month after reaching the age of 21.

Participant Contributions - Participants may defer and contribute up to 100% of qualified compensation to a maximum of \$16,500 annually. Such contributions are not subject to federal income taxes until withdrawn from the Plan, in accordance with Section 401(a) of the Internal Revenue Code (the IRC). Participants may also contribute amounts representing distributions from other qualified retirement plans.

Employer Contributions - The Plan allows for employer profit-sharing and matching contributions for participants who earned 1,000 hours of service during the Plan year and were employed on the last day of the Plan year. The Plan also allows for Qualified Non-elective Employer Contributions (QNEC) for participants who were employed on the last day of the Plan year or earned more than 500 hours of service. Employer contributions are made at the discretion of the Board of Directors and are subject to limitations imposed by the IRC. There were no employer contributions for the year ended December 31, 2010.

Participant Accounts - Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution, plan earnings (based on participant's investment election and account balance), and forfeitures of terminated participants' non-vested accounts. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account balance. All assets of the Plan are participant directed

Vesting - Participants are immediately vested in their contributions plus related earnings. Employer contributions plus related earnings vest according to the following schedule:

<u>Years of Credited Service</u>	<u>Percent Vested</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Note 1 - Plan Description (Cont.)

As of July 1, 2010, the net assets transferred into the Plan as a result of the purchase of CHCS Services, Inc. are 100% vested.

If a participant's employment terminates due to death, disability or retirement, his or her company contributions and any related earnings become fully vested.

Payment of Benefits – Plan benefits are available at normal retirement age (age 65), deferred retirement, disability retirement, death, or termination of employment. A participant will receive the vested portion of his or her account as a lump-sum payment.

In-Service Withdrawals – The Plan allows for hardship withdrawals if the withdrawal is due to immediate financial need, as defined in the plan. The amount of the hardship withdrawal is subjected to certain limitations as specified in the Plan and the Internal Revenue Code. The participant's voluntary contributions are suspended for six months after the receipt of a hardship withdrawal.

Forfeitures - If a participant's employment terminates for any reason other than death, disability or retirement, any portion of that participant's account not then vested shall be credited to a forfeiture account. In the year subsequent to employee termination, forfeitures may first be used for payment of plan expenses. Remaining forfeitures are applied to reduce employer matching contributions. Forfeitures available to be allocated for the year ended December 31, 2010 totaled \$119,618.

Loan Provisions - Participants are allowed to borrow from the Plan. Participants may borrow amounts not to exceed the lesser of (1) \$50,000, or (2) 50% of their account balance. Repayment terms may not exceed five years, although a loan for the purchase of a principal residence may be repaid over a reasonable period of time greater than five years. A reasonable rate of interest is determined by the Plan Administrator. Principal and interest are paid by regular payroll deductions, at least quarterly. Loans are secured by the balance in the participant's account.

Note 2 - Significant Accounting Policies

Fair Value Measurements - The Plan follows the provisions of the Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) Topic 820, "Fair Value Measurements and Disclosures", (ASC Topic 820), for assets and liabilities that are measured and recorded at fair value on a recurring basis, and to determine fair value disclosures. This standard defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The standard applies to certain other existing accounting pronouncements that require or permit fair value measurements. It does not establish or change any existing requirements for fair value accounting (see Note 6).

Basis of Accounting - The books and records of the Plan, as reflected in the accompanying financial statements, are maintained on the accrual basis.

Accounting Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Contract with Insurance Company - In accordance with generally accepted accounting principles, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits presents the fair value of the fully benefit-responsive investment contracts as well as the adjustment, if any, of the investment in fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis (see Note 4).

Note 2 - Significant Accounting Policies (Cont.)

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value with investment appreciation or depreciation reflected in the statement of changes in net assets available for benefits. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis, interest income is recorded on the accrual basis, and dividends are recorded on the ex-dividend date.

Net appreciation and depreciation include the Plan's gains and losses on investments bought and sold, as well as held during the year (see Notes 6 & 7).

Plan Expenses – Expenses incurred in the administration of the Plan are primarily paid by the Plan sponsor. Recordkeeping fees are paid by the participants.

Payment of Benefits – Benefits are recorded when paid.

Excess Contributions – Required payments to be made to active participants to return excess deferral contributions in order to satisfy the relevant nondiscrimination provisions of the Plan are recorded as liabilities in the year the contribution is received.

