

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) G, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 12/31/1957
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND 12 CORPORATE WOODS BLVD. ALBANY, NY 12211-2344
2b Employer Identification Number (EIN) 14-6034807
2c Plan Sponsor's telephone number 518-465-1571
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	157596
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	156174
	6a(2)	151182
	6b	1420
	6c	0
	6d	152602
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4B 4D 4E 4F 4H 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>9</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		D Employer Identification Number (EIN) 14-6034807

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.

1 Coverage Information:

(a) Name of insurance carrier

HARTFORD LIFE AND ACCIDENT

(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
06-0838648	70815	043224G	2122	01/01/2024	12/31/2024

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

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

BUSINESS COUNCIL OF NYS INC INS. FD **12 CORPORATE WOODS BLVD**
ALBANY, NY 12211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(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

(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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 organizations(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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	591200
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, line 2 above, report amount. Specify nature of costs.	10b	

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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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▶ **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

2024

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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.

1 Coverage Information:

(a) Name of insurance carrier

AMERITAS LIFE INSURANCE COMPANY OF NY

(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
13-3758127	60054	50004	16521	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 644753	(b) Total amount of fees paid 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

DIGITAL BSG

**528 PLUM COURT SUITE 250
SYRACUSE, NY 13204**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
100125			3

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

BROWN AND BROWN INSURANCE SERVIC

**500 PLUM STREET
SYRACUSE, NY 13204-1480**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50274			3

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule A (Form 5500) 2024
v. 240311

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

AP BENEFIT ADVS DBA ENV INS AG

7789 OSWEGO ROAD
ROCHESTER, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45994			3

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

LAWLEY, LLC

361 DELAWARE AVENUE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37889			3

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

DIGITAL INSURANCE LLC

CARE OF WALDIS COMPANIES
528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35074			3

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

MICHELLE ALLETZHAUSER

PROFESSIONAL BENEFITS MGMT
316 SOUTH MAIN STREET
NORTH SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30183			3

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

NFP CORPORATE SERVICES

159 WOLF ROAD
ALBANY, NY 12205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27611			3

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

DANIEL GOETZMANN

GOETZMANN AND ASSOCIATES
1001 W. FAYETTE ST STE 3B
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20698			3

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

BURNHAM FINL SVCS ALERA GROUP

2038 SARANAC AVENUE
LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20604			3

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

BENE CARE INSURANCE AGY LLC

1260 CREEK STREET
WEBSTER, NY 14580

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18042			3

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

ASSURED PARTNER NORTHEAST

CARE OF BOND FINANCIAL
71A MONROE AVENUE
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16919			3

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

LAVORO GROUP CORP

CARE OF FGP
225 TECH PARK DRIVE
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16823			3

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

JAMES P. REAGAN AGENCY INC. PO BOX 191
8E MAIN STREET
MARCELLUS, NY 13108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5966			3

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

MARSH AND MCLENNAN PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE SUITE 400
SYRACUSE, NJ 07663

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5649			3

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

WALSH DUFFIELD COMPANIES INC. 801 MAIN STREET
BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5261			3

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

BENEFITS ADVANTAGE INC. 37 ROLLING HILLS DRIVE
PO BOX 1080
ORCHARD PARK, NY 14127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4997			3

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

HAYLOR FREYER COON PO BOX 4743
SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4984			3

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

GALLAGHER M AND T

P.O BOX 95287
CHICAGO, IL 60694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4815			3

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

TITAN INSURANCE AND EMPLOYERS

ONE SOUTH CLINTON AVENUE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4693			3

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

FALCONE ASSOCIATES

507 PLUM STREET
SUITE 104
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4555			3

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

HARDING BROOKS INS AGENCY

441 COMMERCE ROAD
VESTAL, NY 13850

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4084			3

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

GALLAGHER BENEFITS SERVICES

100 MERIDIAN CENTRE BLVD.
SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3567			3

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

BDS CORP OF CNY INC. 5010 CAMPUSWOOD DRIVE
 STE 105
 EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3545			3

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

MARSHALL AND STERLING EMPLOYEE B 110 MAIN STREET
 POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3540			3

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

MICHAEL G. MONTAG INS. AGY. 1745 PENFIELD ROAD
 PENFIELD, NY 14526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3214			3

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

NORTH REID HOLDGS CONVERGENCE 4875 EXCALIBUR DRIVE
 SYRACUSE, NY 13215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3014			3

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

NBT INSURANCE AGENCY LLC 66 SOUTH BROAD STREET
 SUITE 2
 PENFIELD, NY 13815-6073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2919			3

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

DONALD MATSON 8 ROSEWOOD DRIVE
AUBURN, NY 13021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2873			3

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

HAYLOR, FREYER AND COON PO BOX 4743
SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2556			3

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

USI INSURANCE SERVICES LLC 777 CANAL VIEW BLVD.
SUITE 100
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2489			3

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

ONEGROUP NY INC. 706 N CLINTON ST
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2358			3

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

ANDERSON KENNEY ASSOCIATES 10 WINTHROP ST.
ELMIRA, NY 14607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2220			3

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

INSURANCE OFFICE OF AMERICA
 31 LEWIS STREET
 SUIT 2
 BINGHAMTON, NY 13901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
819			3

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

EBA SERVICES LLC
 2149 MASTERS ROAD
 MARCELLUS, NY 13108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
686			3

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

DIGITAL BOUCHEYANDCLARKE
 200 GALLERIA PARKWAY
 STE. 1950
 ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
591			3

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

RSC INSURANCE BROKERAGE, INC.
 160 FEDERAL STREET. FLOOR 4
 BOSTON, MA 02110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
578			3

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

MY BENEFIT ADVISOR
 669 RIVER DRIVE CENTER II
 SUITE 305
 NORWICH, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
564			3

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

NFP CORPORATE SERVICES(OH)INC. 6450 ROCKSIDE WOODS BLVD. SOUTH
 SUITE 250
 CLEVELAND, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
543			3

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

EDWARD SOMMER DBA OPOC.US 300 W WILSON BRIDGE RD
 ST 300
 WORTHINGTON, OH 43085

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
540			3

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

RUSS HEYMAN INC. MINSER BENEFITS
 PO BOX 57
 WOODBOURNE, NY 12788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
512			3

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

HUB INTERNATIONAL MIDWEST 12500 S. TAMIAMI TRAIL
 FORT MYERS, FL 33907

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
509			3

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

JOSEPH VISCONTI 1207 ROUTE 9
 STE 10
 WAPPINGERS FALLS, NY 12590-8452

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
500			3

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

NIAGARA NATIONAL INC. 5001 GENESEE STREET
BUFFALO, NY 14225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
498			3

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

EMERY AND WEBB INC. 989 MAIN STREET
FISHKILL, NY 12524

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
429			3

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

SWAN AND SONS MORSS COMPANY INC. P.O. BOX 179
309 EAST WATER STREET
ELMIRA, NY 14902-0179

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
424			3

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

DOROTHY MATARAZZO SHARED BENEFITS
66 ENIS AVENUE
PENNELVILLE, NY 13132

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
357			3

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

THE CLARKE AGENCY 55 CATHAWAY ROAD
AMHERST, NY 14610

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
346			3

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

BRYANT ASSET PROTECTION 1280 NEW SCOTLAND ROAD
SLINGERLANDS, NY 12159

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
214			3

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

COMMERCIAL COVERAGES INC. PO BOX 5060
PO BOX 452
SARATOGA SPRINGS, NY 12866

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
162			3

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

ERIC EVELAND 164 BAYSIDE DRIVE
ROCHESTER, NY 14622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
159			3

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

EMERLING, FLOSS, MURPHY ASSOC 9092 MAIN STREET
CLARENCE, NY 14031-0370

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
149			3

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

EDGEWOOD PARTNERS INSURANCE CE 1 CALIFORNIA STREET
SUITE 400
SAN FRANCISCO, CA 94111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
145			3

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

RICK SLANG

102 NORTH LINCOLN COURT
PORT JEFFERSON, NY 11777

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
98			3

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

PATRICK DENISCO

350 ESSJAY ROAD
SUITE 300
BUFFALO, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
90			3

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

LAWRENCE AXELROD

FINANCIAL ARCHITECTS BRIGHTON
100 ALLENS CREEK RD STE 7
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
84			3

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

WORLD INSURANCE ASSOCIATES LLC

100 WOOD AVENUE S
4TH FLOOR
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80			3

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

CHRISTOPHER SWITALA

CARE OF SOUTHERN TIER FINANCIAL
324 WEST MAIN STREET
FALCONER, NY 14733

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62			3

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

GFNB DBA UPSTATE AGENCY LLC

89 SARATOGA AVENUE
SOUTH GLENS FALLS, NY 12803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46			3

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

DAVID SWITALA

324 W MAIN STREET
PO BOX 452
FALCONER, NY 14733

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41			3

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

COOK MARAN AND ASSOCIATES

461 PANTIGO ROAD
EAST HAMPTON, NY 11937

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40			3

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

AMY ALLGAIER

4848 JUNEWAY DRIVE SOUTH
LIVERPOOL, NY 13088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27			3

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

AFFORDABLE BENEFIT CONCEPTS

7785 HENRY CLAY BLVD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

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

OSWEGO VALLEY INSURANCE AGENCY 166 W. 1ST STREET
OSWEGO, NY 13126

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19			3

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

KAFL INC. 800 LINDEN AVENUE
ELMWOOD PARK, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14241			3

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

CONSILIARIUM GROUP LLC 1250 PITTSFORD VICTOR ROAD
BUILDING 100, SUITE 110
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10965			3

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

BROWN AND BROWN INSURANCE SERVIC 45 EAST AVENUE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10888			3

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

DIGITAL INSURANCE INC GA ATT ACCOUNT MANAGEMENT
200 GALLERIA PARKWAY ST1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10314			3

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

PERRY AND CARROLL INC. 100 WEST CHURCH STREET
NORTH SYRACUSE, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9378			3

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

PAYCHEX INSURANCE AGENCY INC. P.O BOX 948
SUITE 104
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9147			3

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

NFP CORPORATE SERVICES 340 MADISON AVENUE
SUITE 200
NEW YORK, NY 10173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8646			3

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

CH BENEFITS INC. 100 S. SALINA STREET
SUITE 100
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8517			3

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

TOMPKINS INSURANCE AGENCIES 90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8387			3

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

GALLAGHER BENEFIT SERVICES INC 30 CENTURY HILL DRIVE
 SUITE 200
 LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7362			3

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

CROSS INSURANCE WAKEFIELD 401 EDGEWATER PLACE
 SUITE 100
 WAKEFIELD, MA 01880

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2198			3

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

AEBLY AND ASSOCIATES INS SERVICE 3638 SENECA STREET
 WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2137			3

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

ADIRONDACK TRUST COMPANY 31 CHURCH STREET
 STE. 1950
 SARATOGA SPRINGS, NY 12866

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2083			3

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

UNITED PROFESSIONAL BENEFITS 19607 STATE ROUTE 3
 WATERTOWN, NY 13601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2082			3

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

GILROY KERNAN AND GILROY INC. PO BOX 542
NEW HARTFORD, NY 13413

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2031			3

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

YORK INTERNATIONAL AGENCY 500 MAMARONECK AVENUE
STE 220
HARRISON, NY 10528

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1994			3

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

SPRING COLLABORATIVE GROUP 9580 MAIN STREET
SUITE E
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1970			3

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

SIMCO CAPITAL LTD 2531 ROUTE 332
ST 300
CANANDAIGUA, NY 14424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1921			3

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

BROWN AND BROWN INSURANCE SERVIC 6 TOWER PLACE
ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1867			3

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

MIRABITO GRESHAM INSURANCE

423 COMMERCE ROAD
WILLIAMSVILLE, NY 13850-6072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1812			3

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

ACRISURE PGM INSURANCE SERVICE

311 CLOCK TOWER COMMONS
BREWSTER, NY 10509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1679			3

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

S D F ASSOCIATES

571 MCDONALD AVE
3RD FLOOR
BROOKLYN, NY 11218

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1652			3

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

THE SOVIK GROUP INC.

3813 NUMBER NINE
CAZENOVIA, NY 13035

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1494			3

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

HAUSER, INC.

5905 E. GALBRAITH ROAD
SUITE 9000
ELMIRA, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1443			3

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

MERCER HEALTH AND BENEFITS LLC 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1109			3

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

ENVISION BENEFITS GROUP, LLC 260 WALES AVENUE
TONAWANDA, NY 14150

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1096			3

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

PAUL ROBILLARD AND ASSOCIATES 4536 MAIN STREET
SUITE 100
AMHERST, NY 14226-3828

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1083			3

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

POINT GUARD ADVISORS NETWORK 110 BUCHMANS CLOSE CIRCLE
FAYETTEVILLE, NY 13066

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1068			3

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

USI INSURANCE SERVICES NY 261 MADISON AVE
5TH FLOOR
NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1039			3

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

BSI CORPORATE BENEFITS LLC 28411 NORTHWESTERN HIGHWAY
 SUITE 1150
 STOCKTON, MI 48034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1008			3

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

CHOICE EMPLOYEE BENEFITS GROUP 490 CENTER ROAD
 WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
963			3

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

DIGITAL KBM 528 PLUM COURT
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
943			3

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

ROBERT G. RELPH AGENCY INC. 800 PARKER HILL DRIVE
 SUITE 100
 ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
942			3

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

PATRIOT GROWTH INSURANCE SVCS 7 LIMESTONE DRIVE
 HENRIETTA, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
885			3

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

NICHOLAS SAVAS 2 REDWOOD DRIVE
PENFIELD, NY 14526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
860			3

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

NORTHERN INSURING AGENCY INC. P.O. BOX 789
PLATTSBURGH, NY 12901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
338			3

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

BENEFIT SPECIALISTS OF NY 115 WEST FAYETTE STREET
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
306			3

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

NOLLOTH THOMPSON AGENCY INC. PO BOX 99
STOCKTON, NY 14784

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
305			3

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

MOHAWK INSURANCE SERVICES, INC 4 TOWER PLACE
ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
299			3

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

THE NACCARATO INSURANCE 100 ULSTER AVENUE
 PO BOX 263
 SAUGERTIES, NY 12477

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
279			3

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

KLUGMAN ASSOCIATES INC. ONE CABLEVISION CENTER
 PO BOX 280
 VESTAL, NY 12734

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
260			3

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

THE EVELAND GROUP 164 BAYSIDE DRIVE
 ROCHESTER, NY 14622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
228			3

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

MAIELLA ASSOCIATES INC 803 MAIN STREET
 SUITE 200
 PORT JEFFERSON, NY 11777

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
227			3

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

GEORGE ALLEN 218 W 8TH STREET
 OSWEGO, NY 13126-3098

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
221			3

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

EMS FINANCIAL SERVICES

6724 MAIN STREET
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
217			3

(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	

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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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 organizations(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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	10460369
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, line 2 above, report amount. Specify nature of costs.	10b	

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 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	D Employer Identification Number (EIN) 14-6034807

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.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE LIFE 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
86-0222062	78077	2035	60592	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 736237	(b) Total amount of fees paid 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
NFP CORPORATE SERVICES **159 WOLF ROAD**
CANANDAIGUA, NY 14424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
64136			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LAWLEY, LLC **361 DELAWARE AVENUE**
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
55995			3

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

DIGITAL BSG 528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
47713			3

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

BROWN AND BROWN INSURANCE SERVIC 500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204-1480

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30770			3

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

MARSHALL AND STERLING EMPLOYEE B 110 MAIN STREET
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29889			3

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

BURNHAM FINL SVCS ALERA GROUP 2038 SARANAC AVENUE
LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24543			3

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

DANIEL GOETZMANN GOETZMANN AND ASSOCIATES
1001 W. FAYETTE ST STE 3B
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22975			3

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

DIGITAL INSURANCE LLC CARE OF WALDIS COMPANIES
 528 PLUM COURT SUITE 250
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22716			3

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

BROWN AND BROWN INSURANCE SERVIC 45 EAST AVENUE
 ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22217			3

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

WALSH DUFFIELD COMPANIES INC. 801 MAIN STREET
 BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20293			3

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

GALLAGHER BENEFIT SERVICES INC 30 CENTURY HILL DRIVE
 SUITE 200
 LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20242			3

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

ASSURED PARTNER NORTHEAST CARE OF BOND FINANCIAL
 71A MONROE AVENUE
 PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20043			3

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

KAFL INC. 800 LINDEN AVENUE
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10800			3

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

LAVORO GROUP CORP CARE OF FGP
225 TECH PARK DRIVE
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10004			3

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

BENEFITS ADVANTAGE INC. 37 ROLLING HILLS DRIVE
PO BOX 1080
ORCHARD PARK, NY 14127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9907			3

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

BROWN AND BROWN INSURANCE SERVIC 6 TOWER PLACE
ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8450			3

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

BENE CARE INSURANCE AGY LLC 1260 CREEK STREET
WEBSTER, NY 14580

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8344			3

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

MERCER HEALTH AND BENEFITS LLC 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8051			3

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

DIGITAL INSURANCE INC GA ATT ACCOUNT MANAGEMENT
200 GALLERIA PARKWAY ST1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7744			3

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

SWAN AND SONS MORSS COMPANY INC. P.O. BOX 179
309 EAST WATER STREET
ELMIRA, NY 14902-0179

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7477			3

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

MICHELLE ALLETZHAUSER PROFESSIONAL BENEFITS MGMT
316 SOUTH MAIN STREET
NORTH SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7149			3

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

TITAN INSURANCE AND EMPLOY BFTS ONE SOUTH CLINTON AVENUE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6529			3

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

GALLAGHER M AND T

P.O BOX 95287
CHICAGO, IL 60694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6528			3

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

GILROY KERNAN AND GILROY INC.

PO BOX 542
NEW HARTFORD, NY 13413

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6346			3

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

HAYLOR FREYER COON

PO BOX 4743
SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6337			3

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

PIONEER INSURANCE AGENCY INC

PIONEER PLAZA
652 ALBANY SHAKER ROAD
ALBANY, NY 12211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6112			3

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

GALLAGHER BENEFITS SERVICES

100 MERIDIAN CENTRE BLVD.
SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6005			3

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

PROFILE BENEFITS INC. 320 SOUTH SERVICE ROAD
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4958			3

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

HARDING BROOKS INS AGENCY 441 COMMERCE ROAD
VESTAL, NY 13850

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4736			3

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

ACRISURE PGM INSURANCE SERVICE 311 CLOCK TOWER COMMONS
BREWSTER, NY 10509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4483			3

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

SPRING COLLABORATIVE GROUP 9580 MAIN STREET
SUITE E
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4426			3

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

BDS CORP OF CNY INC. 5010 CAMPUSWOOD DRIVE
STE 105
EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4376			3

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

EMS FINANCIAL SERVICES 6724 MAIN STREET
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3889			3

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

CROSS INSURANCE WAKEFIELD 401 EDGEWATER PLACE
SUITE 100
WAKEFIELD, MA 01880

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3530			3

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

AURORA INC. 120 BROADWAY
MENANDS, NY 12204-2703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3343			3

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

NIAGARA NATIONAL INC. 5001 GENESEE STREET
BUFFALO, NY 14225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3105			3

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

USI INSURANCE SERVICES LLC 777 CANAL VIEW BLVD.
SUITE 100
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3056			3

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

AEBLY AND ASSOCIATES INS SERVICE 3638 SENECA STREET
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2769			3

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

NFP CORPORATE SERVICES 340 MADISON AVENUE
21ST FLOOR
NEW YORK, NY 10173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2758			3

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

THE MELTZER GROUP 6500 ROCK STRING DRIVE
SUITE 500
BETHESDA, MD 20817

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2752			3

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

ONEGROUP NY INC. 706 N CLINTON ST
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2566			3

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

MARSH ADVANTAGE AMERICA 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674-0045

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2543			3

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

USI INSURANCE SERVICES LLC 220 SALINA MEADOWS PARKWAY
SUITE 210
SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2320			3

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

DIGITAL KBM 528 PLUM COURT
SUITE 205
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2172			3

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

AUSTIN AND COMPANY 20 CORPORATE WOODS BLVD.
ALBANY, NY 12211-2350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2125			3

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

JAMES P. REAGAN AGENCY INC. 8E MAIN STREET
PO BOX 191
MARCELLUS, NY 13108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2034			3

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

RSC INSURANCE BROKERAGE, INC. 160 FEDERAL STREET. FLOOR 4
BOSTON, MA 02110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2024			3

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

JAMES SMITH
 PO BOX 188
 JAMESTOWN, NY 14702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2020			3

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

WILLIAM A. SMITH AND SON INC.
 380 BROADWAY
 NEWBURGH, NY 12550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1860			3

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

EBA SERVICES LLC
 2149 MASTERS ROAD
 MARCELLUS, NY 13108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1847			3

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

USI INS SERVICES PA
 100 SUMMIT LAKE DRIVE
 SUITE 400
 VALHALLA, NY 10595

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1834			3

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

UNITED PROFESSIONAL BENEFITS
 19607 STATE ROUTE 3
 WATERTOWN, NY 13601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1659			3

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

TEN EYCK INSURANCE AGENCY INC. 1924 WESTERN AVENUE
ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1627			3

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

MORGENSTERN BENEFITS SOLUTIONS 1080 PITTSFORD VICTOR RD
STE 200
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1549			3

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

NORTHERN INSURING AGENCY INC. P.O. BOX 789
PLATTSBURGH, NY 12901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1529			3

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

SIMCO CAPITAL LTD 2531 ROUTE 332
ORCHARD PARK, NY 14127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1525			3

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

USI INSURANCE SERVICES LLC 726 EXCHANGE STREET
BUFFALO, NY 14210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1523			3

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

MOSCATO AND ASSOCIATES, INC. 950 DANBY ROAD
ST 102
ITHACA, NY 14850

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1132			3

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

MERCER HEALTH AND BENEFITS LLC 1166 AVENUE OF THE AMERICAS
FLOOR 22
NEW YORK, NY 10036-2708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1116			3

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

LEONARD VALLETTA 303 HARBORSIDE DR
SCHENECTADY, NY 12305

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1047			3

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

ADIRONDACK FINANCIAL SERVICES 185 GENESEE STREET
UTICA, NY 13501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1003			3

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

HAYLOR, FREYER AND COON PO BOX 4743
SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
902			3

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

CHOICE EMPLOYEE BENEFITS GROUP 490 CENTER ROAD
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
405			3

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

OSWEGO VALLEY INSURANCE AGENCY 166 W. 1ST STREET
OSWEGO, NY 13126

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
403			3

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

WILLIAM BENEDICT P.O. BOX 458
BINGHAMTON, NY 13902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
390			3

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

ANDREW FAZIO 6252 MURPHY DRIVE
VICTOR, NY 14564

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
369			3

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

COORDINATED RESOURCES BUFFALO 4956 SHAKER HEIGHTS CT
NAPLES, FL 34112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
363			3

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

SAMANTHA CLARK

ALLIANCE ADVISORY GROUP
600 DELWARE AVE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
242			3

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

ANDREW MEYER

CARE OF SHOPIRO AND MEYER ASSOC.
250 SOUTH CLINTON ST
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
237			3

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

STEVEN GOODWIN

5794 MAIN STREET
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
233			3

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

BAILEY PLACE INSURANCE AGENCY

PO BOX 10
CORTLAND, NY 13045

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
233			3

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

KLUGMAN ASSOCIATES INC.