Evaluation of Subsequent Events – Management has evaluated subsequent events involving the Plan for potential recognition or disclosure in the accompanying financial statements. Subsequent events are events or transactions that occurred after December 31, 2010 up through October 13, 2011, the date the accompanying financial statements were available to be issued.

Note 3 – Investments

The following investments represent 5% or more of the Plan's net assets at December 31:

	<u>2010</u>	<u>2009</u>
Chase Growth Fund	\$ 1,921,876	\$ 1,461,898
Eaton Vance Large Cap Value	\$ 813,800	\$ 635,946
Fidelity Diversified International Fund	\$ 1,722,387	\$ 1,331,261
Guaranteed Portfolio Fund I	\$ 3,388,504 *	\$ 2,098,697
JPMorgan U.S. Equity Select	\$ 1,634,607	\$ 1,227,116
Maxim Moderate Profile II Fund	\$ **	\$ 484,125
Westcore Plus Bond	\$ **	\$ 624,287

* This amount represents contract value for this investment contract (see Note 4).

** Not a 5% investment in respective year.

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,113,739. All appreciation relates to shares of registered investment companies (mutual funds).

Note 4 - Investment Contract with Insurance Company

The Plan has a benefit-responsive annuity contract with Great-West Life & Annuity Insurance Company (Great-West). Great-West maintains the contributions in its general account. The fund is credited with participant's contributions plus earnings and is charged for participant withdrawals and administrative fees. The fund is included in the financial statements at contract value, which approximates fair value as certified by the Plan's custodian (see Note 6 on investment valuation).

Contract value, as reported to the Plan by Great-West, represents contributions made by participants, plus interest, less participant withdrawals or transfers, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The valuation for fixed annuity options are calculated and reported daily by the annuity provider. The fair values of investment contract have been estimated to approximate contract value, based on a discounted cash flows methodology, utilizing current rates of return available for similar contracts with comparable credit risks and liquidity, as of the respective financial statement dates. The fair values of the investment contracts have been determined to approximate contract values, based upon their lack of contractual maturities, the frequency of the re-setting of contractual interest rates to market rates, the credit quality of the issuer(s), and the liquidity of the contracts.

The Plan's investment contract specifies certain conditions under which distributions from the contract would be payable at amounts below contract value. Such circumstances include Plan termination, Plan merger, premature contract termination initiated by the Company, and certain other Company-initiated events that result in distributions exceeding a set amount. Currently, management believes that the occurrence of an event that would cause the Plan to transact contract distributions at less than contract value is not probable.

The crediting interest rate of the contract is based on the earnings of the underlying assets in the issuer's entire medium-long new portfolio and prevailing market conditions. The interest crediting rate is reset quarterly.

Average yields:

	<u>2010</u>	<u>2009</u>
Based on annualized earnings (1)	3.18%	3.39%
Based on interest rate credited to participants (2)	3.18%	3.39%

- (1) Computed by dividing the annualized one-day actual earnings of the contract on the last day of the Plan year by the fair value of the contract investments on the same date.
- (2) Computed by dividing the annualized one-day earnings credited to the participants on the last day of the Plan year by the fair value of the contract investments on the same date.

Note 5 – Exempt Transactions with a Party-in-Interest

Certain Plan investments are invested in an insurance contract managed by Great West Life & Annuity Insurance Company. Great West is the custodian of Plan assets and, therefore, these transactions qualify as exempt party-in-interest transactions.

Note 6 – Information Prepared and Certified by the Plan's Custodian

The Plan Administrator has elected the method of compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the Custodian, Great West Life & Annuity Insurance Company, except for comparing such information to the related information included in the accompanying financial statements.

Note 6 – Information Prepared and Certified by the Plan’s Custodian (Cont.)

The following information included in the accompanying financial statements and supplemental schedule of investments of plan assets held for investment purposes at end of year was obtained from data that has been prepared and certified as to completeness and accuracy by the Custodian.

	<u>2010</u>	<u>2009</u>
Investments at fair value (see Notes 2 & 7):		
AIM Energy, Inv	\$ 35,799	\$ 3
American Century Inflation Adjusted Bond	362,928	89,681
Aston/Optimum Mid Cap Fund	374,138	219,644
Baron Asset Fund	355,490	163,798
Buffalo Small Cap Fund	484,846	346,849
Chase Growth Fund	1,921,876	1,461,898
Columbia Strategic Income Z	218,704	118,200
Eaton Vance Large Cap Value	813,800	635,946
Fidelity Diversified International Fund	1,722,387	1,331,261
JP Morgan Small Cap Equity A	126,187	57,420
JPMorgan U.S. Equity Select	1,634,607	1,277,116
Keeley Small Cap Vaule Fund	582,993	270,146
Maxim Aggressive Profile II Fund	255,430	226,886
Maxim Conservative Profile II Fund	104,147	76,792
Maxim Moderate Profile II Fund	726,210	484,125
Maxim Moderately Aggressive Profile II Fund	189,222	91,423
Maxim Moderately Conservative Profile II	78,743	91,523
Oppenheimer Global Strategic Income A	95,848	-
Oppenheimer Gold & Special Minerals A	182,354	2,494
Oppenheimer Strategic Income A	-	5,230
PIMCO Real Return Admin	82,704	7,354
Virtus Real Estate Securities A	98,582	14,079
Westcore Plus Bond	611,412	624,287
	<u>\$ 11,058,407</u>	<u>\$ 7,596,155</u>
Investments at contract value (See Note 4)		
Guaranteed Portfolio Fund I (approximates fair value)	<u>\$ 3,388,504</u>	<u>\$ 2,098,697</u>
Participant Loans	<u>\$ 455,104</u>	<u>\$ 65,023</u>
Investment Income:		
Net appreciation in fair value of investments for year	<u>\$ 1,150,945</u>	
Dividend and interest income	<u>\$ 251,880</u>	

Note 7 – Fair Value Measurements

The Plan uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. Under generally accepted accounting principles, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is best determined based upon quoted market prices. However, in many instances quoted market prices are not available; therefore, fair values are based upon estimates using present value or other valuation techniques. Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset or liability. Inputs may be observable, meaning those that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from independent sources, or unobservable, meaning those that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available to management.

Generally accepted accounting principles establish a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value, and gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

Level 1 - Observable inputs such as quoted prices in active markets.

Level 2 - Inputs other than Level 1 inputs that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market.

Level 3 - Unobservable inputs that are supported by little or no market data and are significant to the fair value of the assets or liabilities. Level 3 inputs include fair value measurements whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as significant judgment or estimation.

The following is a schedule of the Plan's assets at fair value by category and level within the fair value hierarchy:

	Level 1	Level 2	Level 3	Total
December 31, 2010:				
Shares of registered investment companies:				
Inflation protected bond	\$ 445,632	\$ -	\$ -	\$ 445,632
Intermediate bond	611,412	-	-	611,412
Multisector bond	314,552	-	-	314,552
Large cap blend	2,988,359	-	-	2,988,359
Foreign large cap blend	1,722,387	-	-	1,722,387
Large cap growth	1,957,675	-	-	1,957,675
Large cap value	813,800	-	-	813,800
Mid cap blend	472,720	-	-	472,720
Mid cap growth	537,844	-	-	537,844
Small cap blend	582,993	-	-	582,993
Small cap growth	611,033	-	-	611,033
Investment contract with insurance company	-	-	3,388,504	3,388,504
	<u>\$ 11,058,407</u>	<u>\$ -</u>	<u>\$ 3,388,504</u>	<u>\$ 14,446,911</u>

Note 7 – Fair Value Measurements (Cont.)

	Level 1	Level 2	Level 3	Total
December 31, 2009:				
Shares of registered investment companies:				
Inflation protected bond	\$ 97,034	\$ -	\$ -	\$ 97,034
Intermediate bond	624,287	-	-	624,287
Multisector bond	118,200	-	-	118,200
Large cap blend	2,247,868	-	-	2,247,868
Foreign large cap blend	1,331,261	-	-	1,331,261
Large cap growth	1,461,898	-	-	1,461,898
Large cap value	635,946	-	-	635,946
Mid cap blend	233,724	-	-	233,724
Mid cap growth	166,292	-	-	166,292
Small cap blend	270,146	-	-	270,146
Small cap growth	404,269	-	-	404,269
Multisector blend	5,230	-	-	5,230
Investment contract with insurance company	-	-	2,098,697	2,098,697
	<u>\$ 7,596,155</u>	<u>\$ -</u>	<u>\$ 2,098,697</u>	<u>\$ 9,694,852</u>

The level within the fair value measurement level is based on the lowest level of any input that is significant to the fair value measurement of the asset. The following is a description of the valuation methodologies used for assets measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Shares of Registered Investment Companies - These investments (mutual funds) are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Investment Contract – This investment is a fully benefit-responsive annuity contract that is valued using the Plan's pro-rata share of the contract's balance (contributions plus earnings at the guaranteed crediting rates less withdrawals and fees). The fund is classified within Level 3 of the valuation hierarchy because the contract is quoted on a private market that is not active.