ONE CABLEVISION CENTER
PO BOX 280
FERNDALE, NY 12734

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
230			3

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

LAWRENCE AXELROD
 FINANCIAL ARCHITECTS BRIGHTON
 100 ALLENS CREEK RD STE 7
 ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
223			3

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

HUB INTL. NORTHEAST LTD
 1065 AVENUE OF THE AMERICAS
 NEW YORK, NY 10018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
198			3

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

SPRAGUE AND KILLEEN INC.
 116 CANAL STREET
 P.O. BOX 506
 ELLENVILLE, NY 12428

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
195			3

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

BENEFIT LINK LLC
 2152 RIDGEWAY AVENUE
 ROCHESTER, NY 14626

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
187			3

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

COOK MARAN AND ASSOCIATES
 461 PANTIGO ROAD
 EAST HAMPTON, NY 11937

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
184			3

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

ALAN FREEDMAN 639 AVENUE Y
BROOKLYN, NY 11235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
87			3

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

AHRENS AGENCY INC. 215 SWEET ACRES DRIVE
ROCHESTER, NY 14612

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
86			3

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

EMERY AND WEBB INC. 989 MAIN STREET
FISHKILL, NY 12524

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
84			3

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

ERIC EVELAND 164 BAYSIDE DRIVE
ROCHESTER, NY 14622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
82			3

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

CHRISTOPHER GOODNESS 16 WYNDHAM WAY
BALLSTON SPA, NY 12020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76			3

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

AP BENEFIT ADVS DBA ENV INS AG 7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16031			3

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

ROBERT G. RELPH AGENCY INC. 800 PARKER HILL DRIVE
SUITE 100
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14237			3

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

TOMPKINS INSURANCE AGENCIES 90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13505			3

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

PAYCHEX INSURANCE AGENCY INC. P.O BOX 948
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11697			3

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

PERRY AND CARROLL INC. 100 WEST CHURCH STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11321			3

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

DANIEL BENNETT

CUSTOM WEALTH MANAGEMENT
125 E JEFFERSON ST ST 1510
SYRACUSE, NY 13020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5985			3

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

CONSILIARIUM GROUP LLC

1250 PITTSFORD VICTOR ROAD
BUILDING 100, SUITE 110
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5672			3

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

CH BENEFITS INC.

100 S. SALINA STREET
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5562			3

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

ANDERSON KENNEY ASSOCIATES

10 WINTHROP ST.
ROCHESTER, NY 14607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5263			3

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

NBT INSURANCE AGENCY LLC

66 SOUTH BROAD STREET
SUITE 2
NORWICH, NY 13815-6073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5015			3

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

PAUL ROBILLARD AND ASSOCIATES 4536 MAIN STREET
 SUITE 100
 AMHERST, NY 14226-3828

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4361			3

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

USI INSURANCE SVCS 530 PRESTON AVENUE
 PO BOX 1040
 MERIDEN, CT 06450

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4310			3

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

EMERLING, FLOSS, MURPHY ASSOC 9092 MAIN STREET
 CLARENCE, NY 14031-0370

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4250			3

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

MARSH AND MCLENNAN PARK 80 WEST, PLAZA TWO
 250 PEHLE AVENUE SUITE 400
 SADDLE BROOK, NJ 07663

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3987			3

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

ASSOCIATES OF GLENS FALLS 228 GLEN STREET
 POB 190
 GLENS FALLS, NY 12801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3906			3

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

PATRIOT GROWTH INSURANCE SVCS
7 LIMESTONE DRIVE
BUFFALO, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1497			3

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

MARSH AND MCLENNAN AGY FLORIDA
9850 NW 4LST STREET
SUITE 100
MIAMI, FL 33178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1492			3

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

FALCONE ASSOCIATES
507 PLUM STREET
SUITE 104
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1453			3

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

FRENKEL BENEFITS LLC
350 HUDSON STREET
NEW YORK, NY 10014

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1368			3

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

ADIRONDACK TRUST COMPANY
31 CHURCH STREET
SARATOGA SPRINGS, NY 12866

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1224			3

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

ACKER AND ASSOCIATES INC. 100 ALLEN CREEK ROAD
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1211			3

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

HMS AGENCY INC. 454 SAND CREEK ROAD
ALBANY, NY 12205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1183			3

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

DIGITAL BOUCHEYANDCLARKE 200 GALLERIA PARKWAY
STE. 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1156			3

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

NORTH REID HOLDGS CONVERGENCE 4875 EXCALIBUR DRIVE
SYRACUSE, NY 13215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1138			3

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

DONALD MATSON 8 ROSEWOOD DRIVE
AUBURN, NY 13021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1136			3

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

PETER DERRENBACHER 34 ASPEN PARK BLVD
EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
889			3

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

ROBERT BLUME 56 WINDSOR GATE DRIVE
NORTH HILLS, NY 11040

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
853			3

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

BERGAN AND YOUNG INC. PO BOX 370
AUBURN, NY 13021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
848			3

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

EDGEWOOD PARTNERS INSURANCE CE 1 CALIFORNIA STREET
SUITE 400
SAN FRANCISCO, CA 94111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
804			3

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

USI INSURANCE SERVICES NY 261 MADISON AVE
5TH FLOOR
NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
752			3

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

BSI CORPORATE BENEFITS LLC 28411 NORTHWESTERN HIGHWAY
SUITE 1150
SOUTHFIELD, MI 48034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
715			3

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

THE CLARKE AGENCY 55 CATHAWAY ROAD
ROCHESTER, NY 14610

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
667			3

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

LANIER AND COMPANY 9 ALBANY STREET
CAZENOVIA, NY 13035

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
666			3

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

THE SOVIK GROUP INC. 3813 NUMBER NINE
CAZENOVIA, NY 13035

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
653			3

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

INSURANCE OFFICE OF AMERICA 31 LEWIS STREET
SUITE 2
BINGHAMTON, NY 13901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
621			3

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

MIRABITO GRESHAM INSURANCE 423 COMMERCE ROAD
VESTAL, NY 13850-6072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
612			3

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

JOHN MOSHIDES 65 BRYANT WOODS SOUTH
AMHERST, NY 14228

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
591			3

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

MICHAEL G. MONTAG INS. AGY. 1745 PENFIELD ROAD
PENFIELD, NY 14526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
565			3

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

AGENCY INSURANCE BROKERS 41 BROAD STREET
PLATTSBURGH, NY 12901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
553			3

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

CENTURY ENROLLMENT BENEFIT SER PO BOX 14903
ROCHESTER, NY 14614-5853

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
533			3

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

AURICCHIO INSURANCE AGY INC. 3800 SENECA STREET
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
530			3

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

GUGINO INSURANCE AGENCY INC. 5707 MAIN STREET
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
524			3

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

AMY ALLGAIER 4848 JUNEWAY DRIVE SOUTH
LIVERPOOL, NY 13088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
519			3

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

RODD MCMINN 65 BRYANT WOODS S.
AMHERST, NY 14228

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
496			3

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

DOUGLAS MILLER 241 DUNROVIN LANE
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
473			3

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

YORK INTERNATIONAL AGENCY 500 MAMARONECK AVENUE
 STE 220
 HARRISON, NY 10528

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
445			3

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

NOLLOTH THOMPSON AGENCY INC. PO BOX 99
 STOCKTON, NY 14784

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
436			3

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

FNA INSURANCE SERVICES INC. 1000 WOODBURY ROAD
 WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
422			3

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

CHARLES H. TUKE AGENCY INC. 3385 BRIGHTON HENRIETTA ROAD
 PO BOX 93160
 ROCHESTER, NY 14692

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
420			3

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

JOSEPH VISCONTI 1207 ROUTE 9
 STE 10
 WAPPINGERS FALLS, NY 12590-8452

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
407			3

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

WILLIAM MELCHIOR

PO BOX 306
HANNAWA FALLS, NY 13647

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
356			3

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

MOHAWK INSURANCE SERVICES, INC

4 TOWER PLACE
ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
323			3

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

MY BENEFIT ADVISOR

669 RIVER DRIVE CENTER II
SUITE 305
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
311			3

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

MARTIN COULTER

5488 SHERIDAN DRIVE
ST 100
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
296			3

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

ASSURED SKCG INC.

445 HAMILTON AVE
10TH FLOOR
WHITE PLAINS, NY 10601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
287			3

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

HAUSER, INC. 5905 E. GALBRAITH ROAD
SUITE 9000
CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
277			3

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

HUB INTERNATIONAL MIDWEST 12500 S. TAMIAMI TRAIL
FORT MYERS, FL 33907

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
275			3

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

WILLIAM C. ALLAN AND ASSOC 3411 DELAWARE AVENUE
STE 206
KENMORE, NY 14217

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
259			3

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

NICHOLAS SAVAS 2 REDWOOD DRIVE
PENFIELD, NY 14526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
253			3

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

BRIAN CUMMING 19 RAYMOND STREET
CORINTH, NY 12822

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
248			3

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

TIM LATTIMORE P.O. BOX 1674
AUBURN, NY 13021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
182			3

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

ROBERT WALKER 50 WEST MAIN STREET
FILLMORE, NY 14735

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
179			3

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

AMSURE ASSOCIATES INC. 12 COMPUTER DRIVE WEST
ALBANY, NY 12212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
176			3

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

SONDRA PAYNE 190 SUNSET DRIVE
HAMBURG, NY 14075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
161			3

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

THE EVELAND GROUP 164 BAYSIDE DRIVE
ROCHESTER, NY 14622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
152			3

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

BLAIR FINANCIAL SERVICES GROUP

21 MORRIS AVENUE
ROCKVILLE CENTRE, NY 11570

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
134			3

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

THE KNOLLWOOD AGENCY, LLC

4309 WEST WALWORTH RD
MACEDON, NY 14502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
133			3

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

EMERSON REID, LLC

EMPIRE STATE BUILDING
SUITE 3700
NEW YORK, NY 10018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
125			3

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

WILLIAM J. CHRISTIE ASSOC. INC

145 PINELAWN ROAD
STE 340 SOUTH
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
114			3

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

MICHAEL CURTIS

CARE OF MCC FINANCIAL SERVICES INC
100 METROPOLITAN PK DR STE 500
LIVERPOOL, NY 13088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
108			3

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

EDUARDO GALAN 70 CLINTON STREET
BROCKPORT, NY 14420

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
107			3

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

HUB INTERNATIONAL NORTHEAST 1393 VETERANS HIGHWAY
STE 210 N
HAUPPAUGE, NY 11788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
107			3

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

PATRICK MAGUIRE 24 TERRACE STREET
MALONE, NY 12953

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
103			3

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

DAVID REEDY 4043 MAPLE ROAD
STE 209
AMHERST, NY 14226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
103			3

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

EMPLOYEE BENEFIT CONCEPTS INC. 301 OHIO STREET
SUITE 250
BUFFALO, NY 14204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
101			3

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

ALLIANT INSURANCE SERVICES 701 B STREET
6TH FLOOR
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
71			3

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

JOHN WILLIAMSON 2 VAN OSTRAND ROAD
GROTON, NY 13073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69			3

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

HIGGINS AGENCY GROUP 270 NORTHPOINTS PARKWAY
SUITE 10
AMHERST, NY 14228

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65			3

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

GFNB DBA UPSTATE AGENCY LLC 89 SARATOGA AVENUE
SOUTH GLENS FALLS, NY 12803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62			3

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

BROWN AND BROWN GREENSBORO 7031 ALBERT PICK RD.
SUITE 304
GREENSBORO, NC 27409

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
61			3

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

PLANS PLUS LTD. 780 LONG BEACH BLVD
LONG BEACH, NY 11561

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51			3

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

ROSEMARIE RATH 350 ESSJAY ROAD
SUITE 300
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30			3

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

PATRICK DENISCO 350 ESSJAY ROAD
SUITE 300
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27			3

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

MARSHALL AND STERLING EMPLOYEE B 30 CORPORATE DRIVE
CLIFTON PARK, NY 12065-8603

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below).....		
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below).....		
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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 organizations(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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	9850242
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, line 2 above, report amount. Specify nature of costs.	10b	

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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND</p>	<p>D Employer Identification Number (EIN) 14-6034807</p>	

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.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE LIFE 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
86-0222062	78077	2035	10304	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 247506</p>	<p>(b) Total amount of fees paid 0</p>
--	--

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

LAWLEY, LLC 361 DELAWARE AVENUE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27885			3

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

DIGITAL BSG 528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21302			3

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

DANIEL GOETZMANN

GOETZMANN AND ASSOCIATES
1001 W. FAYETTE ST STE 3B
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19260			3

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

DIGITAL BSG

528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14004			3

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

DIGITAL INSURANCE LLC

CARE OF WALDIS COMPANIES
528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10173			3

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

BROWN AND BROWN INSURANCE SERVIC

45 EAST AVENUE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9952			3

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

KAFL INC.

800 LINDEN AVENUE
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8204			3

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

BROWN AND BROWN INSURANCE SERVIC 500 PLUM STREET
 SUITE 200
 SYRACUSE, NY 13204-1480

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7993			3

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

ASSURED PARTNER NORTHEAST CARE OF BOND FINANCIAL
 71A MONROE AVENUE
 PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7603			3

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

DIGITAL BSG 528 PLUM COURT SUITE 250
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6884			3

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

DIGITAL INSURANCE INC GA ATT ACCOUNT MANAGEMENT
 200 GALLERIA PARKWAY ST1950
 ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6725			3

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

LAVORO GROUP CORP CARE OF FGP
 225 TECH PARK DRIVE
 ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6288			3

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

WALSH DUFFIELD COMPANIES INC.

801 MAIN STREET
BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5513			3

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

DIGITAL BSG

528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5499			3

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

NFP CORPORATE SERVICES

159 WOLF ROAD
SUITE 200
ALBANY, NY 12205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4465			3

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

GALLAGHER M AND T

P.O BOX 95287
CHICAGO, IL 60694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4297			3

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

ANDERSON KENNEY ASSOCIATES

10 WINTHROP ST.
ROCHESTER, NY 14607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4159			3

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

ASSOCIATES OF GLENS FALLS
 228 GLEN STREET
 POB 190
 GLENS FALLS, NY 12801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3916			3

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

BENE CARE INSURANCE AGY LLC
 1260 CREEK STREET
 WEBSTER, NY 14580

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3730			3

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

CROWN RISK MANAGEMENT LLC
 432 NORTH FRANKLIN STREET
 SUITE 20
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3698			3

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

PERRY AND CARROLL INC.
 100 WEST CHURCH STREET
 ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3531			3

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

PERRY AND CARROLL INC.
 100 WEST CHURCH STREET
 ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3222			3

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

USI INSURANCE SERVICES LLC 777 CANAL VIEW BLVD.
SUITE 100
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3211			3

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

GALLAGHER BENEFITS SERVICES 100 MERIDIAN CENTRE BLVD.
SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3079			3

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

SPRING COLLABORATIVE GROUP 9580 MAIN STREET
SUITE E
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2958			3

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

BURNHAM FINL SVCS ALERA GROUP 2038 SARANAC AVENUE
LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2955			3

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

TOMPKINS INSURANCE AGENCIES 90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2645			3

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

AP BENEFIT ADVS DBA ENV INS AG 7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2505			3

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

ROBERT G. RELPH AGENCY INC. 800 PARKER HILL DRIVE
SUITE 100
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2272			3

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

CROSS INSURANCE WAKEFIELD 401 EDGEWATER PLACE
SUITE 100
WAKEFIELD, MA 01880

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2181			3

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

AEBLY AND ASSOCIATES INS SERVICE 3638 SENECA STREET
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2000			3

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

HARDING BROOKS INS AGENCY 441 COMMERCE ROAD
VESTAL, NY 13850

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1870			3

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

MARSH ADVANTAGE AMERICA 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674-0045

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1853			3

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

MICHELLE ALLETZHAUSER PROFESSIONAL BENEFITS MGMT
316 SOUTH MAIN STREET
NORTH SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1712			3

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

MERCER HEALTH AND BENEFITS LLC 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1687			3

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

HAYLOR FREYER COON PO BOX 4743
SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1624			3

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

LEONARD VALLETTA 303 HARBORSIDE DR
SCHENECTADY, NY 12305

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1407			3

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

PERRY AND CARROLL INC. 100 WEST CHURCH STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1283			3

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

MERCER HEALTH AND BENEFITS LLC 1166 AVENUE OF THE AMERICAS
FLOOR 22
NEW YORK, NY 10036-2708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1204			3

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

MORGENSTERN BENEFITS SOLUTIONS 1080 PITTSFORD VICTOR RD
STE 200
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1196			3

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

SIMCO CAPITAL LTD 2531 ROUTE 332
CANANDAIGUA, NY 14424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1178			3

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

BENEFITS ADVANTAGE INC. 37 ROLLING HILLS DRIVE
PO BOX 1080
ORCHARD PARK, NY 14127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1108			3

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

NFP CORPORATE SERVICES 340 MADISON AVENUE
21ST FLOOR
NEW YORK, NY 10173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1086			3

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

TOMPKINS INSURANCE AGENCIES 90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1013			3

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

USI INSURANCE SERVICES NY 261 MADISON AVE
5TH FLOOR
NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
983			3

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

TITAN INSURANCE AND EMPLY BFTS ONE SOUTH CLINTON AVENUE
STE 1030 THE METROPOLITAN
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
954			3

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

PATRIOT GROWTH INSURANCE SVCS 7 LIMESTONE DRIVE
BUFFALO, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
863			3

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

AUSTIN AND COMPANY 20 CORPORATE WOODS BLVD.
ALBANY, NY 12211-2350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
843			3

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

CONSILIARIUM GROUP LLC 1250 PITTSFORD VICTOR ROAD
BUILDING 100, SUITE 110
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
832			3

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

TOMPKINS INSURANCE AGENCIES 90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
827			3

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

MIRABITO GRESHAM INSURANCE 423 COMMERCE ROAD
VESTAL, NY 13850-6072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
824			3

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

PAYCHEX INSURANCE AGENCY INC. P.O BOX 948
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
755			3

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

EMERLING, FLOSS, MURPHY ASSOC

9092 MAIN STREET
CLARENCE, NY 14031-0370

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
740			3

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

CHOICE EMPLOYEE BENEFITS GROUP

490 CENTER ROAD
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
711			3

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

CONSILIARIUM GROUP LLC

1250 PITTSFORD VICTOR ROAD
BUILDING 100, SUITE 110
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
567			3

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

SPRING COLLABORATIVE GROUP

9580 MAIN STREET
SUITE E
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
549			3

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

MY BENEFIT ADVISOR

669 RIVER DRIVE CENTER II
SUITE 305
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
532			3

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

HAUSER, INC. 5905 E. GALBRAITH ROAD
SUITE 9000
CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
528			3

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

BROWN AND BROWN INSURANCE SERVIC 45 EAST AVENUE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
510			3

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

LAWLEY, LLC 361 DELAWARE AVENUE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
505			3

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

ADIRONDACK FINANCIAL SERVICES 185 GENESEE STREET
STE 210
UTICA, NY 13501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
464			3

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

FALCONE ASSOCIATES 507 PLUM STREET
SUITE 104
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
402			3

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

NBT INSURANCE AGENCY LLC
 66 SOUTH BROAD STREET
 SUITE 2
 NORWICH, NY 13815-6073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
359			3

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

NIAGARA NATIONAL INC.
 5001 GENESEE STREET
 BUFFALO, NY 14225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
335			3

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

MARSHALL AND STERLING EMPLOYEE B
 110 MAIN STREET
 POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
324			3

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

BROWN AND BROWN INSURANCE SERVIC
 45 EAST AVENUE
 ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
288			3

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

USI INSURANCE SERVICES LLC
 220 SALINA MEADOWS PARKWAY
 SUITE 210
 SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
261			3

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

MICHAEL G. MONTAG INS. AGY. 1745 PENFIELD ROAD
PENFIELD, NY 14526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
248			3

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

PIONEER INSURANCE AGENCY INC PIONEER PLAZA
652 ALBANY SHAKER ROAD
ALBANY, NY 12211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
240			3

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

MIRABITO GRESHAM INSURANCE 423 COMMERCE ROAD
VESTAL, NY 13850-6072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
232			3

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

THE EVELAND GROUP 164 BAYSIDE DRIVE
ROCHESTER, NY 14622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
232			3

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

CONSILIARIUM GROUP LLC 1250 PITTSFORD VICTOR ROAD
BUILDING 100, SUITE 110
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
214			3

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

ACKER AND ASSOCIATES INC. 100 ALLEN CREEK ROAD
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
188			3

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

NBT INSURANCE AGENCY LLC 66 SOUTH BROAD STREET
SUITE 2
NORWICH, NY 13815-6073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
176			3

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

LAWLEY, LLC 361 DELAWARE AVENUE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
168			3

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

EMERSON REID, LLC EMPIRE STATE BUILDING
SUITE 3700
NEW YORK, NY 10018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
163			3

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

LAWLEY, LLC 361 DELAWARE AVENUE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
162			3

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

GALLAGHER BENEFIT SERVICES INC 30 CENTURY HILL DRIVE
 SUITE 200
 LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
139			3

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

TITAN INSURANCE AND EMPLOYERS BENEFIT SERVICES ONE SOUTH CLINTON AVENUE
 STE 1030 THE METROPOLITAN
 ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
132			3

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

ERIC EVELAND 164 BAYSIDE DRIVE
 ROCHESTER, NY 14622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
130			3

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

BURNHAM FINANCIAL SERVICES ALERA GROUP 2038 SARANAC AVENUE
 LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
115			3

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

DIGITAL INSURANCE LLC CARE OF WALDIS COMPANIES
 528 PLUM COURT SUITE 250
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
114			3

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

TITAN INSURANCE AND EMPLOYERS BFTS

ONE SOUTH CLINTON AVENUE
STE 1030 THE METROPOLITAN
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
110			3

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

DIGITAL INSURANCE LLC

CARE OF WALDIS COMPANIES
528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
108			3

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

TITAN INSURANCE AND EMPLOYERS BFTS

ONE SOUTH CLINTON AVENUE
STE 1030 THE METROPOLITAN
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69			3

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

SONDRA PAYNE

190 SUNSET DRIVE
HAMBURG, NY 14075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67			3

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

NBT INSURANCE AGENCY LLC

66 SOUTH BROAD STREET
SUITE 2
NORWICH, NY 13815-6073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53			3

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

BDS CORP OF CNY INC. 5010 CAMPUSWOOD DRIVE
 STE 105
 EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51			3

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

USI INSURANCE SERVICES LLC 726 EXCHANGE STREET
 SUITE 618
 BUFFALO, NY 14210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45			3