The following schedule presents a summary of changes in the fair value of the Plan's Level 3 assets, Investment with Insurance Company, for the years ended December 31:

	<u>2010</u>	<u>2009</u>
Balance at beginning of year	\$ 2,098,697	\$ 299,611
Total gains or losses (realized and unrealized) included in changes in net assets	-	-
Total investment income included in changes in net assets	72,931	64,738
Purchases, sales, issuances and settlements, net	<u>1,216,876</u>	<u>1,734,348</u>
Balance at end of year	<u>\$ 3,388,504</u>	<u>\$ 2,098,697</u>

Note 8 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts, which will be distributed to participants in accordance with the Plan's provision.

Note 9 – Income Tax Status

The Company has adopted a non-standardized prototype plan which is intended to qualify under 401(a) of the Internal Revenue Code (IRC). The plan administrator is responsible to operate the Plan in compliance with the requirements of Section 401(a) of the IRC, to ensure the Plan is exempt from income taxes.

Note 10 - Investment Risks and Uncertainties

The Plan invests in shares of registered investment companies (mutual funds), and an investment contract with an insurance company, which are exposed to various risks, such as interest rate, credit risks and overall market risk. Due to the level of risk associated with these investments, and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 11 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 14,728,468	\$ 9,395,533
Excess contributions	259,276	402,672
Contributions receivable from participants	<u>(85,729)</u>	<u>(38,330)</u>
Net assets available for benefits per Form 5500	<u>\$ 14,902,015</u>	<u>\$ 9,759,875</u>

The following is a reconciliation of contributions per the financial statements to Form 5500:

	Year Ended <u>December 31, 2010</u>
Contributions per the financial statements	\$ 1,051,697
Excess contributions	259,276
Increase in contributions receivable	(47,399)
Other	<u>(2,609)</u>
Contributions per Form 5500	<u>\$ 1,260,965</u>

Note 11 – Reconciliation of Financial Statements to Form 5500 (Cont.)

The following is a reconciliation of net appreciation in fair value of investment per the financial statements to Form 5500.

	Year Ended <u>December 31, 2010</u>
Net appreciation in fair value of investments per the financial statements	\$ 1,113,739
Gains attributable to excess contributions liability	37,206
	<hr/>
Net appreciation in fair value of investments per the Form 5500	<u><u>\$ 1,150,945</u></u>

The following is a reconciliation of distribution of benefits per the financial statements to Form 5500:

	Year Ended <u>December 31, 2010</u>
Distribution of benefits per the financial statements	\$ 1,365,307
Return of excess distributions	439,877
Other	<u>(2,558)</u>
	<hr/>
Distribution of benefits per Form 5500	<u><u>\$ 1,802,626</u></u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500:

	Year Ended <u>December 31, 2010</u>
Net increase in net assets available for benefits per the financial statements	\$ 5,332,935
Increase in participants' contributions receivable	(47,399)
Increase in accrued excess contributions	(143,396)
Transfer in of plan assets	<u>(4,360,088)</u>
	<hr/>
Net increase in net assets available for benefits per Form 5500, Schedule H, Line 2k	<u><u>\$ 782,052</u></u>

SUPPLEMENTAL SCHEDULES

Patni Americas, Inc. 401(k) Plan

Schedule of Plan Assets Held for Investment Purposes at End of Year - Schedule H, Item 4i