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

LAWRENCE AXELROD FINANCIAL ARCHITECTS BRIGHTON
 100 ALLENS CREEK RD STE 7
 ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40			3

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

BROWN AND BROWN GREENSBORO 7031 ALBERT PICK RD.
 SUITE 304
 GREENSBORO, NC 27409

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24			3

(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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 organizations(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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2217264
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, line 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 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	D Employer Identification Number (EIN) 14-6034807

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.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE LIFE 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
86-0222062	78077	2035	20957	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 264555	(b) Total amount of fees paid 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
BROWN AND BROWN INSURANCE SERVIC **500 PLUM STREET**
SUITE 200
SYRACUSE, NY 13204-1480

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30351			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DIGITAL BSG **528 PLUM COURT SUITE 250**
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29465			3

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

LAWLEY, LLC 361 DELAWARE AVENUE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26864			3

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

PERRY AND CARROLL INC. 100 WEST CHURCH STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19295			3

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

WALSH DUFFIELD COMPANIES INC. 801 MAIN STREET
BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19223			3

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

DIGITAL INSURANCE LLC CARE OF WALDIS COMPANIES
528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16037			3

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

DANIEL GOETZMANN GOETZMANN AND ASSOCIATES
1001 W. FAYETTE ST STE 3B
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10437			3

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

BROWN AND BROWN INSURANCE SERVIC 45 EAST AVENUE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9307			3

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

AP BENEFIT ADVS DBA ENV INS AG 7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7611			3

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

NFP CORPORATE SERVICES 159 WOLF ROAD
SUITE 200
ALBANY, NY 12205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7130			3

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

SPRING COLLABORATIVE GROUP 9580 MAIN STREET
SUITE E
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6855			3

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

MARSHALL AND STERLING EMPLOYEE B 110 MAIN STREET
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6142			3

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

KLUGMAN ASSOCIATES INC. ONE CABLEVISION CENTER
 PO BOX 280
 FERNDALE, NY 12734

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
105			3

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

BURNHAM FINL SVCS ALERA GROUP 2038 SARANAC AVENUE
 LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
86			3

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

ROBERT G. RELPH AGENCY INC. 800 PARKER HILL DRIVE
 SUITE 100
 ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41			3

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

LAWRENCE AXELROD FINANCIAL ARCHITECTS BRIGHTON
 100 ALLENS CREEK RD STE 7
 ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5			3

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

GILROY KERNAN AND GILROY INC. PO BOX 542
 NEW HARTFORD, NY 13413

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5616			3

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

EMERSON REID, LLC
 EMPIRE STATE BUILDING
 SUITE 3700
 NEW YORK, NY 10018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5066			3

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

USI INSURANCE SERVICES LLC
 220 SALINA MEADOWS PARKWAY
 SUITE 210
 SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4401			3

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

EMS FINANCIAL SERVICES
 6724 MAIN STREET
 WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4289			3

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

ANDERSON KENNEY ASSOCIATES
 10 WINTHROP ST.
 ROCHESTER, NY 14607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3885			3

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

KAFL INC.
 800 LINDEN AVENUE
 ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3527			3

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

MICHELLE ALLETZHAUSER
 PROFESSIONAL BENEFITS MGMT
 316 SOUTH MAIN STREET
 NORTH SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3417			3

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

BENEFITS ADVANTAGE INC.
 37 ROLLING HILLS DRIVE
 PO BOX 1080
 ORCHARD PARK, NY 14127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3388			3

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

LAVORO GROUP CORP
 CARE OF FGP
 225 TECH PARK DRIVE
 ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3337			3

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

CROWN RISK MANAGEMENT LLC
 432 NORTH FRANKLIN STREET
 SUITE 20
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3065			3

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

MORGENSTERN BENEFITS SOLUTIONS
 1080 PITTSFORD VICTOR RD
 STE 200
 PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2836			3

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

ADIRONDACK FINANCIAL SERVICES 185 GENESEE STREET
STE 210
UTICA, NY 13501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2823			3

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

ADIRONDACK TRUST COMPANY 31 CHURCH STREET
4TH FLOOR
SARATOGA SPRINGS, NY 12866

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2798			3

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

BENE CARE INSURANCE AGY LLC 1260 CREEK STREET
WEBSTER, NY 14580

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2727			3

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

DIGITAL INSURANCE INC GA ATT ACCOUNT MANAGEMENT
200 GALLERIA PARKWAY ST1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2724			3

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

GALLAGHER BENEFIT SERVICES INC 30 CENTURY HILL DRIVE
SUITE 200
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2636			3

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

NFP CORPORATE SERVICES 340 MADISON AVENUE
21ST FLOOR
NEW YORK, NY 10173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2489			3

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

AEBLY AND ASSOCIATES INS SERVICE 3638 SENECA STREET
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1850			3

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

TITAN INSURANCE AND EMPLOY BFTS ONE SOUTH CLINTON AVENUE
STE 1030 THE METROPOLITAN
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1655			3

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

HAUSER, INC. 5905 E. GALBRAITH ROAD
SUITE 9000
CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1481			3

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

TOMPKINS INSURANCE AGENCIES 90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1359			3

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

PAYCHEX INSURANCE AGENCY INC. P.O BOX 948
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1245			3

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

AURORA INC. 120 BROADWAY
MENANDS, NY 12204-2703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1078			3

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

MERCER HEALTH AND BENEFITS LLC 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1044			3

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

GALLAGHER BENEFITS SERVICES 100 MERIDIAN CENTRE BLVD.
SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
973			3

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

DONALD MATSON 8 ROSEWOOD DRIVE
AUBURN, NY 13021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
911			3

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

ANDREW FAZIO
6252 MURPHY DRIVE
VICTOR, NY 14564

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
783			3

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

ONEGROUP NY INC.
706 N CLINTON ST
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
710			3

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

PETER DERRENBACHER
34 ASPEN PARK BLVD
EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
601			3

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

USI INSURANCE SERVICES LLC
726 EXCHANGE STREET
SUITE 618
BUFFALO, NY 14210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
434			3

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

ASSURED PARTNER NORTHEAST
CARE OF BOND FINANCIAL
71A MONROE AVENUE
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
380			3

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

PATRIOT GROWTH INSURANCE SVCS 7 LIMESTONE DRIVE
BUFFALO, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
303			3

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

SPRAGUE AND KILLEEN INC. 116 CANAL STREET
P.O. BOX 506
ELLENVILLE, NY 12428

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
289			3

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

JOSEPH VISCONTI 1207 ROUTE 9
STE 10
WAPPINGERS FALLS, NY 12590-8452

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
281			3

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

ROSEMARIE RATH 350 ESSJAY ROAD
SUITE 300
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
237			3

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

SONDRA PAYNE 190 SUNSET DRIVE
HAMBURG, NY 14075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
237			3

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

CROSS INSURANCE WAKEFIELD 401 EDGEWATER PLACE
 SUITE 100
 WAKEFIELD, MA 01880

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
220			3

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

ANDREW MEYER CARE OF SHOPIRO AND MEYER ASSOC.
 250 SOUTH CLINTON ST STE 300
 SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
176			3

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

CHADLER SOLUTIONS INC. 100 PASSAIC AVENUE
 STE 120
 FAIRFIELD, NJ 07004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
167			3

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

JAMES P. REAGAN AGENCY INC. PO BOX 191
 8 E MAIN STREET
 MARCELLUS, NY 13108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
163			3

(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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 organizations(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) ▶ PFL

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	3722938
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, line 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 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	D Employer Identification Number (EIN) 14-6034807

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.

1 Coverage Information:

(a) Name of insurance carrier
AMERITAS LIFE INSURANCE CO OF NY

(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
13-3758127	60054	50008	7319	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 73413	(b) Total amount of fees paid 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
DIGITAL BSG **528 PLUM COURT SUITE 250**
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13255			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BROWN AND BROWN INSURANCE SERVIC **500 PLUM STREET**
SUITE 200
SYRACUSE, NY 13204-1480

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9501			3

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

LAWLEY, LLC 361 DELAWARE AVENUE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4967			3

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

AP BENEFIT ADVS DBA ENV INS AG 7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4700			3

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

DANIEL GOETZMANN GOETZMANN AND ASSOCIATES
1001 W. FAYETTE ST STE 3B
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3937			3

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

PERRY AND CARROLL INC. 100 WEST CHURCH STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3813			3

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

ASSURED PARTNER NORTHEAST CARE OF BOND FINANCIAL
71A MONROE AVENUE
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2827			3

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

DIGITAL INSURANCE LLC CARE OF WALDIS COMPANIES
 528 PLUM COURT SUITE 250
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2656			3

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

KAFL INC. 800 LINDEN AVENUE
 ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2464			3

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

BURNHAM FINL SVCS ALERA GROUP 2038 SARANAC AVENUE
 LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2370			3

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

HAYLOR FREYER COON PO BOX 4743
 SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2134			3

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

LAVORO GROUP CORP CARE OF FGP
 225 TECH PARK DRIVE
 ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1754			3

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

WALSH DUFFIELD COMPANIES INC.

801 MAIN STREET
BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1714			3

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

TOMPKINS INSURANCE AGENCIES

90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1629			3

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

DIGITAL INSURANCE INC GA

ATT ACCOUNT MANAGEMENT
200 GALLERIA PARKWAY ST1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1334			3

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

HARDING BROOKS INS AGENCY

441 COMMERCE ROAD
VESTAL, NY 13850

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1164			3

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

BENE CARE INSURANCE AGY LLC

1260 CREEK STREET
WEBSTER, NY 14580

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1064			3

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

MICHELLE ALLETZHAUSER
 PROFESSIONAL BENEFITS MGMT
 316 SOUTH MAIN STREET
 NORTH SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
941			3

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

DONALD MATSON
 8 ROSEWOOD DRIVE
 AUBURN, NY 13021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
845			3

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

BENEFITS ADVANTAGE INC.
 37 ROLLING HILLS DRIVE
 PO BOX 1080
 ORCHARD PARK, NY 14127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
796			3

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

FALCONE ASSOCIATES
 507 PLUM STREET
 SUITE 104
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
737			3

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

MIRABITO GRESHAM INSURANCE
 423 COMMERCE ROAD
 VESTAL, NY 13850-6072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
648			3

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

JAMES P. REAGAN AGENCY INC. PO BOX 191
8 E MAIN STREET
MARCELLUS, NY 13108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
629			3

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

TITAN INSURANCE AND EMPLOYERS TITAN ONE SOUTH CLINTON AVENUE
STE 1030 THE METROPOLITAN
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
592			3

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

SPRING COLLABORATIVE GROUP 9580 MAIN STREET
SUITE E
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
510			3

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

ANDERSON KENNEY ASSOCIATES 10 WINTHROP ST.
ROCHESTER, NY 14607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
477			3

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

NFP CORPORATE SERVICES 340 MADISON AVENUE
21ST FLOOR
NEW YORK, NY 10173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
433			3

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

NORTH REID HOLDGS CONVERGENCE 4875 EXCALIBUR DRIVE
SYRACUSE, NY 13215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
379			3

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

MERCER HEALTH AND BENEFITS LLC 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
345			3

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

INSURANCE OFFICE OF AMERICA 31 LEWIS STREET
SUIT 2
BINGHAMTON, NY 13901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
342			3

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

PAYCHEX INSURANCE AGENCY INC. P.O BOX 948
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
338			3

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

USI INSURANCE SERVICES NY 261 MADISON AVE
5TH FLOOR
NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
336			3

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

BROWN AND BROWN INSURANCE SERVIC 6 TOWER PLACE
ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
289			3

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

NICHOLAS SAVAS 2 REDWOOD DRIVE
PENFIELD, NY 14526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
284			3

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

BDS CORP OF CNY INC. 5010 CAMPUSWOOD DRIVE
STE 105
EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
278			3

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

GILROY KERNAN AND GILROY INC. PO BOX 542
NEW HARTFORD, NY 13413

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
271			3

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

GALLAGHER BENEFIT SERVICES INC 30 CENTURY HILL DRIVE
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
266			3

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

PATRIOT GROWTH INSURANCE SVCS 7 LIMESTONE DRIVE
BUFFALO, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
266			3

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

POINT GUARD ADVISORS NETWORK 110 BUCHMANS CLOSE CIRCLE
FAYETTEVILLE, NY 13066

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
253			3

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

ONEGROUP NY INC. 706 N CLINTON ST
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
249			3

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

SIMCO CAPITAL LTD 2531 ROUTE 332
CANANDAIGUA, NY 14424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
172			3

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

USI INSURANCE SERVICES LLC 777 CANAL VIEW BLVD.
SUITE 100
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
167			3

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

BROWN AND BROWN INSURANCE SERVIC 45 EAST AVENUE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
164			3

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

NBT INSURANCE AGENCY LLC 66 SOUTH BROAD STREET
SUITE 2
NORWICH, NY 13815-6073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
160			3

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

AUSTIN AND COMPANY 20 CORPORATE WOODS BLVD.
ALBANY, NY 12211-2350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
158			3

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

CONSILIARIUM GROUP LLC 1250 PITTSFORD VICTOR ROAD
BUILDING 100, SUITE 110
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
155			3

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

AEBLY AND ASSOCIATES INS SERVICE 3638 SENECA STREET
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
151			3

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

HUB INTERNATIONAL MIDWEST
 12500 S. TAMIAMI TRAIL
 FORT MYERS, FL 33907

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
129			3

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

RSC INSURANCE BROKERAGE, INC.
 160 FEDERAL STREET. FLOOR 4
 BOSTON, MA 02110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
106			3

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

MICHAEL G. MONTAG INS. AGY.
 1745 PENFIELD ROAD
 PENFIELD, NY 14526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
104			3

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

COMMERCIAL COVERAGES INC.
 PO BOX 5060
 SARATOGA SPRINGS, NY 12866

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44			3

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

THE EVELAND GROUP
 164 BAYSIDE DRIVE
 ROCHESTER, NY 14622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43			3

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

DIGITAL KBM
 528 PLUM COURT
 SUITE 205
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32			3

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

ROBERT G. RELPH AGENCY INC.
 800 PARKER HILL DRIVE
 SUITE 100
 ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

MAIELLA ASSOCIATES INC
 803 MAIN STREET
 PORT JEFFERSON, NY 11777

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10			3

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

LAWRENCE AXELROD
 FINANCIAL ARCHITECTS BRIGHTON
 100 ALLENS CREEK RD STE 7
 ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8			3

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

NIAGARA NATIONAL INC.
 5001 GENESEE STREET
 BUFFALO, NY 14225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5			3

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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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 organizations(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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	779496
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, line 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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND</p>	<p>D Employer Identification Number (EIN) 14-6034807</p>	

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.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE LIFE 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
86-0222062	78077	2035	23439	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 495132	(b) Total amount of fees paid 0
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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
LAWLEY, LLC **361 DELAWARE AVENUE**
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44534			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NFP CORPORATE SERVICES **159 WOLF ROAD**
SUITE 200
ALBANY, NY 12205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36608			3

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

DIGITAL BSG 528 PLUM COURT SUITE 250
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29680			3

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

BROWN AND BROWN INSURANCE SERVIC 500 PLUM STREET
 SUITE 200
 SYRACUSE, NY 13204-1480

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25525			3

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

ASSURED PARTNER NORTHEAST CARE OF BOND FINANCIAL
 71A MONROE AVENUE
 PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23438			3

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

DIGITAL INSURANCE LLC CARE OF WALDIS COMPANIES
 528 PLUM COURT SUITE 250
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22537			3

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

BROWN AND BROWN INSURANCE SERVIC 45 EAST AVENUE
 ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20025			3

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

WALSH DUFFIELD COMPANIES INC.

801 MAIN STREET
BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16738			3

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

MARSHALL AND STERLING EMPLOYEE B

110 MAIN STREET
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15980			3

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

BURNHAM FINL SVCS ALERA GROUP

2038 SARANAC AVENUE
LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15645			3

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

PERRY AND CARROLL INC.

100 WEST CHURCH STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12864			3

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

DANIEL GOETZMANN

GOETZMANN AND ASSOCIATES
1001 W. FAYETTE ST STE 3B
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12333			3

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

MARTIN COULTER 5488 SHERIDAN DRIVE
ST 100
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
117			3

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

SCALZO, ZOGBY AND WITTINGM INC 120 LOMOND COURT
UTICA, NY 13502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
106			3

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

COOK MARAN AND ASSOCIATES 461 PANTIGO ROAD
EAST HAMPTON, NY 11937

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
105			3

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

MARSHALL AND STERLING EMPLOYEE B 30 CORPORATE DRIVE
CLIFTON PARK, NY 12065-8603

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
95			3

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

AHRENS AGENCY INC. 215 SWEET ACRES DRIVE
ROCHESTER, NY 14612

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
95			3

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

CHADLER SOLUTIONS INC. 100 PASSAIC AVENUE
STE 120
FAIRFIELD, NJ 07004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93			3

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

PATRICK MAGUIRE 24 TERRACE STREET
MALONE, NY 12953

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
90			3

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

ROSEMARIE RATH 350 ESSJAY ROAD
SUITE 300
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69			3

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

NOLLOTH THOMPSON AGENCY INC. PO BOX 99
STOCKTON, NY 14784

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
55			3

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

MICHAEL CURTIS CARE OF MCC FINANCIAL SERVICES INC
100 METROPOLITAN PK DR STE 500
LIVERPOOL, NY 13088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
47			3

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

KAFL INC. 800 LINDEN AVENUE
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11110			3

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

DIGITAL INSURANCE INC GA ATT ACCOUNT MANAGEMENT
200 GALLERIA PARKWAY ST1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8414			3

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

TITAN INSURANCE AND EMPLOY BFTS ONE SOUTH CLINTON AVENUE
STE 1030 THE METROPOLITAN
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8073			3

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

LAVORO GROUP CORP CARE OF FGP
225 TECH PARK DRIVE
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7677			3

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

GALLAGHER BENEFITS SERVICES 100 MERIDIAN CENTRE BLVD.
SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7624			3

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

AP BENEFIT ADVS DBA ENV INS AG 7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7178			3

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

ROBERT G. RELPH AGENCY INC. 800 PARKER HILL DRIVE
SUITE 100
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7175			3

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

BENE CARE INSURANCE AGY LLC 1260 CREEK STREET
WEBSTER, NY 14580

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7004			3

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

PAYCHEX INSURANCE AGENCY INC. P.O BOX 948
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6913			3

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

TOMPKINS INSURANCE AGENCIES 90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6869			3

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

HAYLOR FREYER COON
 PO BOX 4743
 SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6728			3

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

ANDERSON KENNEY ASSOCIATES
 10 WINTHROP ST.
 ROCHESTER, NY 14607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6086			3

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

GALLAGHER BENEFIT SERVICES INC
 30 CENTURY HILL DRIVE
 SUITE 200
 LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5844			3

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

ASSOCIATES OF GLENS FALLS
 228 GLEN STREET
 POB 190
 GLENS FALLS, NY 12801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5816			3

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

JOSEPH VISCONTI
 1207 ROUTE 9
 STE 10
 WAPPINGERS FALLS, NY 12590-8452

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5683			3

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

GALLAGHER M AND T P.O BOX 95287
CHICAGO, IL 60694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5021			3

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

USI INSURANCE SVCS 530 PRESTON AVENUE
PO BOX 1040
MERIDEN, CT 06450

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4930			3

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

PIONEER INSURANCE AGENCY INC PIONEER PLAZA
652 ALBANY SHAKER ROAD
ALBANY, NY 12211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4649			3

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

RSC INSURANCE BROKERAGE, INC. 160 FEDERAL STREET. FLOOR 4
BOSTON, MA 02110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4438			3

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

SPRING COLLABORATIVE GROUP 9580 MAIN STREET
SUITE E
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4285			3

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

MARSH AND MCLENNAN

PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE SUITE 400
SADDLE BROOK, NJ 07663

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4007			3

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

AEBLY AND ASSOCIATES INS SERVICE

3638 SENECA STREET
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3587			3

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

MARSH ADVANTAGE AMERICA

4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674-0045

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3331			3

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

MERCER HEALTH AND BENEFITS LLC

4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3287			3

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

CONSILIARIUM GROUP LLC

1250 PITTSFORD VICTOR ROAD
BUILDING 100, SUITE 110
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3146			3

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

AURORA INC. 120 BROADWAY
MENANDS, NY 12204-2703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2821			3

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

MORGENSTERN BENEFITS SOLUTIONS 1080 PITTSFORD VICTOR RD
STE 200
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2737			3

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

NORTHERN INSURING AGENCY INC. P.O. BOX 789
PLATTSBURGH, NY 12901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2724			3

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

USI INSURANCE SERVICES LLC 777 CANAL VIEW BLVD.
SUITE 100
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2506			3

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

CH BENEFITS INC. 100 S. SALINA STREET
SUITE 370
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2492			3

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

FALCONE ASSOCIATES
 507 PLUM STREET
 SUITE 104
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2420			3

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

NORTH REID HOLDGS CONVERGENCE
 4875 EXCALIBUR DRIVE
 SYRACUSE, NY 13215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2404			3

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

MERCER HEALTH AND BENEFITS LLC
 1166 AVENUE OF THE AMERICAS
 FLOOR 22
 NEW YORK, NY 10036-2708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2348			3

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

LEONARD VALLETTA
 303 HARBORSIDE DR
 SCHENECTADY, NY 12305

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2132			3

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

NFP CORPORATE SERVICES
 340 MADISON AVENUE
 21ST FLOOR
 NEW YORK, NY 10173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2004			3

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

BENEFITS ADVANTAGE INC. 37 ROLLING HILLS DRIVE
 PO BOX 1080
 ORCHARD PARK, NY 14127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1771			3

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

DONALD MATSON 8 ROSEWOOD DRIVE
 AUBURN, NY 13021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1664			3

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

HARDING BROOKS INS AGENCY 441 COMMERCE ROAD
 VESTAL, NY 13850

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1546			3

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

GUGINO INSURANCE AGENCY INC. 5707 MAIN STREET
 WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1509			3

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

USI INSURANCE SERVICES NY 261 MADISON AVE
 5TH FLOOR
 NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1487			3

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

CROSS INSURANCE WAKEFIELD 401 EDGEWATER PLACE
 SUITE 100
 WAKEFIELD, MA 01880

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1471			3

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

ALLIANT INSURANCE SERVICES 701 B STREET
 6TH FLOOR
 SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1408			3

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

SIMCO CAPITAL LTD 2531 ROUTE 332
 CANANDAIGUA, NY 14424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1398			3

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

USI INSURANCE SERVICES LLC 220 SALINA MEADOWS PARKWAY
 SUITE 210
 SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1341			3

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

MIRABITO GRESHAM INSURANCE 423 COMMERCE ROAD
 VESTAL, NY 13850-6072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1341			3

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

ACRISURE PGM INSURANCE SERVICE 311 CLOCK TOWER COMMONS
BREWSTER, NY 10509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1337			3

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

EMS FINANCIAL SERVICES 6724 MAIN STREET
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1321			3

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

AUSTIN AND COMPANY 20 CORPORATE WOODS BLVD.
ALBANY, NY 12211-2350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1228			3

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

SWAN AND SONS MORSS COMPANY INC. P.O. BOX 179
309 EAST WATER STREET
ELMIRA, NY 14902-0179

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1135			3

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

AURICCHIO INSURANCE AGY INC. 3800 SENECA STREET
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1132			3

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

USI INSURANCE SERVICES LLC
 726 EXCHANGE STREET
 SUITE 618
 BUFFALO, NY 14210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1113			3

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

MICHELLE ALLETZHAUSER
 PROFESSIONAL BENEFITS MGMT
 316 SOUTH MAIN STREET
 NORTH SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1095			3

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

THE SOVIK GROUP INC.
 3813 NUMBER NINE
 CAZENOVIA, NY 13035

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1018			3

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

PATRIOT GROWTH INSURANCE SVCS
 7 LIMESTONE DRIVE
 BUFFALO, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1016			3

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

BROWN AND BROWN INSURANCE SERVIC
 6 TOWER PLACE
 ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
918			3

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

THE CLARKE AGENCY 55 CATHAWAY ROAD
ROCHESTER, NY 14610

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
870			3

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

NBT INSURANCE AGENCY LLC 66 SOUTH BROAD STREET
SUITE 2
NORWICH, NY 13815-6073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
806			3

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

ACKER AND ASSOCIATES INC. 100 ALLEN CREEK ROAD
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
792			3

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

AGENCY INSURANCE BROKERS 41 BROAD STREET
PLATTSBURGH, NY 12901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
732			3

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

MOSCATO AND ASSOCIATES, INC. 950 DANBY ROAD
ST 102
ITHACA, NY 14850

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
722			3

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

ONEGROUP NY INC. 706 N CLINTON ST
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
690			3

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

DIGITAL BOUCHEYANDCLARKE 200 GALLERIA PARKWAY
STE. 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
676			3

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

GILROY KERNAN AND GILROY INC. PO BOX 542
NEW HARTFORD, NY 13413

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
670			3

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

HMS AGENCY INC. 454 SAND CREEK ROAD
ALBANY, NY 12205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
658			3

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

CHOICE EMPLOYEE BENEFITS GROUP 490 CENTER ROAD
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
635			3

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

USI INS SERVICES PA 100 SUMMIT LAKE DRIVE
 SUITE 400
 VALHALLA, NY 10595

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
607			3

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

JAMES P. REAGAN AGENCY INC. PO BOX 191
 8 E MAIN STREET
 MARCELLUS, NY 13108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
570			3

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

HAUSER, INC. 5905 E. GALBRAITH ROAD
 SUITE 9000
 CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
551			3

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

BRIAN CUMMING 19 RAYMOND STREET
 CORINTH, NY 12822

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
510			3

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

HUB INTERNATIONAL MIDWEST 12500 S. TAMIAMI TRAIL
 FORT MYERS, FL 33907

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
492			3

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

THE EVELAND GROUP
164 BAYSIDE DRIVE
ROCHESTER, NY 14622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
483			3

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

MY BENEFIT ADVISOR
669 RIVER DRIVE CENTER II
SUITE 305
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
476			3

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

BDS CORP OF CNY INC.
5010 CAMPUSWOOD DRIVE
STE 105
EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
457			3

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

EMERLING, FLOSS, MURPHY ASSOC
9092 MAIN STREET
CLARENCE, NY 14031-0370

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
451			3

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

OSWEGO VALLEY INSURANCE AGENCY
166 W. 1ST STREET
OSWEGO, NY 13126

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
451			3

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

STEVEN GOODWIN
5794 MAIN STREET
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
427			3

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

DIGITAL KBM
528 PLUM COURT
SUITE 205
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
413			3

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

HUB INTERNATIONAL NORTHEAST
1393 VETERANS HIGHWAY
STE 210 N
HAUPPAUGE, NY 11788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
395			3

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

EDGEWOOD PARTNERS INSURANCE CE
1 CALIFORNIA STREET
SUITE 400
SAN FRANCISCO, CA 94111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
341			3

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

ADIRONDACK FINANCIAL SERVICES
185 GENESEE STREET
STE 210
UTICA, NY 13501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
331			3

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

MICHAEL G. MONTAG INS. AGY. 1745 PENFIELD ROAD
PENFIELD, NY 14526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
328			3

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

ERIC EVELAND 164 BAYSIDE DRIVE
ROCHESTER, NY 14622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
327			3

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

COORDINATED RESOURCES BUFFALO 4956 SHAKER HEIGHTS CT
UNIT 102
NAPLES, FL 34112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
324			3

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

SONDRA PAYNE 190 SUNSET DRIVE
HAMBURG, NY 14075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
292			3

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

ANDREW FAZIO 6252 MURPHY DRIVE
VICTOR, NY 14564

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
264			3

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

LAWRENCE AXELROD

FINANCIAL ARCHITECTS BRIGHTON
100 ALLENS CREEK RD STE 7
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
261			3

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

EMERSON REID, LLC

EMPIRE STATE BUILDING
SUITE 3700
NEW YORK, NY 10018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
248			3

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

PETER DERRENBACHER

34 ASPEN PARK BLVD
EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
245			3

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

ANDREW MEYER

CARE OF SHOPIRO AND MEYER ASSOC.
250 SOUTH CLINTON ST STE 300
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
232			3

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

SAMANTHA CLARK

ALLIANCE ADVISORY GROUP
600 DELAWARE AVENUE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
216			3

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

ALAN FREEDMAN
639 AVENUE Y
BROOKLYN, NY 11235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
215			3

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

JAMES SMITH
PO BOX 188
JAMESTOWN, NY 14702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
204			3

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

SANDRA KOBEL
625 PANORAMA TRAIL
BLDG 1 SUITE 107
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
197			3

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

ADIRONDACK TRUST COMPANY
31 CHURCH STREET
4TH FLOOR
SARATOGA SPRINGS, NY 12866

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
189			3

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

THE KNOLLWOOD AGENCY, LLC
4309 WEST WALWORTH RD
MACEDON, NY 14502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
158			3

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

TEN EYCK INSURANCE AGENCY INC. 1924 WESTERN AVENUE
ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
145			3

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

CHARLES H. TUKE AGENCY INC. 3385 BRIGHTON HENRIETTA ROAD
PO BOX 93160
ROCHESTER, NY 14692

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
143			3

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

PAUL ROBILLARD AND ASSOCIATES 4536 MAIN STREET
SUITE 100
AMHERST, NY 14226-3828

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
139			3

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

WILLIAM MELCHIOR PO BOX 306
HANNAWA FALLS, NY 13647

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
137			3

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

NIAGARA NATIONAL INC. 5001 GENESEE STREET
BUFFALO, NY 14225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
122			3

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

BROWN AND BROWN GREENSBORO 7031 ALBERT PICK RD.
 SUITE 304
 GREENSBORO, NC 27409

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36			3

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

GFNB DBA UPSTATE AGENCY LLC 89 SARATOGA AVENUE
 SOUTH GLENS FALLS, NY 12803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

(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	

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.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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 organizations(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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	4819961
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, line 2 above, report amount. Specify nature of costs.	10b	

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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND</p>	<p>D Employer Identification Number (EIN) 14-6034807</p>

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.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE LIFE 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
86-0222062	78077	2035	20957	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 108271</p>	<p>(b) Total amount of fees paid 0</p>
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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

DIGITAL BSG 528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16115			3

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

BROWN AND BROWN INSURANCE SERVIC 500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204-1480

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10924			3

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

LAWLEY, LLC 361 DELAWARE AVENUE
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10137			3

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

WALSH DUFFIELD COMPANIES INC. 801 MAIN STREET
BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9615			3

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

DANIEL GOETZMANN GOETZMANN AND ASSOCIATES
1001 W. FAYETTE ST STE 3B
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5661			3

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

PERRY AND CARROLL INC. 100 WEST CHURCH STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5232			3

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

DIGITAL INSURANCE LLC CARE OF WALDIS COMPANIES
528 PLUM COURT SUITE 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4738			3

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

EMERSON REID, LLC
 EMPIRE STATE BUILDING
 SUITE 3700
 NEW YORK, NY 10018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4123			3

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

NFP CORPORATE SERVICES
 159 WOLF ROAD
 SUITE 200
 ALBANY, NY 12205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3969			3

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

AP BENEFIT ADVS DBA ENV INS AG
 7789 OSWEGO ROAD
 LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3286			3

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

BROWN AND BROWN INSURANCE SERVIC
 45 EAST AVENUE
 ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3108			3

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

GILROY KERNAN AND GILROY INC.
 PO BOX 542
 NEW HARTFORD, NY 13413

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2887			3

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

KAFL INC. 800 LINDEN AVENUE
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1970			3

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

MARSHALL AND STERLING EMPLOYEE B 110 MAIN STREET
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1791			3

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

ADIRONDACK FINANCIAL SERVICES 185 GENESEE STREET
STE 210
UTICA, NY 13501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1786			3

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

ADIRONDACK TRUST COMPANY 31 CHURCH STREET
4TH FLOOR
SARATOGA SPRINGS, NY 12866

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1755			3

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

USI INSURANCE SERVICES LLC 220 SALINA MEADOWS PARKWAY
SUITE 210
SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1722			3

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

CROWN RISK MANAGEMENT LLC 432 NORTH FRANKLIN STREET
 SUITE 20
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1678			3

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

LAVORO GROUP CORP CARE OF FGP
 225 TECH PARK DRIVE
 ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1667			3

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

SPRING COLLABORATIVE GROUP 9580 MAIN STREET
 SUITE E
 CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1561			3

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

BENEFITS ADVANTAGE INC. 37 ROLLING HILLS DRIVE
 PO BOX 1080
 ORCHARD PARK, NY 14127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1263			3

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

ANDREW FAZIO 6252 MURPHY DRIVE
 VICTOR, NY 14564

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1096			3

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

MORGENSTERN BENEFITS SOLUTIONS 1080 PITTSFORD VICTOR RD
 STE 200
 PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
991			3

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

DIGITAL INSURANCE INC GA ATT ACCOUNT MANAGEMENT
 200 GALLERIA PARKWAY ST1950
 ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
956			3

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

EMS FINANCIAL SERVICES 6724 MAIN STREET
 WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
938			3

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

NFP CORPORATE SERVICES 340 MADISON AVENUE
 21ST FLOOR
 NEW YORK, NY 10173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
813			3

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

ANDERSON KENNEY ASSOCIATES 10 WINTHROP ST.
 ROCHESTER, NY 14607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
809			3

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

GALLAGHER BENEFIT SERVICES INC 30 CENTURY HILL DRIVE
 SUITE 200
 LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
705			3

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

GALLAGHER BENEFITS SERVICES 100 MERIDIAN CENTRE BLVD.
 SUITE 100
 ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
652			3

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

TITAN INSURANCE AND EMPLOY BFTS ONE SOUTH CLINTON AVENUE
 STE 1030 THE METROPOLITAN
 ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
634			3

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

ONEGROUP NY INC. 706 N CLINTON ST
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
624			3

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

SPRAGUE AND KILLEEN INC. 116 CANAL STREET
 P.O. BOX 506
 ELLENVILLE, NY 12428

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
606			3

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

MICHELLE ALLETZHAUSER
 PROFESSIONAL BENEFITS MGMT
 316 SOUTH MAIN STREET
 NORTH SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
523			3

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

ASSURED PARTNER NORTHEAST
 CARE OF BOND FINANCIAL
 71A MONROE AVENUE
 PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
486			3

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

PAYCHEX INSURANCE AGENCY INC.
 P.O BOX 948
 HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
440			3

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

BENE CARE INSURANCE AGY LLC
 1260 CREEK STREET
 WEBSTER, NY 14580

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
421			3

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

HAUSER, INC.
 5905 E. GALBRAITH ROAD
 SUITE 9000
 CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
331			3

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

DONALD MATSON
8 ROSEWOOD DRIVE
AUBURN, NY 13021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
310			3

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

AURORA INC.
120 BROADWAY
MENANDS, NY 12204-2703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
249			3

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

AEBLY AND ASSOCIATES INS SERVICE
3638 SENECA STREET
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
231			3

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

ANDREW MEYER
CARE OF SHOPIRO AND MEYER ASSOC.
250 SOUTH CLINTON ST STE 300
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
216			3

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

TOMPKINS INSURANCE AGENCIES
90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
188			3

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

USI INSURANCE SERVICES LLC
 726 EXCHANGE STREET
 SUITE 618
 BUFFALO, NY 14210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
168			3

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

MERCER HEALTH AND BENEFITS LLC
 4565 PAYSHERE CIRCLE
 CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
162			3

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

JAMES P. REAGAN AGENCY INC.
 PO BOX 191
 8 E MAIN STREET
 MARCELLUS, NY 13108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
136			3

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

PETER DERRENBACHER
 34 ASPEN PARK BLVD
 EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
104			3

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

JOSEPH VISCONTI
 1207 ROUTE 9
 STE 10
 WAPPINGERS FALLS, NY 12590-8452

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
99			3

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

CROSS INSURANCE WAKEFIELD 401 EDGEWATER PLACE
 SUITE 100
 WAKEFIELD, MA 01880

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
89			3

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

ROSEMARIE RATH 350 ESSJAY ROAD
 SUITE 300
 WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72			3

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

SONDRA PAYNE 190 SUNSET DRIVE
 HAMBURG, NY 14075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72			3

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

KLUGMAN ASSOCIATES INC. ONE CABLEVISION CENTER
 PO BOX 280
 FERNDALE, NY 12734

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49			3

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

PATRIOT GROWTH INSURANCE SVCS 7 LIMESTONE DRIVE
 BUFFALO, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38			3

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

BURNHAM FINL SVCS ALERA GROUP 2038 SARANAC AVENUE
LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37			3

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

CHADLER SOLUTIONS INC. 100 PASSAIC AVENUE
STE 120
FAIRFIELD, NJ 07004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

LAWRENCE AXELROD FINANCIAL ARCHITECTS BRIGHTON
100 ALLENS CREEK RD STE 7
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

ROBERT G. RELPH AGENCY INC. 800 PARKER HILL DRIVE
SUITE 100
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

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.
 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 ▶

6b	
6c	
6d	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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 organizations(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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1917136
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, line 2 above, report amount. Specify nature of costs.	10b	

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 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	D Employer Identification Number (EIN) 14-6034807

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.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE LIFE 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
86-0222062	78077	2035	9928	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 353122	(b) Total amount of fees paid 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
LAWLEY, LLC **361 DELAWARE AVENUE**
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38229			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DIGITAL BSG **528 PLUM COURT SUITE 250**
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35677			3

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

NFP CORPORATE SERVICES
 159 WOLF ROAD
 SUITE 200
 ALBANY, NY 12205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31401			3

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

BROWN AND BROWN INSURANCE SERVIC
 500 PLUM STREET
 SUITE 200
 SYRACUSE, NY 13204-1480

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26245			3

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

DANIEL GOETZMANN
 GOETZMANN AND ASSOCIATES
 1001 W. FAYETTE ST STE 3B
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19003			3

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

DIGITAL INSURANCE LLC
 CARE OF WALDIS COMPANIES
 528 PLUM COURT SUITE 250
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18874			3

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

WALSH DUFFIELD COMPANIES INC.
 801 MAIN STREET
 BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16034			3

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

MARSHALL AND STERLING EMPLOYEE B 110 MAIN STREET
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15131			3

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

ROBERT G. RELPH AGENCY INC. 800 PARKER HILL DRIVE
SUITE 100
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11818			3

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

ASSURED PARTNER NORTHEAST CARE OF BOND FINANCIAL
71A MONROE AVENUE
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9214			3

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

GALLAGHER BENEFITS SERVICES 100 MERIDIAN CENTRE BLVD.
SUITE 100
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9073			3

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

BURNHAM FINL SVCS ALERA GROUP 2038 SARANAC AVENUE
LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8248			3

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

USI INS SERVICES PA 100 SUMMIT LAKE DRIVE
SUITE 400
VALHALLA, NY 10595

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
319			3

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

OSWEGO VALLEY INSURANCE AGENCY 166 W. 1ST STREET
OSWEGO, NY 13126

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
200			3

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

RSC INSURANCE BROKERAGE, INC. 160 FEDERAL STREET, FLOOR 4
BOSTON, MA 02110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
196			3

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

NBT INSURANCE AGENCY LLC 66 SOUTH BROAD STREET
SUITE 2
NORWICH, NY 13815-6073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
113			3

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

SIMCO CAPITAL LTD 2531 ROUTE 332
CANANDAIGUA, NY 14424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
90			3

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

EMERSON REID, LLC

EMPIRE STATE BUILDING
SUITE 3700
NEW YORK, NY 10018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
77			3

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

HUB INTERNATIONAL MIDWEST

12500 S. TAMIAMI TRAIL
FORT MYERS, FL 33907

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76			3

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

DAVID REEDY

4043 MAPLE ROAD
STE 209
AMHERST, NY 14226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73			3

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

SONDRA PAYNE

190 SUNSET DRIVE
HAMBURG, NY 14075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72			3

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

ROSEMARIE RATH

350 ESSJAY ROAD
SUITE 300
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72			3

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

ANDERSON KENNEY ASSOCIATES 10 WINTHROP ST.
ROCHESTER, NY 14607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6774			3

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

AP BENEFIT ADVS DBA ENV INS AG 7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5938			3

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

HAYLOR, FREYER AND COON PO BOX 4743
SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4692			3

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

LEONARD VALLETTA 303 HARBORSIDE DR
SCHENECTADY, NY 12305

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4565			3

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

USI INSURANCE SVCS 530 PRESTON AVENUE
PO BOX 1040
MERIDEN, CT 06450

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4553			3

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

GILROY KERNAN AND GILROY INC. PO BOX 542
NEW HARTFORD, NY 13413

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4386			3

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

SPRING COLLABORATIVE GROUP 9580 MAIN STREET
SUITE E
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4026			3

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

ASSOCIATES OF GLENS FALLS 228 GLEN STREET
POB 190
GLENS FALLS, NY 12801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4017			3

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

USI INSURANCE SERVICES LLC 726 EXCHANGE STREET
SUITE 618
BUFFALO, NY 14210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3894			3

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

HARDING BROOKS INS AGENCY 441 COMMERCE ROAD
VESTAL, NY 13850

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3768			3

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

FALCONE ASSOCIATES 507 PLUM STREET
 SUITE 104
 SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3602			3

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

CONSILIARIUM GROUP LLC 1250 PITTSFORD VICTOR ROAD
 BUILDING 100, SUITE 110
 PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3576			3

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

EMERLING, FLOSS, MURPHY ASSOC 9092 MAIN STREET
 CLARENCE, NY 14031-0370

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3422			3

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

PROFILE BENEFITS INC. 320 SOUTH SERVICE ROAD
 MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3320			3

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

PAYCHEX INSURANCE AGENCY INC. P.O BOX 948
 HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3259			3

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

TOMPKINS INSURANCE AGENCIES

90 MAIN STREET
BATAVIA, NY 14020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3162			3

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

LAVORO GROUP CORP

CARE OF FGP
225 TECH PARK DRIVE
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3008			3

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

EMS FINANCIAL SERVICES

6724 MAIN STREET
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2933			3

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

PIONEER INSURANCE AGENCY INC

PIONEER PLAZA
652 ALBANY SHAKER ROAD
ALBANY, NY 12211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2877			3

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

KAFL INC.

800 LINDEN AVENUE
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2841			3

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

MERCER HEALTH AND BENEFITS LLC 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2698			3

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

PERRY AND CARROLL INC. 100 WEST CHURCH STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2562			3

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

JAMES P. REAGAN AGENCY INC. PO BOX 191
8 E MAIN STREET
MARCELLUS, NY 13108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2281			3

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

DIGITAL INSURANCE INC GA ATT ACCOUNT MANAGEMENT
200 GALLERIA PARKWAY ST1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2040			3

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

MARSH ADVANTAGE AMERICA 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674-0045

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1961			3

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

GALLAGHER M AND T

P.O BOX 95287
CHICAGO, IL 60694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1931			3

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

GALLAGHER BENEFIT SERVICES INC

30 CENTURY HILL DRIVE
SUITE 200
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1882			3

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

DIGITAL KBM

528 PLUM COURT
SUITE 205
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1728			3

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

CH BENEFITS INC.

100 S. SALINA STREET
SUITE 370
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1520			3

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

BENE CARE INSURANCE AGY LLC

1260 CREEK STREET
WEBSTER, NY 14580

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1516			3

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

AEBLY AND ASSOCIATES INS SERVICE 3638 SENECA STREET
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1433			3

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

INSURANCE OFFICE OF AMERICA 31 LEWIS STREET
SUIT 2
BINGHAMTON, NY 13901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1134			3

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

UNITED PROFESSIONAL BENEFITS 19607 STATE ROUTE 3
WATERTOWN, NY 13601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1028			3

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

DOUGLAS MILLER 241 DUNROVIN LANE
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
996			3

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

MORGENSTERN BENEFITS SOLUTIONS 1080 PITTSFORD VICTOR RD
STE 200
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
977			3

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

MARSH AND MCLENNAN AGY FLORIDA 9850 NW 4LST STREET
 SUITE 100
 MIAMI, FL 33178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
913			3

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

HAUSER, INC. 5905 E. GALBRAITH ROAD
 SUITE 9000
 CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
903			3

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

MICHELLE ALLETZHAUSER PROFESSIONAL BENEFITS MGMT
 316 SOUTH MAIN STREET
 NORTH SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
881			3

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

NORTH REID HOLDGS CONVERGENCE 4875 EXCALIBUR DRIVE
 SYRACUSE, NY 13215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
784			3

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

TITAN INSURANCE AND EMPLY BFTS ONE SOUTH CLINTON AVENUE
 STE 1030 THE METROPOLITAN
 ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
687			3

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

ADIRONDACK FINANCIAL SERVICES 185 GENESEE STREET
STE 210
UTICA, NY 13501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
624			3

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

NIAGARA NATIONAL INC. 5001 GENESEE STREET
BUFFALO, NY 14225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
543			3

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

BDS CORP OF CNY INC. 5010 CAMPUSWOOD DRIVE
STE 105
EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
530			3

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

USI INSURANCE SERVICES NY 261 MADISON AVE
5TH FLOOR
NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
463			3

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

DONALD MATSON 8 ROSEWOOD DRIVE
AUBURN, NY 13021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
440			3

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

THE SOVIK GROUP INC. 3813 NUMBER NINE
CAZENOVIA, NY 13035

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
380			3

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

PETER DERRENBACHER 34 ASPEN PARK BLVD
EAST SYRACUSE, NY 13057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
368			3

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

MARSH AND MCLENNAN PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE SUITE 400
SADDLE BROOK, NJ 07663

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
363			3

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

CHOICE EMPLOYEE BENEFITS GROUP 490 CENTER ROAD
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
333			3

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

MIRABITO GRESHAM INSURANCE 423 COMMERCE ROAD
VESTAL, NY 13850-6072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
323			3

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

AUSTIN AND COMPANY

20 CORPORATE WOODS BLVD.
ALBANY, NY 12211-2350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36			3

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

BENEFIT LINK LLC

2152 RIDGEWAY AVENUE
ROCHESTER, NY 14626

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

(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	

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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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 organizations(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) ▶ [SPL](#)

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(2).)			9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3114450
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, line 2 above, report amount. Specify nature of costs.	10b	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	D Employer Identification Number (EIN) 14-6034807	

Part I Service Provider Information (see instructions)

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

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(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 disclosures on eligible indirect compensation

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)

BARCLAY DAMON LLP

15-0339022

(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?
29	ATTORNEYS	10355	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JP MORGAN CHASE BANK NA

(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?
51	COMMERCIAL BANKING	24486	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BST & CO., CPAS, LLP

14-1442607

(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?
10	AUDIT	31501	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MICHAEL DOYLE

14-6034807

(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?
20	TRUSTEE	21645	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT NEIL

14-6034807

(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?
20	TRUSTEE	6836	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIGMA CONSULTANTS, INC

51-0265968

(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	CONSULTANTS	10500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

THE BUSINESS COUNCIL OF NYS, INC.