E.I.N. 04-2506346

Plan No.: 003

December 31, 2010

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower or Similar Party	Investment (No. of shares)	Cost	Fair Value	
AIM Energy, Inv	**	\$ 31,471	\$ 35,799	
American Century Inflation Adjusted Bond	**	363,007	362,928	
Aston/Optimum Mid Cap Fund	**	300,392	374,138	
Baron Asset Fund	**	294,640	355,490	
Buffalo Small Cap Fund	**	405,271	484,846	
Chase Growth Fund	**	1,660,666	1,921,876	
Columbia Strategic Income Z	**	217,245	218,704	
Eaton Vance Large Cap Value	**	734,848	813,800	
Fidelity Diversified International Fund	**	1,583,352	1,722,387	
* Guaranteed Portfolio Fund I	**	3,311,072	3,388,504	
JP Morgan Small Cap Equity A	**	109,931	126,187	
JPMorgan U.S. Equity Select	**	1,417,448	1,634,607	
Keeley Small Cap Value Fund	**	455,898	582,993	
Maxim Aggressive Profile II Fund	**	217,975	255,430	
Maxim Conservative Profile II Fund	**	101,396	104,147	
Maxim Moderate Profile II Fund	**	675,835	726,210	
Maxim Moderately Aggressive Profile II Fund	**	175,821	189,222	
Maxim Moderately Conservative Profile II	**	77,219	78,743	
Oppenheimer Gold & Special Minerals A	**	170,111	182,354	
Oppenheimer Strategic Income A	**	94,641	95,848	
PIMCO Real Return Admin	**	82,798	82,704	
Virtus Real Estate Securities A	**	88,859	98,582	
Westcore Plus Bond	**	609,520	611,412	
		<u>\$ 13,179,416</u>	<u>14,446,911</u>	
* Participant loans	Interest rate - 4.25% - 9.25%		455,104	
			<u>\$ 14,902,015</u>	

* Represents a permitted party-in-interest to the Plan.

** Share information not provided

The above information has been prepared and certified by Great West Life & Annuity Insurance Company, the Custodian, as complete and accurate.

Patni Americas Inc. 401(k) Plan

Schedule of Delinquent Participant Contributions - Schedule H, Line 4a

E.I.N. 04-2506346

Plan No.: 003

December 31, 2010

Participant contributions transferred late to the Plan	<u>\$ 1,689</u>
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Total participant contributions transferred late to the Plan that constitute nonexempt prohibited transactions, pending correction outside VFCP using VFCP methodology	<u>\$ 1,689</u>
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Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PATNI AMERICAS, INC. 401(K) PLAN

EIN: 04-2506346

Plan Sponsor's Name PATNI AMERICAS, INC.

PN: 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MAXIM CONSERVATIVE PROFILE II	N/A	101,396	104,147
	MAXIM MODERATELY CONSERVATIVE PROFILE II	N/A	77,219	78,743
	MAXIM MODERATE PROFILE II	N/A	675,835	726,210
	MAXIM MODERATELY AGGRESSIVE PROFILE II	N/A	175,821	189,222
	MAXIM AGGRESSIVE PROFILE II	N/A	217,975	255,430
	FIDELITY DIVERSIFIED INTERNATIONAL	N/A	1,583,352	1,722,387
	INVESCO ENERGY, INV	N/A	31,471	35,799

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PATNI AMERICAS, INC. 401(K) PLAN

EIN: 04-2506346

Plan Sponsor's Name PATNI AMERICAS, INC.

PN: 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	OPPENHEIMER GOLD AND SPECIAL MINE	N/A	170,111	182,354
	VIRTUS REAL ESTATE SECURITIES A	N/A	88,859	98,582
	BUFFALO SMALL CAP FUND	N/A	405,271	484,847
	JP MORGAN SMALL CAP EQUITY A	N/A	109,931	126,188
	KEELEY SMALL CAP VALUE FUND	N/A	455,898	582,993
	ASTON/OPTIMUM MID CAP FUND	N/A	300,392	374,138
	BARON ASSET FUND	N/A	294,640	355,490

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PATNI AMERICAS, INC. 401(K) PLAN

EIN: 04-2506346

Plan Sponsor's Name PATNI AMERICAS, INC.

PN: 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	CHASE GROWTH FUND	N/A	1,660,666	1,921,876
	EATON VANCE LARGE-CAP VALUE A	N/A	734,848	813,800
	JPMORGAN U.S. EQUITY SELECT	N/A	1,417,448	1,634,607
	AMERICAN CENTURY INFLATION ADJUSTED	N/A	363,007	362,928
	COLUMBIA STRATEGIC INCOME Z	N/A	217,245	218,704
	OPPENHEIMER GLOBAL STRATEGIC INCOME	N/A	94,641	95,848
	PIMCO REAL RETURN ADMIN	N/A	82,798	82,704

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PATNI AMERICAS, INC. 401(K) PLAN

EIN: 04-2506346

Plan Sponsor's Name PATNI AMERICAS, INC.

PN: 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	WESTCORE PLUS BOND	N/A	609,520	611,412
	GUARANTEED PORTFOLIO FUND	N/A	3,199,736	3,268,885
	PARTICIPANT LOANS	Interest Rate - 4.250-9.250 Maturity Date - VARIOUS	453,766	455,104
	FORFEITURES	N/A	111,336	119,618