14-1401680

(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?
23	GRANTOR	1916424	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENEFIT ASSOCIATES, INC.

95-3775762

(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?
49	ACCOUNTING	7970	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEIDI A. NAULEAU

14-6034807

(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?
20	TRUSTEE	8782	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ROBERT DUFFY

14-6034807

(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?
	TRUSTEE	8334	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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

(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

(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

(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

(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:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND</u>		B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND</u>		D Employer Identification Number (EIN) <u>14-6034807</u>	

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor 110 METAL WORKS, INC**c** EIN-PN 46-4624021-501**a** Plan name**b** Name of plan sponsor AUTOMATION EXPERTS INC.**c** EIN-PN 14-1837159-501**a** Plan name**b** Name of plan sponsor CAYUGA COMMUNITY COLLEGE**c** EIN-PN 15-6007451-501**a** Plan name**b** Name of plan sponsor DATARITE PAYROLL SERVICE OF CNY INC**c** EIN-PN 45-3951961-501**a** Plan name**b** Name of plan sponsor FAMILY CHIROPRACTIC PREVENTION CENTER**c** EIN-PN 16-1476901-501**a** Plan name**b** Name of plan sponsor GREEN HILLS FARM STORE, INC.**c** EIN-PN 15-0626235-501**a** Plan name**b** Name of plan sponsor JESS F HOWES INC**c** EIN-PN 16-1122192-501**a** Plan name**b** Name of plan sponsor MCMANUS AND CLARK, INC.**c** EIN-PN 13-1889432-501**a** Plan name**b** Name of plan sponsor NSH USA CORPORATION**c** EIN-PN 14-1067840-501**a** Plan name**b** Name of plan sponsor REDCOM LABORATORIES, INC.**c** EIN-PN 16-1107330-501**a** Plan name**b** Name of plan sponsor ST. FRANCIS HIGH SCHOOL**c** EIN-PN 16-0846639-501**a** Plan name**b** Name of plan sponsor TOM ANELLI AND ASSOCIATES**c** EIN-PN 82-1419705-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	1839 RESTAURANT AND BAR, INC.	c EIN-PN	84-3807220-501
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a Plan name

b Name of plan sponsor	AUXILIARY SERVICES CORPORATION OF ECC	c EIN-PN	16-1058358-501
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a Plan name

b Name of plan sponsor	CAYUGA COUNSELING SERVICES, INC	c EIN-PN	16-0978035-501
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a Plan name

b Name of plan sponsor	DATAVIEW, LLC	c EIN-PN	13-3954759-501
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a Plan name

b Name of plan sponsor	FAMILY COUNSELING SERVICE OF NORTHERN NEW YORK, INC	c EIN-PN	15-0597601-501
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a Plan name

b Name of plan sponsor	GREINICK MANAGEMENT CO.	c EIN-PN	16-1103216-501
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a Plan name

b Name of plan sponsor	JEWISH COMMUNITY CENTER OF GREATER BUFFALO, INC.	c EIN-PN	16-0760887-501
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a Plan name

b Name of plan sponsor	MEDEXCEL USA, INC.	c EIN-PN	06-1324681-501
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a Plan name

b Name of plan sponsor	NUNN AND HARPER FUNERAL HOME	c EIN-PN	16-0870718-501
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a Plan name

b Name of plan sponsor	REFRIGERATED TRANSPORT ELECTRONICS	c EIN-PN	60-1173080-501
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a Plan name

b Name of plan sponsor	ST. JOSEPH'S NEIGHBORHOOD CENTER	c EIN-PN	46-1176792-501
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a Plan name

b Name of plan sponsor	TOOLROOM EXPRESS, INC. DBA FOURSQUARE TRE	c EIN-PN	16-1386063-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	2428392 INC. DBA FYE	c EIN-PN	37-1962121-501
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a Plan name

b Name of plan sponsor	B&T CONSTRUCTION & MASONRY, INC.	c EIN-PN	82-3120631-501
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a Plan name

b Name of plan sponsor	CAYUGA COUNTY HOMESITE DEVELOPMENT CORP.	c EIN-PN	16-0999976-501
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a Plan name

b Name of plan sponsor	DAVID'S BRIDAL, LLC	c EIN-PN	65-0214563-501
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a Plan name

b Name of plan sponsor	FAMILY COUNSELING SERVICES OF THE FINGER LAKES, INC	c EIN-PN	16-0864789-501
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a Plan name

b Name of plan sponsor	GRIFFISS UTILITY SERVICES CORPORATION	c EIN-PN	16-1592039-501
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a Plan name

b Name of plan sponsor	JEWISH COMMUNITY CENTER OF GREATER ROCHESTER	c EIN-PN	16-0743060-501
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a Plan name

b Name of plan sponsor	MEDIA LOGIC	c EIN-PN	01-0751494-501
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a Plan name

b Name of plan sponsor	NUWEST LOGISTICS, LLC	c EIN-PN	58-1877387-501
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a Plan name

b Name of plan sponsor	REINHARDT CORPORATION	c EIN-PN	16-1246148-501
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a Plan name

b Name of plan sponsor	ST. LAWRENCE FEDERAL CREDIT UNION	c EIN-PN	15-0578797-501
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a Plan name

b Name of plan sponsor	TOTAL RECALL MESSAGE CENTER, INC.	c EIN-PN	16-1402840-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor 4Q IMAGING LLC**c** EIN-PN 26-2812589-501**a** Plan name**b** Name of plan sponsor B. GIAMBRONE & CO. INC.**c** EIN-PN 16-1154017-501**a** Plan name**b** Name of plan sponsor CDJ STAMPING INC.**c** EIN-PN 03-0377389-501**a** Plan name**b** Name of plan sponsor DAVID'S REFUGE, INC.**c** EIN-PN 45-3686680-501**a** Plan name**b** Name of plan sponsor FAMILY MEDICINE OF NNY**c** EIN-PN 46-5572981-501**a** Plan name**b** Name of plan sponsor GROSS POLOWY LLC**c** EIN-PN 45-3998320-501**a** Plan name**b** Name of plan sponsor JEWISH COMMUNITY CENTER OF SYRACUSE, INC.**c** EIN-PN 15-0539101-501**a** Plan name**b** Name of plan sponsor MEDICAL IMAGING CENTER LLP**c** EIN-PN 16-1225889-501**a** Plan name**b** Name of plan sponsor NYACK RIDGE REHABILITATION & NURSING CENTER**c** EIN-PN 81-4543707-501**a** Plan name**b** Name of plan sponsor RELCO SYSTEMS, INC.**c** EIN-PN 16-1004166-501**a** Plan name**b** Name of plan sponsor ST. LAWRENCE VALLEY EDUCATIONAL TELEVISION COUNCIL, INC.**c** EIN-PN 15-0611509-501**a** Plan name**b** Name of plan sponsor TOTALKARE OF AMERICA, INC.**c** EIN-PN 16-1374311-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	4TH WAVE TECHNOLOGIES, LLC	c EIN-PN	71-0867254-501
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a Plan name

b Name of plan sponsor	B.J. MESSNER COMPANY, INC.	c EIN-PN	16-0878051-501
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a Plan name

b Name of plan sponsor	CEM MACHINE, INC.	c EIN-PN	16-1585083-501
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a Plan name

b Name of plan sponsor	DAVIDSON, FOX & COMPANY, LLP	c EIN-PN	15-0544726-501
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a Plan name

b Name of plan sponsor	FAMILY PRACTICE ASSOCIATES P.C.	c EIN-PN	16-1398558-501
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a Plan name

b Name of plan sponsor	GROSSMAN ST. AMOUR CPA'S PLLC	c EIN-PN	16-1614892-501
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a Plan name

b Name of plan sponsor	JEWISH COMMUNITY FEDERATION OF GREATER ROCHESTER	c EIN-PN	16-0868942-501
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a Plan name

b Name of plan sponsor	MEDICAL MANAGEMENT RESOURCES, INC.	c EIN-PN	16-1278524-501
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a Plan name

b Name of plan sponsor	OAKGROVE CONSTRUCTION INC.	c EIN-PN	16-0846585-501
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a Plan name

b Name of plan sponsor	RENSSELAER CHAMBER OF COMMERCE	c EIN-PN	14-1127090-501
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a Plan name

b Name of plan sponsor	ST. PAUL'S EPISCOPAL CHURCH	c EIN-PN	16-0743122-501
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a Plan name

b Name of plan sponsor	TOWNSEND LEATHER COMPANY INC.	c EIN-PN	14-1819836-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	598 MAIN STREET, LLC	c EIN-PN	16-1585573-501
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a Plan name

b Name of plan sponsor	B.P.C. MANAGEMENT CORP	c EIN-PN	11-2531149-501
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a Plan name

b Name of plan sponsor	CENTER CITY NEIGHBORHOOD DEVELOPMENT CORP.	c EIN-PN	16-1119263-501
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a Plan name

b Name of plan sponsor	DAVIE KAPLAN WEALTH CARE ADVISORS	c EIN-PN	16-1602122-501
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a Plan name

b Name of plan sponsor	FAMILY SERVICE SOCIETY	c EIN-PN	16-0743189-501
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a Plan name

b Name of plan sponsor	GURNEY, BECKER & BOURNE, INC.	c EIN-PN	16-0465640-501
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a Plan name

b Name of plan sponsor	JEWISH FAMILY SERVICES	c EIN-PN	15-0539103-501
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a Plan name

b Name of plan sponsor	MEGA TOOL & MANUFACTURING CORPORATION	c EIN-PN	16-1471750-501
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a Plan name

b Name of plan sponsor	OCEAN STEEL CORPORATION	c EIN-PN	47-0938246-501
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a Plan name

b Name of plan sponsor	RESEARCH & MARKETING STRATEGIES, INC	c EIN-PN	04-3664724-501
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a Plan name

b Name of plan sponsor	ST. PETER & PAUL'S CEMETERY	c EIN-PN	16-0738257-501
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a Plan name

b Name of plan sponsor	TRACEY ROAD EQUIPMENT, INC.	c EIN-PN	16-1058204-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor 9511 SHORE ROAD CONDOMINIUM**c** EIN-PN 27-2199246-501**a** Plan name**b** Name of plan sponsor BABBITT BEARINGS, INC.**c** EIN-PN 16-0911561-501**a** Plan name**b** Name of plan sponsor CENTER FOR GOVERNMENTAL RESEARCH**c** EIN-PN 16-0754774-501**a** Plan name**b** Name of plan sponsor DAVIE KAPLAN, CPA, P.C.**c** EIN-PN 16-1182991-501**a** Plan name**b** Name of plan sponsor FAMILY SERVICES, INC.**c** EIN-PN 43-2029834-501**a** Plan name**b** Name of plan sponsor H & C SUPPLY CORP.**c** EIN-PN 16-0802335-501**a** Plan name**b** Name of plan sponsor JK ACQUISITIONS, LLC DBA JK FINDINGS, INC.**c** EIN-PN 84-3935908-501**a** Plan name**b** Name of plan sponsor MENDON PIPELINE INC.**c** EIN-PN 06-1215987-501**a** Plan name**b** Name of plan sponsor OD GREENE LUMBER COMPANY, INC.**c** EIN-PN 16-1073779-501**a** Plan name**b** Name of plan sponsor RESTAURANT PROFIT SYSTEMS, INC.**c** EIN-PN 16-1223754-501**a** Plan name**b** Name of plan sponsor ST. PIUS X CHURCH FCU**c** EIN-PN 16-1040794-501**a** Plan name**b** Name of plan sponsor TRADE-TRANS CORPORATION**c** EIN-PN 22-2580900-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [A.L. GEORGE, LLC DBA ONONDAGA BEVERAGE](#)**c** EIN-PN [16-1613705-501](#)**a** Plan name**b** Name of plan sponsor [BACH PLUMBING & HEATING CO CLAYTON INC.](#)**c** EIN-PN [16-1187874-501](#)**a** Plan name**b** Name of plan sponsor [CENTOLELLA LAW PC](#)**c** EIN-PN [81-4829996-501](#)**a** Plan name**b** Name of plan sponsor [DAWNBREAKER, INC.](#)**c** EIN-PN [16-1414222-501](#)**a** Plan name**b** Name of plan sponsor [FANCHER CHAIR CO., INC.](#)**c** EIN-PN [16-0331370-501](#)**a** Plan name**b** Name of plan sponsor [H J BRANDELES CORP.](#)**c** EIN-PN [15-0586122-501](#)**a** Plan name**b** Name of plan sponsor [JK TOBIN CONSTRUCTION CO.](#)**c** EIN-PN [16-0869748-501](#)**a** Plan name**b** Name of plan sponsor [MENGEL, METZGER, BARR & CO. LLP](#)**c** EIN-PN [16-1092347-501](#)**a** Plan name**b** Name of plan sponsor [OLDHAM-GRYSKA PARTNERSHIP](#)**c** EIN-PN [26-1564027-501](#)**a** Plan name**b** Name of plan sponsor [RETINA-VITREOUS SURGEONS OF CENTRAL NY, P.C.](#)**c** EIN-PN [16-0993668-501](#)**a** Plan name**b** Name of plan sponsor [STAMM LAW FIRM](#)**c** EIN-PN [16-1237289-501](#)**a** Plan name**b** Name of plan sponsor [TRADITIONS AT THE LINKS, LLC](#)**c** EIN-PN [16-1602455-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	A.W. MACK MANUFACTURING CO., INC.	c EIN-PN	14-1440960-501
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a Plan name

b Name of plan sponsor	BAKEWISE BRANDS, INC.	c EIN-PN	20-3092680-501
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a Plan name

b Name of plan sponsor	CENTRAL NEW YORK TECHNOLOGY DEVELOPMENT ORGANIZATION	c EIN-PN	16-1339956-501
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a Plan name

b Name of plan sponsor	DAWSON METAL COMPANY, INC.	c EIN-PN	16-0710555-501
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a Plan name

b Name of plan sponsor	FEINBERG DEVELOPMENT CORP.	c EIN-PN	16-1574330-501
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a Plan name

b Name of plan sponsor	H. G. ELLIS AGENCY, INC.	c EIN-PN	16-0950146-501
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a Plan name

b Name of plan sponsor	JKIDZ, INC.	c EIN-PN	45-2529050-501
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a Plan name

b Name of plan sponsor	MENTAL HEALTH ASSOCIATION IN ESSEX COUNTY	c EIN-PN	14-1579531-501
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a Plan name

b Name of plan sponsor	OLED TECHNOLOGIES, LLC DBA OLEDWORKS	c EIN-PN	45-2992119-501
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a Plan name

b Name of plan sponsor	REYMORE CHEVROLET	c EIN-PN	15-0595510-501
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a Plan name

b Name of plan sponsor	STANLEY STEEL SERVICE CORPORATION	c EIN-PN	16-0800229-501
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a Plan name

b Name of plan sponsor	TRANSIT LANES, INC.	c EIN-PN	16-0837520-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AALBORG INSTRUMENTS & CONTROLS INC.	c EIN-PN	13-2720018-501
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a Plan name

b Name of plan sponsor	BANCHETTI BY RIZZO'S	c EIN-PN	16-1564325-501
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a Plan name

b Name of plan sponsor	CENTRAL NY REGIONAL PLANNING & DEVELOPMENT BO	c EIN-PN	16-0916169-501
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a Plan name

b Name of plan sponsor	DAY & NIGHT PLUMBING CO., INC.	c EIN-PN	42-1530076-501
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a Plan name

b Name of plan sponsor	FENIMORE ART MUSEUM	c EIN-PN	15-0539110-501
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a Plan name

b Name of plan sponsor	H. RISCH, INC.	c EIN-PN	16-0918280-501
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a Plan name

b Name of plan sponsor	JOHN ECKER, INC.	c EIN-PN	11-2246938-501
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a Plan name

b Name of plan sponsor	MENTAL HEALTH SERVICES ERIE NORTH WEST CORP 1 DBA ENVISION WELLNESS WN	c EIN-PN	16-1037485-501
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a Plan name

b Name of plan sponsor	OLIVER GEAR	c EIN-PN	16-0577460-501
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a Plan name

b Name of plan sponsor	RICCELLI TRUCKING, INC.	c EIN-PN	16-1485674-501
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a Plan name

b Name of plan sponsor	STAN'S SEA FOOD, INC.	c EIN-PN	16-0963583-501
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a Plan name

b Name of plan sponsor	TRAUB FUNERAL HOME, INC	c EIN-PN	15-0615397-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ABIGAL PRESS INC.**c** EIN-PN 11-1819153-501**a** Plan name**b** Name of plan sponsor BANGS AMBULANCE, INC.**c** EIN-PN 16-1131112-501**a** Plan name**b** Name of plan sponsor CENTRAL PILLAR GROUP LLC**c** EIN-PN 45-5407133-501**a** Plan name**b** Name of plan sponsor DAY ENVIRONMENTAL, INC.**c** EIN-PN 16-1424541-501**a** Plan name**b** Name of plan sponsor FENNELL SPRING COMPANY LLC**c** EIN-PN 84-1726003-501**a** Plan name**b** Name of plan sponsor H.B. DAVIS SEED COMPANY**c** EIN-PN 40-1310361-501**a** Plan name**b** Name of plan sponsor JONMARK CORPORATION**c** EIN-PN 16-1465590-501**a** Plan name**b** Name of plan sponsor MERCURY AIRCRAFT INC.**c** EIN-PN 16-0550220-501**a** Plan name**b** Name of plan sponsor OMEGA CONSOLIDATED CORPORATION**c** EIN-PN 16-1160607-501**a** Plan name**b** Name of plan sponsor RICHARDS & WEST INC.**c** EIN-PN 16-1184130-501**a** Plan name**b** Name of plan sponsor STAR GAS PRODUCTS INC.**c** EIN-PN 14-1793765-501**a** Plan name**b** Name of plan sponsor TRAYER PRODUCTS, INC.**c** EIN-PN 16-0665120-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ABILITIES FIRST INC.**c** EIN-PN 14-1467427-501**a** Plan name**b** Name of plan sponsor BARLO EQUIPMENT CORPORATION**c** EIN-PN 11-2021816-501**a** Plan name**b** Name of plan sponsor CEREBRAL PALSY OF WESTCHESTER**c** EIN-PN 13-1690769-501**a** Plan name**b** Name of plan sponsor DAYTON T. BROWN, INC.**c** EIN-PN 10-1638929-501**a** Plan name**b** Name of plan sponsor FERGUSON ELECTRIC, INC.**c** EIN-PN 16-0430730-501**a** Plan name**b** Name of plan sponsor H.E. TURNER AND CO., INC.**c** EIN-PN 16-0666940-501**a** Plan name**b** Name of plan sponsor JOWONIO SCHOOL**c** EIN-PN 16-0981162-501**a** Plan name**b** Name of plan sponsor MERIT PAGES, INC.**c** EIN-PN 14-1667170-501**a** Plan name**b** Name of plan sponsor ON POINT FOR COLLEGE, INC.**c** EIN-PN 16-1569356-501**a** Plan name**b** Name of plan sponsor RICHARDS LOGGING LLC**c** EIN-PN 04-3589709-501**a** Plan name**b** Name of plan sponsor STAR GAS PRODUCTS, INC.**c** EIN-PN 14-1581672-501**a** Plan name**b** Name of plan sponsor TRESPASZ LAW OFFICES, LLP**c** EIN-PN 16-1562248-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ABLE 2 ENHANCING POTENTIAL, INC.	c EIN-PN	16-1091767-501
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a Plan name

b Name of plan sponsor	BARR TRANSPORTATION CORP.	c EIN-PN	15-0554372-501
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a Plan name

b Name of plan sponsor	CFC VENTURES INC.	c EIN-PN	27-4278504-501
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a Plan name

b Name of plan sponsor	DBR PLUMBING INC.	c EIN-PN	16-1299669-501
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a Plan name

b Name of plan sponsor	FIBER INSTRUMENT SALES INC.	c EIN-PN	16-1340858-501
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a Plan name

b Name of plan sponsor	HADLOCK PAINT COMPANY, INC.	c EIN-PN	16-0466640-501
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a Plan name

b Name of plan sponsor	JPW STRUCTURAL CONTRACTING INC.	c EIN-PN	16-1557234-501
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a Plan name

b Name of plan sponsor	MESICK COHEN WILSON BAKER ARCHITECTS	c EIN-PN	14-1779768-501
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a Plan name

b Name of plan sponsor	ONE CABLEVISION CENTER CONDOMINIUM	c EIN-PN	46-1562227-501
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a Plan name

b Name of plan sponsor	RICHMOR AVIATION INC.	c EIN-PN	14-1498578-501
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a Plan name

b Name of plan sponsor	STCR BUSINESS SYSTEMS, INC.	c EIN-PN	16-0921200-501
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a Plan name

b Name of plan sponsor	TRI COLE MANAGEMENT INC	c EIN-PN	45-5281424-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ABLE MEDICAL TRANSPORTATION INC.	c EIN-PN	16-1116488-501
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a Plan name

b Name of plan sponsor	BARRY STEEL FABRICATION, INC.	c EIN-PN	16-1085941-501
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a Plan name

b Name of plan sponsor	CH INSURANCE BROKERAGE, INC	c EIN-PN	16-1363572-501
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a Plan name

b Name of plan sponsor	DEAN'S MODERN MARKETING, LLC.	c EIN-PN	45-4734900-501
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a Plan name

b Name of plan sponsor	FIBERCEL PACKAGING, LLC	c EIN-PN	83-0421725-501
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a Plan name

b Name of plan sponsor	HAINES EQUIPMENT INC.	c EIN-PN	60-1056338-501
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a Plan name

b Name of plan sponsor	JUAN L. SOTOMAYOR, MD PC DBA ALLERGY & ASTHMA DIAGNOSTIC OFFICE	c EIN-PN	16-1440058-501
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a Plan name

b Name of plan sponsor	METAL CRAFT MARINE US, INC.	c EIN-PN	83-0483929-501
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a Plan name

b Name of plan sponsor	ONEIDA AIR SYSTEMS	c EIN-PN	16-1446928-501
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a Plan name

b Name of plan sponsor	RIEHLMAN, SHAFER & SHAW	c EIN-PN	16-1077577-501
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a Plan name

b Name of plan sponsor	STEELWAYS HOLDINGS GROUP, INC.	c EIN-PN	26-1488796-501
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a Plan name

b Name of plan sponsor	TRI TOWER TELECOM CORPORATION	c EIN-PN	27-1399495-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ABR WHOLESALERS, INC.	c EIN-PN	16-0918233-501
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a Plan name

b Name of plan sponsor	BARSTOW MOTORS	c EIN-PN	15-0596388-501
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a Plan name

b Name of plan sponsor	CHADWICK RESIDENCE, INC.	c EIN-PN	22-2805597-501
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a Plan name

b Name of plan sponsor	DEFELSKO CORPORATION	c EIN-PN	14-1491767-501
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a Plan name

b Name of plan sponsor	FICS INCORPORATED	c EIN-PN	54-2101249-501
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a Plan name

b Name of plan sponsor	HAMILTON COLLEGE	c EIN-PN	15-0532200-501
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a Plan name

b Name of plan sponsor	K & S CAR WASH INC	c EIN-PN	60-1230578-501
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a Plan name

b Name of plan sponsor	METALLIC LADDER MFG. CORP.	c EIN-PN	16-0767157-501
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a Plan name

b Name of plan sponsor	ONEIDA MOLDED PLASTICS, LLC	c EIN-PN	20-4292150-501
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a Plan name

b Name of plan sponsor	RIVER RIDGE OPERATING LLC DBA RIVER RIDGE LIVING CENTER	c EIN-PN	46-2046038-501
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a Plan name

b Name of plan sponsor	STEINGART ASSOCIATES, INC.	c EIN-PN	14-1467253-501
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a Plan name

b Name of plan sponsor	TRI-COUNTY HEATING & COOLING	c EIN-PN	16-1268758-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ABUNDANT LIFE CHRISTIAN CENTER	c EIN-PN	16-1369722-501
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a Plan name

b Name of plan sponsor	BASCOL INC.	c EIN-PN	16-1417526-501
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a Plan name

b Name of plan sponsor	CHAMPLAIN CHILDREN'S LEARNING CENTER	c EIN-PN	16-1537024-501
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a Plan name

b Name of plan sponsor	DEJOY & CO. CPAS, LLP	c EIN-PN	16-1375790-501
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a Plan name

b Name of plan sponsor	FINALLY OUR OWN, LLC	c EIN-PN	47-4214292-501
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a Plan name

b Name of plan sponsor	HAMILTON STERN CONSTRUCTION	c EIN-PN	27-0931447-501
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a Plan name

b Name of plan sponsor	K D M DIE COMPANY INC	c EIN-PN	16-0929042-501
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a Plan name

b Name of plan sponsor	METIS CONSULTING GROUP, INC	c EIN-PN	16-1586541-501
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a Plan name

b Name of plan sponsor	ONEIDA-HERKIMER SOLID WASTE AUTHORITY	c EIN-PN	16-1359107-501
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a Plan name

b Name of plan sponsor	RIVERSIDE CHEMICAL COMPANY, INC.	c EIN-PN	16-0609600-501
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a Plan name

b Name of plan sponsor	STELLA ORTON HOME CARE AGENCY	c EIN-PN	13-3137595-501
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a Plan name

b Name of plan sponsor	TRIDENT PRECISION MANUFACTURING, INC	c EIN-PN	16-1154981-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor **ACADEMIC & CHILDCARE EXCELLENCE LLC****c** EIN-PN **47-2134215-501****a** Plan name**b** Name of plan sponsor **BASKIN LIVESTOCK, INC.****c** EIN-PN **04-2702367-501****a** Plan name**b** Name of plan sponsor **CHAMPLAIN PLASTICS, INC.****c** EIN-PN **14-1805581-501****a** Plan name**b** Name of plan sponsor **DEL HYDRAULICS INC.****c** EIN-PN **16-1190249-501****a** Plan name**b** Name of plan sponsor **FINCH ENTERPRISES****c** EIN-PN **16-1481057-501****a** Plan name**b** Name of plan sponsor **HAMMOND & IRVING, INC.****c** EIN-PN **15-0331570-501****a** Plan name**b** Name of plan sponsor **KALL AND D'ARGENIO, LLP****c** EIN-PN **22-3754633-501****a** Plan name**b** Name of plan sponsor **MGM ASSOCIATES OF ROCHESTER****c** EIN-PN **22-3115607-501****a** Plan name**b** Name of plan sponsor **ONONDAGA COUNTY CHAPTER NYSARC, INC.****c** EIN-PN **15-0561718-501****a** Plan name**b** Name of plan sponsor **RIVERSIDE GRANITE CO., INC****c** EIN-PN **81-3309576-501****a** Plan name**b** Name of plan sponsor **STELLAR ROOFING INC****c** EIN-PN **86-1179138-501****a** Plan name**b** Name of plan sponsor **TRI-LAKES HOME MEDICAL EQUIPMENT****c** EIN-PN **40-1721041-501**

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ACCEDE MOLD & TOOL CO., INC.	c EIN-PN	16-1170252-501
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a Plan name

b Name of plan sponsor	BATES TROY INC.	c EIN-PN	16-0968856-501
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a Plan name

b Name of plan sponsor	CHANDLER AUTOMOTIVE SALES & SERVICE	c EIN-PN	16-1407368-501
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a Plan name

b Name of plan sponsor	DELTA CORRUGATED PAPER PRODUCT	c EIN-PN	11-1043960-501
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a Plan name

b Name of plan sponsor	FINGER LAKES EXTRUSION CORP.	c EIN-PN	16-1539424-501
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a Plan name

b Name of plan sponsor	HANCOCK & ESTABROOK, LLP	c EIN-PN	15-0502175-501
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a Plan name

b Name of plan sponsor	KAMMHOLZ ROSSI, PLLC	c EIN-PN	81-2675572-501
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a Plan name

b Name of plan sponsor	MHD EMPIRE SERVICE CORP.	c EIN-PN	16-1183108-501
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a Plan name

b Name of plan sponsor	ONONDAGA GOLF & COUNTRY CLUB	c EIN-PN	15-0406690-501
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a Plan name

b Name of plan sponsor	ROACH, BROWN, MCCARTHY & GRUBER, P.C.	c EIN-PN	16-1011511-501
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a Plan name

b Name of plan sponsor	STEUBEN COUNTY CONFERENCE AND VISITORS BUREAU	c EIN-PN	16-1464229-501
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a Plan name

b Name of plan sponsor	TRINITY ALLIANCE OF THE CAPITAL REGION, INC.	c EIN-PN	14-1340122-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ACCESS COMPLIANCE, LLC**c** EIN-PN 45-3705794-501**a** Plan name**b** Name of plan sponsor BATTENFELD GREASE & OIL CORP. OF NY**c** EIN-PN 16-1058430-501**a** Plan name**b** Name of plan sponsor CHARLES H. TUKE AGENCY INC.**c** EIN-PN 16-0730650-501**a** Plan name**b** Name of plan sponsor DELTA HOLDINGS INC. (PA)**c** EIN-PN 23-2167158-501**a** Plan name**b** Name of plan sponsor FINGER LAKES NY CHAPTER NECA**c** EIN-PN 16-0841703-501**a** Plan name**b** Name of plan sponsor HANNAY REELS, INC.**c** EIN-PN 14-1270107-501**a** Plan name**b** Name of plan sponsor KARPUS MANAGEMENT INC.**c** EIN-PN 16-1290558-501**a** Plan name**b** Name of plan sponsor MHE ENGINEERING, D.P.C.**c** EIN-PN 14-1660469-501**a** Plan name**b** Name of plan sponsor ONTARIO INSURANCE COMPANY**c** EIN-PN 15-0754216-501**a** Plan name**b** Name of plan sponsor ROACH, LENNON & BROWN, PLLC**c** EIN-PN 83-1188475-501**a** Plan name**b** Name of plan sponsor STEVEARENOZZ INC.**c** EIN-PN 26-0568554-501**a** Plan name**b** Name of plan sponsor TRIPLE T TIRE, INC**c** EIN-PN 27-0546814-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ACCOUNTING FIRM OF SUSAN A RICH	c EIN-PN	27-1905997-501
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a Plan name

b Name of plan sponsor	BATTENFELD-AMERICAN INC.	c EIN-PN	16-0997162-501
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a Plan name

b Name of plan sponsor	CHARLES SETTLEMENT HOUSE	c EIN-PN	16-0868128-501
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a Plan name

b Name of plan sponsor	DENIS S. O'CONNOR, INC.	c EIN-PN	11-2046471-501
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a Plan name

b Name of plan sponsor	FINGER LAKES PERFORMING PROVIDER SYSTEM	c EIN-PN	47-2335735-501
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a Plan name

b Name of plan sponsor	HANSON WELL DRILLING & PUMP CO., INC.	c EIN-PN	14-1493478-501
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a Plan name

b Name of plan sponsor	KASSIS SUPERIOR SIGN CO. INC.	c EIN-PN	16-1410854-501
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a Plan name

b Name of plan sponsor	MICATU INC	c EIN-PN	45-3043405-501
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a Plan name

b Name of plan sponsor	OPHTHALMIC PLASTIC SURGERY, PLLC	c EIN-PN	73-1631292-501
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a Plan name

b Name of plan sponsor	ROBERT M. SUTHERLAND, P.C.	c EIN-PN	14-1576986-501
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a Plan name

b Name of plan sponsor	STOFFEL POLYGON SYSTEMS INC.	c EIN-PN	13-3092454-501
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a Plan name

b Name of plan sponsor	TRIPLEX INDUSTRIES, INC	c EIN-PN	16-1164699-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ACF TECH CONSULTING**c** EIN-PN 86-2456134-501**a** Plan name**b** Name of plan sponsor BATTERY RESEARCH & TESTING INC.**c** EIN-PN 16-1174827-501**a** Plan name**b** Name of plan sponsor CHARLES T. SITRIN HEALTH CARE CENTER, INC.**c** EIN-PN 22-3100745-501**a** Plan name**b** Name of plan sponsor DESIGN & SUPPLY CO., INC.**c** EIN-PN 23-2010637-501**a** Plan name**b** Name of plan sponsor FINGER LAKES RADIOLOGY LLC**c** EIN-PN 06-1652961-501**a** Plan name**b** Name of plan sponsor HARMCO FASTENER COMPANY, INC.**c** EIN-PN 16-0972265-501**a** Plan name**b** Name of plan sponsor KEEHFUS MANAGEMENT, LLC**c** EIN-PN 20-5980555-501**a** Plan name**b** Name of plan sponsor MICHAEL SANTARIELLO & ASSOCIATES, PLLC**c** EIN-PN 83-2395798-501**a** Plan name**b** Name of plan sponsor ORANGE COUNTY COMMUNITY COLLEGE**c** EIN-PN 14-6004242-501**a** Plan name**b** Name of plan sponsor ROCHESTER AUTOMATED SYSTEMS**c** EIN-PN 16-1585193-501**a** Plan name**b** Name of plan sponsor STONY MANUFACTURING INC.**c** EIN-PN 16-0929221-501**a** Plan name**b** Name of plan sponsor TRI-TANK CORPORATION**c** EIN-PN 16-1157532-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ACKER COLLINS ADVISORS**c** EIN-PN 92-1966328-501**a** Plan name**b** Name of plan sponsor BAY BROKERAGE, INC.**c** EIN-PN 56-2381703-501**a** Plan name**b** Name of plan sponsor CHARLOTTE APPLIANCE, INC.**c** EIN-PN 16-0761621-501**a** Plan name**b** Name of plan sponsor DESIGNERS FOLDING BOX CORPORATION**c** EIN-PN 16-0782079-501**a** Plan name**b** Name of plan sponsor FIRST COLUMBIA, LLC**c** EIN-PN 14-1800901-501**a** Plan name**b** Name of plan sponsor HARMONIA COLLABORATIVE CARE**c** EIN-PN 16-1013562-501**a** Plan name**b** Name of plan sponsor KEELER MOTOR CAR COMPANY**c** EIN-PN 93-4084761-501**a** Plan name**b** Name of plan sponsor MICHAELS GROUP HOMES LLC**c** EIN-PN 14-4165744-501**a** Plan name**b** Name of plan sponsor ORIGINAL WORKS YOURS, INC.**c** EIN-PN 14-1722233-501**a** Plan name**b** Name of plan sponsor ROCHESTER CLINICAL RESEARCH, INC.**c** EIN-PN 16-1522869-501**a** Plan name**b** Name of plan sponsor STRATEGIC FINANCIAL SERVICES**c** EIN-PN 16-1334685-501**a** Plan name**b** Name of plan sponsor TROCAIRE COLLEGE**c** EIN-PN 16-0909446-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ACME PRECISION PRODUCTS**c** EIN-PN 16-0776651-501**a** Plan name**b** Name of plan sponsor BBL CONSTRUCTION SERVICES, LLC**c** EIN-PN 14-1814573-501**a** Plan name**b** Name of plan sponsor CHAUTAUQUA OPPORTUNITIES, INC.**c** EIN-PN 16-0905222-501**a** Plan name**b** Name of plan sponsor DEVELOPMENT AUTHORITY OF THE NORTH COUNTRY**c** EIN-PN 16-1264935-501**a** Plan name**b** Name of plan sponsor FIRST NATIONAL BANK OF DRYDEN**c** EIN-PN 15-0293643-501**a** Plan name**b** Name of plan sponsor HARVEY RESEARCH, INC.**c** EIN-PN 16-1475313-501**a** Plan name**b** Name of plan sponsor KEHOE COMPONENT SALES DBA PACE ELECTRONICS**c** EIN-PN 16-0910683-501**a** Plan name**b** Name of plan sponsor MICRO INSTRUMENT CORP.**c** EIN-PN 16-0818517-501**a** Plan name**b** Name of plan sponsor ORISKANY MANUFACTURING, LLC.**c** EIN-PN 26-0004875-501**a** Plan name**b** Name of plan sponsor ROCHESTER COMMUNITY BASEBALL**c** EIN-PN 16-0808368-501**a** Plan name**b** Name of plan sponsor STREETER ASSOCIATES, INC.**c** EIN-PN 16-0733449-501**a** Plan name**b** Name of plan sponsor TROY BOILER WORKS, INC.**c** EIN-PN 14-1494252-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ACQUEST HOLDINGS, INC.**c** EIN-PN 16-1390944-501**a** Plan name**b** Name of plan sponsor BBL HOSPITALITY**c** EIN-PN 26-4830667-501**a** Plan name**b** Name of plan sponsor CHAUTAUQUA UTILITY DISTRICT**c** EIN-PN 16-1083845-501**a** Plan name**b** Name of plan sponsor DIAMOND PAPER BOX COMPANY**c** EIN-PN 16-0408340-501**a** Plan name**b** Name of plan sponsor FISCHER FOODS OF NEW YORK INC.**c** EIN-PN 13-3981325-501**a** Plan name**b** Name of plan sponsor HAUS CAPITAL CORPORATION**c** EIN-PN 47-1622523-501**a** Plan name**b** Name of plan sponsor KENWELL CORPORATION**c** EIN-PN 16-0976111-501**a** Plan name**b** Name of plan sponsor MICROMOD AUTOMATION & CONTROLS LLC**c** EIN-PN 83-3056687-501**a** Plan name**b** Name of plan sponsor ORMEC SYSTEMS CORPORATION**c** EIN-PN 16-1114780-501**a** Plan name**b** Name of plan sponsor ROCHESTER COMMUNITY TV, INC.**c** EIN-PN 16-1419225-501**a** Plan name**b** Name of plan sponsor STRIPPIT INC.**c** EIN-PN 13-3372065-501**a** Plan name**b** Name of plan sponsor TRS HEATING & AIR CONDITIONING CO INC**c** EIN-PN 16-1307427-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ACTION PROTECTIVE GROUP, INC.	c EIN-PN	16-1184052-501
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a Plan name

b Name of plan sponsor	BBX, INC.	c EIN-PN	20-0811363-501
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a Plan name

b Name of plan sponsor	CHEMUNG COUNTY HUMANE SOCIETY & SPCA, INC.	c EIN-PN	16-0743999-501
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a Plan name

b Name of plan sponsor	DIER AGENCY INC.	c EIN-PN	16-1585088-501
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a Plan name

b Name of plan sponsor	FISCHER INVESTMENT GROUP, INC.	c EIN-PN	16-1290741-501
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a Plan name

b Name of plan sponsor	HAVE, INC.	c EIN-PN	14-1657938-501
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a Plan name

b Name of plan sponsor	KINGSTON UROLOGICAL ASSOCIATES	c EIN-PN	20-2130525-501
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a Plan name

b Name of plan sponsor	MID HUDSON CIVIC CENTER, INC.	c EIN-PN	51-0151858-501
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a Plan name

b Name of plan sponsor	OSWEGO BEVERAGE COMPANY LLC DBA EAGLE BEVERAGE	c EIN-PN	90-1019634-501
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a Plan name

b Name of plan sponsor	ROCHESTER HOUSING DEVELOPMENT FUND CORP.	c EIN-PN	16-1607165-501
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a Plan name

b Name of plan sponsor	STRUCTURE WORKS CONSTRUCTION	c EIN-PN	47-5382987-501
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a Plan name

b Name of plan sponsor	TRUAX & HOVEY LTD.	c EIN-PN	16-0919563-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ACTUARIAL CONSULTING SERVICES, INC**c** EIN-PN 16-1186135-501**a** Plan name**b** Name of plan sponsor BEAK & SKIFF APPLE FARMS, INC**c** EIN-PN 15-0537807-501**a** Plan name**b** Name of plan sponsor CHILDREN'S HOME OF JEFFERSON COUNTY**c** EIN-PN 15-0532089-501**a** Plan name**b** Name of plan sponsor DIMARCO, ABIUSI AND PASCARELLA, CPA'S, P.C.**c** EIN-PN 16-1427749-501**a** Plan name**b** Name of plan sponsor FISHER ASSOCIATES P.E., L.S., D.P.C.**c** EIN-PN 16-1373998-501**a** Plan name**b** Name of plan sponsor HAWKINS & HURLBUT SANITATION, INC.**c** EIN-PN 03-0412353-501**a** Plan name**b** Name of plan sponsor KLEPPER, HAHN AND HYATT ENGINEERS & LANDSCAPE**c** EIN-PN 16-1250313-501**a** Plan name**b** Name of plan sponsor MIDSTATE BAKERY DISTRIBUTORS, INC.**c** EIN-PN 01-0577885-501**a** Plan name**b** Name of plan sponsor OSWEGO COUNTY AMBULANCE & HEARSE SERVICE, INC**c** EIN-PN 15-0616994-501**a** Plan name**b** Name of plan sponsor ROCHESTER MUSEUM & SCIENCE CENTER**c** EIN-PN 16-0794131-501**a** Plan name**b** Name of plan sponsor STUDENT MANAGEMENT COOPERATIVE CORPORATION**c** EIN-PN 16-0985067-501**a** Plan name**b** Name of plan sponsor TRUDEAU INSTITUTE INCORPORATED**c** EIN-PN 14-1401413-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADDICTIONS CARE CENTER OF ALBANY, INC	c EIN-PN	14-1501404-501
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a Plan name

b Name of plan sponsor	BEARDSLEY DESIGN ASSOCIATES	c EIN-PN	16-1053917-501
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a Plan name

b Name of plan sponsor	CHINA TOWNE FURNITURE & MATTRESS	c EIN-PN	16-0918946-501
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a Plan name

b Name of plan sponsor	DIMENSION FABRICATORS INC.	c EIN-PN	14-1662895-501
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a Plan name

b Name of plan sponsor	FISHER MEARS ASSOCIATES	c EIN-PN	14-1786477-501
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a Plan name

b Name of plan sponsor	HAWTHORNE VALLEY ASSOCIATION INC	c EIN-PN	13-2722428-501
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a Plan name

b Name of plan sponsor	KLUYSKENS, GERARD COMPANY INC.	c EIN-PN	13-2575630-501
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a Plan name

b Name of plan sponsor	MIDSTATE MUTUAL INSURANCE COMPANY	c EIN-PN	15-0304070-501
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a Plan name

b Name of plan sponsor	OUR LADY OF LOURDES HOSPITALITY	c EIN-PN	76-0721842-501
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a Plan name

b Name of plan sponsor	ROCHESTER PRESBYTERIAN HOME	c EIN-PN	16-0743142-501
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a Plan name

b Name of plan sponsor	SUBURBAN CARDIOLOGY, PC	c EIN-PN	16-1545899-501
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a Plan name

b Name of plan sponsor	TRUNORTHERN FEDERAL CREDIT UNION	c EIN-PN	14-1596147-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADIRONDACK COUNCIL, INC.	c EIN-PN	14-1594386-501
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a Plan name

b Name of plan sponsor	BEAVER MOUNTAIN LOG HOMES, INC.	c EIN-PN	16-1228933-501
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a Plan name

b Name of plan sponsor	CHRISANNTHA CONSTRUCTION CORPORATION	c EIN-PN	16-1244701-501
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a Plan name

b Name of plan sponsor	DIMINO'S LEWISTON MARKET INC.	c EIN-PN	16-9871421-501
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a Plan name

b Name of plan sponsor	FITNESS FORUM FORUM PHYSICAL THERAPY PC	c EIN-PN	16-1528692-501
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a Plan name

b Name of plan sponsor	HAYES CONSTRUCTION SERVICES CORP	c EIN-PN	47-1418013-501
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a Plan name

b Name of plan sponsor	KNOWLTON TECHNOLOGIES, LLC (002536)	c EIN-PN	47-1424475-501
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a Plan name

b Name of plan sponsor	MIDSTATE PRINTING, INC.	c EIN-PN	15-0386920-501
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a Plan name

b Name of plan sponsor	OUTSERV INC.	c EIN-PN	16-1579004-501
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a Plan name

b Name of plan sponsor	ROCHESTER RIGGING, INC.	c EIN-PN	93-1675059-501
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a Plan name

b Name of plan sponsor	SUICIDE PREVENTION & CRISIS SERVICES	c EIN-PN	16-0992587-501
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a Plan name

b Name of plan sponsor	TRUTH COLLECTIVE, LLC	c EIN-PN	46-1546569-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADIRONDACK HISTORICAL ASSOCIATION, INC.	c EIN-PN	13-5635801-501
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a Plan name

b Name of plan sponsor	BECKER'S TOWING AND RECOVERY	c EIN-PN	16-1326158-501
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a Plan name

b Name of plan sponsor	CHRISTIAN BROTHERS ACADEMY OF ALBANY	c EIN-PN	14-1340037-501
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a Plan name

b Name of plan sponsor	DINING ASSOCIATES INC.	c EIN-PN	16-1200829-501
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a Plan name

b Name of plan sponsor	FITNESS FORUM SERVICES, LLC	c EIN-PN	16-1506400-501
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a Plan name

b Name of plan sponsor	HCP ARCHITECTS, LLP	c EIN-PN	14-1815011-501
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a Plan name

b Name of plan sponsor	KOCH METAL SPINNING CO., INC.	c EIN-PN	16-1042532-501
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a Plan name

b Name of plan sponsor	MIDSTATE SPRING, INC.	c EIN-PN	15-0465789-501
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a Plan name

b Name of plan sponsor	OWASCO BEVERAGE, INC.	c EIN-PN	16-1595805-501
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a Plan name

b Name of plan sponsor	ROLEN-JINXIN TECHNOLOGIES NORTH AMERICA, LLC	c EIN-PN	32-0511425-501
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a Plan name

b Name of plan sponsor	SULLIVAN 180 - DENTAL	c EIN-PN	81-3451349-501
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a Plan name

b Name of plan sponsor	TSCHOPP SUPPLY COMPANY, INC.	c EIN-PN	16-1176177-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADIRONDACK LEAGUE CLUB	c EIN-PN	15-0227290-501
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a Plan name

b Name of plan sponsor	BEE LINE WAREHOUSING INCORPORATED	c EIN-PN	59-3829570-501
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a Plan name

b Name of plan sponsor	CHURCH OF THE LIVING WORD, INC.	c EIN-PN	16-1082295-501
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a Plan name

b Name of plan sponsor	DIPAULO BAKING COMPANY, INC.	c EIN-PN	16-0850761-501
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a Plan name

b Name of plan sponsor	FITZPATRICK & WELLER, INC.	c EIN-PN	06-0974148-501
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a Plan name

b Name of plan sponsor	HEADWATERS IRON WORKS LLC	c EIN-PN	92-3590558-501
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a Plan name

b Name of plan sponsor	KONAR MANAGEMENT	c EIN-PN	16-1304630-501
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a Plan name

b Name of plan sponsor	MILESTONE & CO., LLC	c EIN-PN	46-4207680-501
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a Plan name

b Name of plan sponsor	P. TOOL & DIE CO., INC.	c EIN-PN	16-0907951-501
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a Plan name

b Name of plan sponsor	ROLLFORM OF JAMESTOWN, INC.	c EIN-PN	16-1286526-501
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a Plan name

b Name of plan sponsor	SULLIVAN KEENAN OLIVER LLP	c EIN-PN	11-3720927-501
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a Plan name

b Name of plan sponsor	TULLY BUILDING SUPPLY, INC.	c EIN-PN	15-0473290-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADIRONDACK LIFE, INC.	c EIN-PN	14-1657056-501
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a Plan name

b Name of plan sponsor	BELCAM INC.	c EIN-PN	14-1409648-501
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a Plan name

b Name of plan sponsor	CIM, LLC	c EIN-PN	81-0637550-501
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a Plan name

b Name of plan sponsor	DISABLED PERSONS ACTION ORGANIZATION	c EIN-PN	22-2194058-501
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a Plan name

b Name of plan sponsor	FLEX ELECTRIC LLC	c EIN-PN	47-2322631-501
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a Plan name

b Name of plan sponsor	HEANY INDUSTRIES, INC.	c EIN-PN	16-0916380-501
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a Plan name

b Name of plan sponsor	KPH HEALTHCARE SERVICES, INC.	c EIN-PN	15-0358720-501
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a Plan name

b Name of plan sponsor	MILLER & ASSOCIATES SOURCING SPECIALISTS, LLC	c EIN-PN	27-2809689-501
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a Plan name

b Name of plan sponsor	P.J. HYDE & SON, INC.	c EIN-PN	14-1583098-501
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a Plan name

b Name of plan sponsor	ROMAN CATHOLIC DIOCESE OF ALBANY	c EIN-PN	14-1347456-501
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a Plan name

b Name of plan sponsor	SUN LINE SUN ROOFS INC.	c EIN-PN	11-3358487-501
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a Plan name

b Name of plan sponsor	TWENTY-FIRST CENTURY PRESS, INC.	c EIN-PN	16-1555737-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADIRONDACK MENNONITE RETIREMENT COMMUNITY, INC.	c EIN-PN	16-1333180-501
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a Plan name

b Name of plan sponsor	BELDOTTI MANAGEMENT	c EIN-PN	13-3084276-501
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a Plan name

b Name of plan sponsor	CITEC, INC.	c EIN-PN	13-3673737-501
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a Plan name

b Name of plan sponsor	DISCOVERY CHARTER SCHOOL	c EIN-PN	27-4310659-501
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a Plan name

b Name of plan sponsor	FLEX-HOSE CO., INC.	c EIN-PN	16-0954697-501
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a Plan name

b Name of plan sponsor	HEAT & KOOL, INC.	c EIN-PN	27-4541062-501
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a Plan name

b Name of plan sponsor	KREHER'S FARM FRESH EGGS LLC	c EIN-PN	20-1984708-501
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a Plan name

b Name of plan sponsor	MILLER FUNERAL AND CREMATION SERVICES, INC.	c EIN-PN	16-0910009-501
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a Plan name

b Name of plan sponsor	PACKAGED AIR CONDITIONING SERVICE CORP.	c EIN-PN	16-1004538-501
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a Plan name

b Name of plan sponsor	ROME SPECIALTY CO., INC.	c EIN-PN	16-1148714-501
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a Plan name

b Name of plan sponsor	SUNDENSITY	c EIN-PN	81-2133262-501
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a Plan name

b Name of plan sponsor	TWIN CITIES FOOD CENTER, INC.	c EIN-PN	16-0811685-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADIRONDACK PUBLISHING CO., INC.	c EIN-PN	15-0556805-501
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a Plan name

b Name of plan sponsor	BELIEVER'S CHAPEL	c EIN-PN	16-1191973-501
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a Plan name

b Name of plan sponsor	CITY MATTRESS, INC.	c EIN-PN	16-1048113-501
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a Plan name

b Name of plan sponsor	DJ ACQUISITION MANAGEMENT CORP.	c EIN-PN	20-3585448-501
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a Plan name

b Name of plan sponsor	FLEXOVIT USA, INC.	c EIN-PN	16-1078605-501
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a Plan name

b Name of plan sponsor	HELDEBERG BLUESTONE & MARBLE	c EIN-PN	40-1409939-501
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a Plan name

b Name of plan sponsor	KRIS-TECH WIRE COMPANY, INC.	c EIN-PN	16-1229121-501
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a Plan name

b Name of plan sponsor	MILLER, GESKO & COMPANY, INC.	c EIN-PN	16-1248127-501
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a Plan name

b Name of plan sponsor	PAIR GAIN COMMUNICATIONS, INC.	c EIN-PN	16-1388193-501
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a Plan name

b Name of plan sponsor	ROSENTHAL, KOOSHOIAN & LENNON LLP	c EIN-PN	16-1160740-501
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a Plan name

b Name of plan sponsor	SUNNYCREST, INC.	c EIN-PN	16-0974639-501
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a Plan name

b Name of plan sponsor	TWO PLUS FOUR MANAGEMENT COMPANY, INC.	c EIN-PN	16-1307444-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADIRONDACK ROOTS	c EIN-PN	14-1601549-501
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a Plan name

b Name of plan sponsor	BELLERDINE INVESTIGATIVE AGENCY	c EIN-PN	16-1213750-501
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a Plan name

b Name of plan sponsor	CJK MANUFACTURING LLC	c EIN-PN	16-1428987-501
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a Plan name

b Name of plan sponsor	D-K MANUFACTURING	c EIN-PN	15-0545151-501
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a Plan name

b Name of plan sponsor	FLOWER CITY COLLISION INCORPORATED	c EIN-PN	85-1379451-501
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a Plan name

b Name of plan sponsor	HELENDALE DERMATOLOGY & MEDICAL SPA, PLLC	c EIN-PN	42-1626824-501
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a Plan name

b Name of plan sponsor	KRISTT OFFICE EQUIPMENT CO.	c EIN-PN	14-1579953-501
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a Plan name

b Name of plan sponsor	MILLER, MANNIX, SCHACHNER & HAFNER, LLC	c EIN-PN	14-1515023-501
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a Plan name

b Name of plan sponsor	PAPPAS, COX, KIMPEL, DODD & LEVINE, P.C.	c EIN-PN	16-1094425-501
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a Plan name

b Name of plan sponsor	ROSWELL PARK ALLIANCE FOUNDATION	c EIN-PN	16-1391608-501
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a Plan name

b Name of plan sponsor	SUPERIOR PLUMBING & HEATING	c EIN-PN	16-1231790-501
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a Plan name

b Name of plan sponsor	TYRO AUTOMOTIVE	c EIN-PN	27-2905829-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ADIRONDACK TRANSIT LINES, INC.**c** EIN-PN 14-0458760-501**a** Plan name**b** Name of plan sponsor BENEFIT DESIGN SERVICES**c** EIN-PN 16-1391724-501**a** Plan name**b** Name of plan sponsor CLARA WELCH THANKSGIVING HOME**c** EIN-PN 15-0543655-501**a** Plan name**b** Name of plan sponsor DK MARKS HH LLC.**c** EIN-PN 84-3174112-501**a** Plan name**b** Name of plan sponsor FLOWER CITY HABITAT FOR HUMANITY, INC.**c** EIN-PN 13-3281487-501**a** Plan name**b** Name of plan sponsor HENDERSON-JOHNSON CO., INC.**c** EIN-PN 15-0336240-501**a** Plan name**b** Name of plan sponsor L.M. SESSLER EXCAVATING & WRECKING**c** EIN-PN 60-1056968-501**a** Plan name**b** Name of plan sponsor MINK REALTY ASSOCIATES, LLC**c** EIN-PN 16-1271794-501**a** Plan name**b** Name of plan sponsor PARAGON SUPPLY, INC.**c** EIN-PN 15-0410920-501**a** Plan name**b** Name of plan sponsor ROTOLITE-ELLIOTT CORPORATION**c** EIN-PN 16-0977114-501**a** Plan name**b** Name of plan sponsor SUPERIOR TECHNOLOGY, INC.**c** EIN-PN 16-1336440-501**a** Plan name**b** Name of plan sponsor U.S. PAPER COUNTERS**c** EIN-PN 14-1609893-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [ADVANCED ASTHMA & ALLERGY OF NNY, PLLC](#)**c** EIN-PN [27-2691198-501](#)**a** Plan name**b** Name of plan sponsor [BENEFIT SERVICES GROUP](#)**c** EIN-PN [16-1551267-501](#)**a** Plan name**b** Name of plan sponsor [CLARK EQUIPMENT RENTAL LLC](#)**c** EIN-PN [14-1935193-501](#)**a** Plan name**b** Name of plan sponsor [DOCUMENT SECURITY SYSTEMS](#)**c** EIN-PN [16-1229730-501](#)**a** Plan name**b** Name of plan sponsor [FLOWER CITY TISSUE MILLS CO.](#)**c** EIN-PN [16-0435240-501](#)**a** Plan name**b** Name of plan sponsor [HEP SALES](#)**c** EIN-PN [16-0912572-501](#)**a** Plan name**b** Name of plan sponsor [LACONIA NURSING HOME, INC.](#)**c** EIN-PN [13-3742398-501](#)**a** Plan name**b** Name of plan sponsor [MISCHLERS FLORIST INC.](#)**c** EIN-PN [16-0974265-501](#)**a** Plan name**b** Name of plan sponsor [PARAJAX INC.](#)**c** EIN-PN [14-1752587-501](#)**a** Plan name**b** Name of plan sponsor [ROTONDO TRUCKING & WAREHOUSING CO., INC.](#)**c** EIN-PN [15-0615106-501](#)**a** Plan name**b** Name of plan sponsor [SUPPORT MINISTRIES](#)**c** EIN-PN [22-2940575-501](#)**a** Plan name**b** Name of plan sponsor [UDIG NY, INC.](#)**c** EIN-PN [23-7062996-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [ADVANCED AUTOMATION CORPORATION](#)**c** EIN-PN [16-1250200-501](#)**a** Plan name**b** Name of plan sponsor [BENEFITS ADVANTAGE, INC.](#)**c** EIN-PN [16-1608077-501](#)**a** Plan name**b** Name of plan sponsor [CLASSIC & PERFORMANCE SPECIALTIES, INC.](#)**c** EIN-PN [16-1340263-501](#)**a** Plan name**b** Name of plan sponsor [DONOFRIO MECHANICALS](#)**c** EIN-PN [20-0949628-501](#)**a** Plan name**b** Name of plan sponsor [FOLAND SALES](#)**c** EIN-PN [15-0582218-501](#)**a** Plan name**b** Name of plan sponsor [HERKIMER COUNTY COMMUNITY COLLEGE](#)**c** EIN-PN [16-0919625-501](#)**a** Plan name**b** Name of plan sponsor [LAKE GEORGE STEAMBOAT COMPANY, INC.](#)**c** EIN-PN [22-1476444-501](#)**a** Plan name**b** Name of plan sponsor [MITCHELL CONSTRUCTION CONTRACTORS, INC.](#)**c** EIN-PN [16-1383159-501](#)**a** Plan name**b** Name of plan sponsor [PARK AVENUE SALON & DAYSPA](#)**c** EIN-PN [26-1507386-501](#)**a** Plan name**b** Name of plan sponsor [ROUTE 37 BUILDING SUPPLY, INC.](#)**c** EIN-PN [16-1201603-501](#)**a** Plan name**b** Name of plan sponsor [SURE TEMP CO., INC.](#)**c** EIN-PN [16-1174274-501](#)**a** Plan name**b** Name of plan sponsor [ULSTER FEDERAL CREDIT UNION](#)**c** EIN-PN [23-7447488-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADVANCED CARE SOLUTIONS, INC.	c EIN-PN	16-1567913-501
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a Plan name

b Name of plan sponsor	BENNETT DIE & TOOL, INC.	c EIN-PN	16-1027869-501
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a Plan name

b Name of plan sponsor	CLAYTON SHURFINE	c EIN-PN	92-2219375-501
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a Plan name

b Name of plan sponsor	DONOHUE & HIGGINS CANDY & TOBACCO COMPANY	c EIN-PN	14-1565553-501
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a Plan name

b Name of plan sponsor	FOOD BANK OF CENTRAL NEW YORK	c EIN-PN	22-2816988-501
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a Plan name

b Name of plan sponsor	HERO DATA SERVICES	c EIN-PN	16-1455852-501
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a Plan name

b Name of plan sponsor	LAKE ONTARIO FRUIT INC	c EIN-PN	16-1168819-501
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a Plan name

b Name of plan sponsor	MITY FORMS	c EIN-PN	51-0445012-501
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a Plan name

b Name of plan sponsor	PAR-K ENTERPRISES	c EIN-PN	16-1133055-501
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a Plan name

b Name of plan sponsor	RQC LTD DBA REMBRANDT CHARMS	c EIN-PN	16-1053699-501
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a Plan name

b Name of plan sponsor	SURMOTEC, LLC	c EIN-PN	90-1024594-501
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a Plan name

b Name of plan sponsor	UNDERBERG & KESSLER, LLP	c EIN-PN	16-0869081-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ADVERTISING DISTRIBUTION SERVICES, INC	c EIN-PN	52-1659728-501
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a Plan name

b Name of plan sponsor	BENSON ENTERPRISES OF NEW YORK	c EIN-PN	16-1560782-501
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a Plan name

b Name of plan sponsor	CLEANERS SUPPLY, INC.	c EIN-PN	16-1345258-501
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a Plan name

b Name of plan sponsor	DORON PRECISION SYSTEMS INC.	c EIN-PN	16-1020280-501
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a Plan name

b Name of plan sponsor	FORD MASTEL, INC	c EIN-PN	16-0838959-501
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a Plan name

b Name of plan sponsor	HEVERON & COMPANY CPAS, PLLC	c EIN-PN	27-1895149-501
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a Plan name

b Name of plan sponsor	LAKE SIDE CONTRACTING CO. INC.	c EIN-PN	16-1373858-501
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a Plan name

b Name of plan sponsor	MJD ASSOCIATES OF CNY, INC.	c EIN-PN	16-1353609-501
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a Plan name

b Name of plan sponsor	PARK ENTERPRISES OF ROCHESTER	c EIN-PN	16-1386617-501
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a Plan name

b Name of plan sponsor	RUDDS SPRAY SERVICE INC	c EIN-PN	16-1122857-501
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a Plan name

b Name of plan sponsor	SWIFT GLASS COMPANY, INC.	c EIN-PN	16-0707040-501
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a Plan name

b Name of plan sponsor	UNICELL BODY COMPANY, INC.	c EIN-PN	16-0868266-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor **ADVOCATES INCORPORATED****c** EIN-PN **16-1453716-501****a** Plan name**b** Name of plan sponsor **BERGAN & YOUNG, INC.****c** EIN-PN **16-0876550-501****a** Plan name**b** Name of plan sponsor **CLIFTON PARK HEATING & COOLING LLC.****c** EIN-PN **81-2812923-501****a** Plan name**b** Name of plan sponsor **DPM JOB SHOP SERVICES****c** EIN-PN **20-3656090-501****a** Plan name**b** Name of plan sponsor **FORENSIC ECONOMICS INC.****c** EIN-PN **16-1441992-501****a** Plan name**b** Name of plan sponsor **HFW INDUSTRIES, INC****c** EIN-PN **16-0743570-501****a** Plan name**b** Name of plan sponsor **LAKESIDE ENT & ALLERGY, LLC****c** EIN-PN **48-1292058-501****a** Plan name**b** Name of plan sponsor **MJDNY LLC****c** EIN-PN **90-0980089-501****a** Plan name**b** Name of plan sponsor **PARK STRATEGIES, LLC****c** EIN-PN **52-2138418-501****a** Plan name**b** Name of plan sponsor **RUDY SCHMID INC.****c** EIN-PN **16-0963411-501****a** Plan name**b** Name of plan sponsor **SYRACUSE BLUEPRINT COMPANY, INC.****c** EIN-PN **15-0515395-501****a** Plan name**b** Name of plan sponsor **UNIDEX CORPORATION OF WNY, INC.****c** EIN-PN **16-1407174-501**

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AES NORTHEAST, PLLC**c** EIN-PN 14-1811718-501**a** Plan name**b** Name of plan sponsor BER-NATIONAL CONTROLS, INC.**c** EIN-PN 16-1365817-501**a** Plan name**b** Name of plan sponsor CLIFTON-FINE HOSPITAL**c** EIN-PN 90-0909506-501**a** Plan name**b** Name of plan sponsor DRYDEN AMBULANCE INC.**c** EIN-PN 16-1414084-501**a** Plan name**b** Name of plan sponsor FORT ORANGE PRESS, INC.**c** EIN-PN 14-0669730-501**a** Plan name**b** Name of plan sponsor HIGH FALLS SELF STORAGE, LLC**c** EIN-PN 52-2253437-501**a** Plan name**b** Name of plan sponsor LAKESIDE PETROLEUM SERVICE, LLC.**c** EIN-PN 27-3277866-501**a** Plan name**b** Name of plan sponsor MMG AGENCY INC.**c** EIN-PN 13-3170902-501**a** Plan name**b** Name of plan sponsor PASSONNO PAINTS**c** EIN-PN 14-1289454-501**a** Plan name**b** Name of plan sponsor RUMETCO SALES, INC.**c** EIN-PN 16-0983584-501**a** Plan name**b** Name of plan sponsor SYRACUSE COOPERATIVE FEDERAL CREDIT UNION**c** EIN-PN 22-2395897-501**a** Plan name**b** Name of plan sponsor UNITED CONTINENTAL CORPORATION**c** EIN-PN 13-5457860-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AFFILIATED REINSURANCE ASSOC.	c EIN-PN	13-2876727-501
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a Plan name

b Name of plan sponsor	BERTRAND CHAFFEE HOSPITAL	c EIN-PN	16-0743921-501
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a Plan name

b Name of plan sponsor	CLINTON CREST MANOR	c EIN-PN	16-1285374-501
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a Plan name

b Name of plan sponsor	DRYDEN MUTUAL INSURANCE COMPANY	c EIN-PN	15-0293645-501
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a Plan name

b Name of plan sponsor	FOX RUN VINEYARDS INC.	c EIN-PN	16-1439616-501
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a Plan name

b Name of plan sponsor	HIGH POINT FEDERAL CREDIT UNION	c EIN-PN	16-1022820-501
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a Plan name

b Name of plan sponsor	LAMB FARMS INC	c EIN-PN	16-1081703-501
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a Plan name

b Name of plan sponsor	MNS PRO COMPANIES INC	c EIN-PN	80-0826164-501
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a Plan name

b Name of plan sponsor	PAT ABOLD MOTORSPORTS, INC.	c EIN-PN	16-1518217-501
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a Plan name

b Name of plan sponsor	RYCO MANAGEMENT LLC	c EIN-PN	16-0961613-501
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a Plan name

b Name of plan sponsor	SYRACUSE FIRE DEPARTMENT EMPLOYEES FCU	c EIN-PN	15-0538318-501
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a Plan name

b Name of plan sponsor	UNITED DIVIDERS, INC.	c EIN-PN	16-0923535-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [AGBOTIC, INC.](#)**c** EIN-PN [46-4991502-501](#)**a** Plan name**b** Name of plan sponsor [BESSEY TOOLS INC.](#)**c** EIN-PN [16-0985807-501](#)**a** Plan name**b** Name of plan sponsor [CNY DIAGNOSTIC IMAGING ASSOCIATES, LLC](#)**c** EIN-PN [16-1470974-501](#)**a** Plan name**b** Name of plan sponsor [DUNK & BRIGHT FURNITURE CO., INC.](#)**c** EIN-PN [30-0089359-501](#)**a** Plan name**b** Name of plan sponsor [FRAGOMENI ASSOC. INC.](#)**c** EIN-PN [14-1653818-501](#)**a** Plan name**b** Name of plan sponsor [HIGH PURITY TECHNOLOGY, INC.](#)**c** EIN-PN [14-1642206-501](#)**a** Plan name**b** Name of plan sponsor [LANC & TULLY ENGINEERING & LAND SURVEYING P.C](#)**c** EIN-PN [14-1663117-501](#)**a** Plan name**b** Name of plan sponsor [MODULAR COMFORT SYSTEMS, INC.](#)**c** EIN-PN [16-0959472-501](#)**a** Plan name**b** Name of plan sponsor [PATHFINDER INDUSTRIES, INC.](#)**c** EIN-PN [16-0985472-501](#)**a** Plan name**b** Name of plan sponsor [S & W COMPANY LLC](#)**c** EIN-PN [16-1475599-501](#)**a** Plan name**b** Name of plan sponsor [SYRACUSE HAULERS WASTE REMOVAL, INC](#)**c** EIN-PN [16-1451841-501](#)**a** Plan name**b** Name of plan sponsor [UNITED HELPERS MANAGEMENT CO., INC.](#)**c** EIN-PN [22-2428919-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AGENCY INSURANCE BROKERS, INC.	c EIN-PN	14-1512403-501
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a Plan name

b Name of plan sponsor	BETHESDA HOUSE OF SCHENECTADY, INC.	c EIN-PN	31-1645415-501
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a Plan name

b Name of plan sponsor	CNY FAMILY CARE	c EIN-PN	16-1561865-501
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a Plan name

b Name of plan sponsor	DURHAM STAFFING INC.	c EIN-PN	16-0923224-501
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a Plan name

b Name of plan sponsor	FRAMING TECHNOLOGY INC	c EIN-PN	03-0457953-501
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a Plan name

b Name of plan sponsor	HIGHLAND HOLDINGS, LLC	c EIN-PN	52-2414777-501
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a Plan name

b Name of plan sponsor	LAN-CO COMPANIES, INC.	c EIN-PN	16-1580369-501
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a Plan name

b Name of plan sponsor	MOHAWK INSURANCE SERVICES, INC.	c EIN-PN	87-4113092-501
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a Plan name

b Name of plan sponsor	PATHOLOGY ASSOCIATES OF SYRACUSE, P.C.	c EIN-PN	16-1037385-501
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a Plan name

b Name of plan sponsor	SALCA TRUCKING INC.	c EIN-PN	11-2035490-501
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a Plan name

b Name of plan sponsor	SYRACUSE MODEL NEIGHBORHOOD FACILITY, INC.	c EIN-PN	23-7376077-501
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a Plan name

b Name of plan sponsor	UNITED WAY OF CENTRAL NEW YORK, INC.	c EIN-PN	15-0532073-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AG-PAK, INC.**c** EIN-PN 60-0870825-501**a** Plan name**b** Name of plan sponsor BETTE & CRING, LLC**c** EIN-PN 16-1562780-501**a** Plan name**b** Name of plan sponsor CNY MEDICAL BILLING ASSOCIATES INC.**c** EIN-PN 16-1405690-501**a** Plan name**b** Name of plan sponsor DYSON RACING TEAM, INC.**c** EIN-PN 14-1658200-501**a** Plan name**b** Name of plan sponsor FRANCIS HOUSE, INC.**c** EIN-PN 16-1585910-501**a** Plan name**b** Name of plan sponsor HIGHTOWER LAKEWATER SERVICES LLC.**c** EIN-PN 82-1406624-501**a** Plan name**b** Name of plan sponsor LANDFEAR & BROPHY, INCORPORATED DBA L & B WORLDWIDE**c** EIN-PN 16-0960373-501**a** Plan name**b** Name of plan sponsor MOHAWK VALLEY AMBULANCE CORPS. INC.**c** EIN-PN 16-1134413-501**a** Plan name**b** Name of plan sponsor PATRICIA ELECTRIC INC.**c** EIN-PN 16-1192609-501**a** Plan name**b** Name of plan sponsor SAM ASHER COMPUTING SERVICES, INC.**c** EIN-PN 16-1488763-501**a** Plan name**b** Name of plan sponsor SYRACUSE THERMAL PRODUCTS, INC.**c** EIN-PN 15-0627128-501**a** Plan name**b** Name of plan sponsor UNITED WAY OF THE SOUTHERN TIER**c** EIN-PN 16-1451041-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AGROCHEM USA LLC**c** EIN-PN 87-2752676-501**a** Plan name**b** Name of plan sponsor BEYOND SUPPORT NETWORK TRI-MAIN CENTER**c** EIN-PN 16-1118058-501**a** Plan name**b** Name of plan sponsor CNY PAYROLL SERVICES, INC**c** EIN-PN 46-0871880-501**a** Plan name**b** Name of plan sponsor EANNACE FUNERAL HOME**c** EIN-PN 16-1085455-501**a** Plan name**b** Name of plan sponsor FRANCIS SMITH & SONS, INC.**c** EIN-PN 23-2043117-501**a** Plan name**b** Name of plan sponsor HIGHWAY DISPLAYS, INC.**c** EIN-PN 14-0750590-501**a** Plan name**b** Name of plan sponsor LANGE'S PHARMACY**c** EIN-PN 14-1602766-501**a** Plan name**b** Name of plan sponsor MOHAWK VALLEY CAPITAL MANAGEMENT**c** EIN-PN 20-1581826-501**a** Plan name**b** Name of plan sponsor PATRIOT TOWERS**c** EIN-PN 16-1614481-501**a** Plan name**b** Name of plan sponsor SAM HART, INC.**c** EIN-PN 16-0911238-501**a** Plan name**b** Name of plan sponsor SYRACUSE TIME & ALARM CO., INC.**c** EIN-PN 16-1184747-501**a** Plan name**b** Name of plan sponsor UNITED WIRE TECHNOLOGIES, INC.**c** EIN-PN 16-1468456-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AIDS COMMUNITY RESOURCES, INC. DBA ACR HEALTH	c EIN-PN	16-1359060-501
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a Plan name

b Name of plan sponsor	BFC PRINT NETWORK, INC.	c EIN-PN	16-1481510-501
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a Plan name

b Name of plan sponsor	CNY SURGICAL PHYSICIANS, P.C.	c EIN-PN	16-1507608-501
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a Plan name

b Name of plan sponsor	EAST COAST AUDIOLOGY AND PHYSICAL THERAPY, PLLC	c EIN-PN	82-4832767-501
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a Plan name

b Name of plan sponsor	FRANK H. HISCOCK LEGAL SOCIETY	c EIN-PN	15-0527253-501
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a Plan name

b Name of plan sponsor	HMA CONTRACTING CORP.	c EIN-PN	14-1774813-501
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a Plan name

b Name of plan sponsor	LANSING ENGINEERING PC	c EIN-PN	14-1836913-501
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a Plan name

b Name of plan sponsor	MOLLENBERG-BETZ INC.	c EIN-PN	27-1878106-501
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a Plan name

b Name of plan sponsor	PATTERSONVILLE TELEPHONE COMPANY	c EIN-PN	14-0958410-501
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a Plan name

b Name of plan sponsor	SAMARITAN CENTER INC.	c EIN-PN	16-1328786-501
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a Plan name

b Name of plan sponsor	SYRACUSE URBAN PARTNERSHIP INC.	c EIN-PN	82-5069452-501
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a Plan name

b Name of plan sponsor	UNIVERSITY EYE SPECIALISTS, P.C.	c EIN-PN	16-1178293-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AIR INNOVATIONS, INC	c EIN-PN	16-1284644-501
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a Plan name

b Name of plan sponsor	BINGHAMTON HOUSING AUTHORITY	c EIN-PN	15-6002734-501
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a Plan name

b Name of plan sponsor	CNY WOMEN'S HEALTHCARE PC	c EIN-PN	20-1396748-501
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a Plan name

b Name of plan sponsor	EASTERN METAL OF ELMIRA, INC.	c EIN-PN	16-0757659-501
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a Plan name

b Name of plan sponsor	FRED H. MCGRATH & SONS	c EIN-PN	13-1806952-501
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a Plan name

b Name of plan sponsor	HOME FOR ELDERLY WOMEN OF MONTGOMERY CTY INC.	c EIN-PN	14-1364564-501
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a Plan name

b Name of plan sponsor	LAPAGLIA GROUP, INC.	c EIN-PN	20-1235585-501
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a Plan name

b Name of plan sponsor	MONEY FEDERAL CREDIT UNION	c EIN-PN	16-1104638-501
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a Plan name

b Name of plan sponsor	PAUL SMITH'S COLLEGE	c EIN-PN	15-0533545-501
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a Plan name

b Name of plan sponsor	SANDVIK & ASSOCIATES, INC.	c EIN-PN	20-3973353-501
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a Plan name

b Name of plan sponsor	T & M AUTO PARTS INC.	c EIN-PN	11-2280876-501
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a Plan name

b Name of plan sponsor	UNIVERSITY HEIGHTS ASSOCIATION, INC.	c EIN-PN	14-1781912-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [AKEY GIROUX LLC](#)**c** EIN-PN [93-1379693-501](#)**a** Plan name**b** Name of plan sponsor [BIOGENIC DENTAL CORP.](#)**c** EIN-PN [16-1443543-501](#)**a** Plan name**b** Name of plan sponsor [COAKLEY BOYD AND ABBETT INC](#)**c** EIN-PN [04-2384863-501](#)**a** Plan name**b** Name of plan sponsor [EASTWOOD MANAGEMENT CORP.](#)**c** EIN-PN [16-1005077-501](#)**a** Plan name**b** Name of plan sponsor [FREY THE WHEELMAN, INC. DBA FREY HEAVY DUTY](#)**c** EIN-PN [16-0440140-501](#)**a** Plan name**b** Name of plan sponsor [HOSPICE OF CENTRAL NY & HOSPICE OF THE FINGER LAKES](#)**c** EIN-PN [16-1047041-501](#)**a** Plan name**b** Name of plan sponsor [LAPP INSULATORS LLC](#)**c** EIN-PN [20-3600604-501](#)**a** Plan name**b** Name of plan sponsor [MONROE COMMUNITY COLLEGE ASSOCIATION INC.](#)**c** EIN-PN [16-0863558-501](#)**a** Plan name**b** Name of plan sponsor [PDF LOGISTICS INC.](#)**c** EIN-PN [87-4323295-501](#)**a** Plan name**b** Name of plan sponsor [SANFORD INDUSTRIAL CONTRACTORS INC.](#)**c** EIN-PN [45-2261259-501](#)**a** Plan name**b** Name of plan sponsor [T. SHAW, INC.](#)**c** EIN-PN [16-1594805-501](#)**a** Plan name**b** Name of plan sponsor [UNIVERSITY OF NY-REGENTS RESEARCH FUND](#)**c** EIN-PN [14-1599643-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ALARD EQUIPMENT CORP.**c** EIN-PN 16-1113500-501**a** Plan name**b** Name of plan sponsor BIOSAN LLC.**c** EIN-PN 46-4192558-501**a** Plan name**b** Name of plan sponsor COBRA FIRING LLC**c** EIN-PN 27-1159974-501**a** Plan name**b** Name of plan sponsor EATON BROTHERS CORPORATION**c** EIN-PN 16-0468340-501**a** Plan name**b** Name of plan sponsor FRIENDLY NEIGHBORHOOD BOOKKEEPING LLC**c** EIN-PN 85-1899556-501**a** Plan name**b** Name of plan sponsor HOWE BROTHERS INC.**c** EIN-PN 14-1464958-501**a** Plan name**b** Name of plan sponsor L'ARF, LLC**c** EIN-PN 92-1260615-501**a** Plan name**b** Name of plan sponsor MONTANTE COMPANIES, LLC**c** EIN-PN 82-3445199-501**a** Plan name**b** Name of plan sponsor PEDIATRIC CARDIOLOGY ASSOCIATES, LLC.**c** EIN-PN 16-1512234-501**a** Plan name**b** Name of plan sponsor SARATOGA CASINO HOTEL**c** EIN-PN 14-1688208-501**a** Plan name**b** Name of plan sponsor T.R. GOLDSMITH & SON, INC.**c** EIN-PN 16-0750517-501**a** Plan name**b** Name of plan sponsor UPSTATE MEDICAL PHYSICS - DIAGNOSTIC RADIOLOGY, MEDICAL NUCLEAR AND M**c** EIN-PN 27-2503396-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ALBANY CHIROPRACTIC & PHYSICAL THERAPY, PLLC**c** EIN-PN 24-0428672-501**a** Plan name**b** Name of plan sponsor BIOSPHERIX, LLC**c** EIN-PN 16-1607642-501**a** Plan name**b** Name of plan sponsor COLARUSSO BLACKTOP CORPORATION**c** EIN-PN 14-1422440-501**a** Plan name**b** Name of plan sponsor ECC TECHNOLOGIES**c** EIN-PN 16-1520781-501**a** Plan name**b** Name of plan sponsor FRONTIER GLASS INC.**c** EIN-PN 16-1552411-501**a** Plan name**b** Name of plan sponsor HS EDINGER & SONS**c** EIN-PN 16-1502557-501**a** Plan name**b** Name of plan sponsor LARSEN PE LS PC**c** EIN-PN 16-1066373-501**a** Plan name**b** Name of plan sponsor MONTREAL CONSTRUCTION COMPANY, INC.**c** EIN-PN 16-1431641-501**a** Plan name**b** Name of plan sponsor PEERPLACE NETWORKS, LLC**c** EIN-PN 16-1613534-501**a** Plan name**b** Name of plan sponsor SARATOGA CLINICAL RESEARCH**c** EIN-PN 54-2194372-501**a** Plan name**b** Name of plan sponsor TABNER, RYAN AND KENIRY, LLP**c** EIN-PN 14-1402805-501**a** Plan name**b** Name of plan sponsor UPSTATE NEW YORK COMMUNITY PARTNERS**c** EIN-PN 47-2616775-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ALDEN AURORA GAS COMPANY, INC.**c** EIN-PN 16-0327645-501**a** Plan name**b** Name of plan sponsor BIOWORKS, INC**c** EIN-PN 16-1443395-501**a** Plan name**b** Name of plan sponsor COLGATE ROCHESTER CROZER DIVINITY SCHOOL**c** EIN-PN 16-0743916-501**a** Plan name**b** Name of plan sponsor ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY**c** EIN-PN 11-2195458-501**a** Plan name**b** Name of plan sponsor FRONTIER INDUSTRIAL CORP**c** EIN-PN 16-1612649-501**a** Plan name**b** Name of plan sponsor HSM PACKAGING**c** EIN-PN 15-0508792-501**a** Plan name**b** Name of plan sponsor LAS FLORES INC.**c** EIN-PN 20-8228938-501**a** Plan name**b** Name of plan sponsor MOONEY MARKETING GROUP**c** EIN-PN 27-0808181-501**a** Plan name**b** Name of plan sponsor PENASACK MACHINE, INC.**c** EIN-PN 16-0924528-501**a** Plan name**b** Name of plan sponsor SAVEAROUND PARTNER SOLUTIONS INC.**c** EIN-PN 45-5540111-501**a** Plan name**b** Name of plan sponsor TADCON ELECTRIC, LLC.**c** EIN-PN 84-4391134-501**a** Plan name**b** Name of plan sponsor UPSTATE PRINTING, INC.**c** EIN-PN 16-1507336-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ALIGN COMMUNICATIONS INC.	c EIN-PN	13-3363996-501
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a Plan name

b Name of plan sponsor	BISLAND AGENCY INC.	c EIN-PN	14-1550225-501
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a Plan name

b Name of plan sponsor	COLLEGE ASSOCIATION AT DELHI, INC.	c EIN-PN	15-0591271-501
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a Plan name

b Name of plan sponsor	ECONOMIC OPPORTUNITY PROGRAM, INC.	c EIN-PN	16-0960694-501
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a Plan name

b Name of plan sponsor	FS ENGINEERING	c EIN-PN	81-1659030-501
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a Plan name

b Name of plan sponsor	HUBBARD TOOL & DIE CORP.	c EIN-PN	15-0585821-501
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a Plan name

b Name of plan sponsor	LASALLE INSTITUTE	c EIN-PN	14-1338447-501
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a Plan name

b Name of plan sponsor	MORSE MANUFACTURING CO., INC.	c EIN-PN	15-0392070-501
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a Plan name

b Name of plan sponsor	PENFIELD PRESBYTERIAN EARLY LEARNING CENTER	c EIN-PN	16-0913765-501
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a Plan name

b Name of plan sponsor	SCANLON HOME CARE SERVICE	c EIN-PN	16-1274161-501
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a Plan name

b Name of plan sponsor	TADDEO & SHAHAN, LLP	c EIN-PN	16-1597170-501
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a Plan name

b Name of plan sponsor	UPTURN INDUSTRIES, INC.	c EIN-PN	16-1202749-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ALL TIMES PUBLISHING, LLC**c** EIN-PN 16-1230061-501**a** Plan name**b** Name of plan sponsor BLEVINS SEAWAY MOTORS INC**c** EIN-PN 27-3120692-501**a** Plan name**b** Name of plan sponsor COLLEGE AUXILIARY SERVICES OF THE STATE UNIVERSITY COLLEGE AT PLATTSBU**c** EIN-PN 14-1364580-501**a** Plan name**b** Name of plan sponsor ED LEWI ASSOCIATES, INC.**c** EIN-PN 14-1587152-501**a** Plan name**b** Name of plan sponsor FULKERSON SERVICES, INC.**c** EIN-PN 16-1263274-501**a** Plan name**b** Name of plan sponsor HUDSON VALLEY HOSPICE**c** EIN-PN 14-1638619-501**a** Plan name**b** Name of plan sponsor LASERVIEW OF CNY**c** EIN-PN 16-1486037-501**a** Plan name**b** Name of plan sponsor MOSAIC ASSOCIATES ARCHITECTS, D.P.C.**c** EIN-PN 84-2206123-501**a** Plan name**b** Name of plan sponsor PENNY LANE PRINTING**c** EIN-PN 16-0874431-501**a** Plan name**b** Name of plan sponsor SCHAFFER DARPINO RUGS**c** EIN-PN 03-0594134-501**a** Plan name**b** Name of plan sponsor TARBELL MANAGEMENT GROUP LLC**c** EIN-PN 27-3567818-501**a** Plan name**b** Name of plan sponsor URBAN LEAGUE OF ROCHESTER, N.Y., INC.**c** EIN-PN 16-0906150-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ALLEN TOOL PHOENIX, INC.**c** EIN-PN 16-1396476-501**a** Plan name**b** Name of plan sponsor BLUE FLAME GAS CO., INC.**c** EIN-PN 14-1295936-501**a** Plan name**b** Name of plan sponsor COLLEGETOWN BAGELS, INC.**c** EIN-PN 16-1057527-501**a** Plan name**b** Name of plan sponsor ED-MED FEDERAL CREDIT UNION**c** EIN-PN 15-6079199-501**a** Plan name**b** Name of plan sponsor FULMONT COMMUNITY ACTION AGENCY, INC.**c** EIN-PN 14-1493100-501**a** Plan name**b** Name of plan sponsor HUDSON VALLEY LIGHTING, INC.**c** EIN-PN 14-1794056-501**a** Plan name**b** Name of plan sponsor LATINA BOULEVARD FOODS, LLC**c** EIN-PN 27-3389362-501**a** Plan name**b** Name of plan sponsor MOSAIC HEALTH INC.**c** EIN-PN 16-1293681-501**a** Plan name**b** Name of plan sponsor PEPSI-COLA OGDENSBURG BOTTLERS**c** EIN-PN 15-0611554-501**a** Plan name**b** Name of plan sponsor SCHALLERS DRIVE-IN INC.**c** EIN-PN 16-0837327-501**a** Plan name**b** Name of plan sponsor TDC NNY INC.**c** EIN-PN 14-1463640-501**a** Plan name**b** Name of plan sponsor US AIRPORTS FLIGHT SUPPORT, LLC**c** EIN-PN 16-1529747-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ALLIED AMERICAN ABSTRACT CORP.**c** EIN-PN 16-1207902-501**a** Plan name**b** Name of plan sponsor BLUE HERON CONSULTING (010040)**c** EIN-PN 16-1573553-501**a** Plan name**b** Name of plan sponsor COLLIER & BERGER, PLLC**c** EIN-PN 20-2123918-501**a** Plan name**b** Name of plan sponsor EDWARDS ELECTRIC**c** EIN-PN 16-1554688-501**a** Plan name**b** Name of plan sponsor FULTON HOUSING AUTHORITY**c** EIN-PN 15-6000526-501**a** Plan name**b** Name of plan sponsor HUFF ICE CREAM INC.**c** EIN-PN 16-1228034-501**a** Plan name**b** Name of plan sponsor LATORRA, PAUL & MCCANN**c** EIN-PN 16-1428019-501**a** Plan name**b** Name of plan sponsor MOULTON'S AUTO & TRUCK LLC**c** EIN-PN 20-0881781-501**a** Plan name**b** Name of plan sponsor PETER M. HOBAICA LLC**c** EIN-PN 16-1590337-501**a** Plan name**b** Name of plan sponsor SCHEFF INVESTMENT GROUP**c** EIN-PN 20-2003614-501**a** Plan name**b** Name of plan sponsor TDH REFRIGERATION, INC.**c** EIN-PN 16-1086893-501**a** Plan name**b** Name of plan sponsor UTICA CUTLERY COMPANY**c** EIN-PN 15-0476460-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ALLIED CIRCUITS**c** EIN-PN 26-3126627-501**a** Plan name**b** Name of plan sponsor BODY PRO'S, INC.**c** EIN-PN 26-3429310-501**a** Plan name**b** Name of plan sponsor COLON RECTAL ASSOCIATES OF CNY, LLP**c** EIN-PN 16-1132325-501**a** Plan name**b** Name of plan sponsor EDWIN F. ALLEN ASSOCIATES INC.**c** EIN-PN 16-0763943-501**a** Plan name**b** Name of plan sponsor FULTON MONTGOMERY REGIONAL CHAMBER OF COMMERCE**c** EIN-PN 14-0697900-501**a** Plan name**b** Name of plan sponsor HUMAN TECHNOLOGIES CORPORATION**c** EIN-PN 15-0571056-501**a** Plan name**b** Name of plan sponsor LAUB INTERNATIONAL, INC.**c** EIN-PN 16-1117490-501**a** Plan name**b** Name of plan sponsor MOUNT SAINT MARY COLLEGE**c** EIN-PN 14-1468399-501**a** Plan name**b** Name of plan sponsor PETTIS POOLS & PATIO**c** EIN-PN 16-0915438-501**a** Plan name**b** Name of plan sponsor SCHMITT SALES, LLC**c** EIN-PN 84-3755582-501**a** Plan name**b** Name of plan sponsor TECTRAN MFG., INC.**c** EIN-PN 20-0322673-501**a** Plan name**b** Name of plan sponsor V FRAAS USA INC.**c** EIN-PN 13-3148995-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ALLIED CPAS, PC**c** EIN-PN 27-0542316-501**a** Plan name**b** Name of plan sponsor BOLAND'S EXCAVATING & TOPSOIL, INC.**c** EIN-PN 16-1211101-501**a** Plan name**b** Name of plan sponsor COLONIAL TANNING CORPORATION**c** EIN-PN 14-1515113-501**a** Plan name**b** Name of plan sponsor EISCO LLC**c** EIN-PN 93-4042523-501**a** Plan name**b** Name of plan sponsor FULTON TOOL COMPANY, INC.**c** EIN-PN 16-1168920-501**a** Plan name**b** Name of plan sponsor HUMANITARIAN ORGANIZATION FOR MULTICULTURAL EXPERIENCES**c** EIN-PN 16-1425108-501**a** Plan name**b** Name of plan sponsor LAVORO GROUP**c** EIN-PN 45-3834719-501**a** Plan name**b** Name of plan sponsor MPI, INC**c** EIN-PN 14-1500755-501**a** Plan name**b** Name of plan sponsor PFISTERER NORTH AMERICA INC.**c** EIN-PN 46-3162213-501**a** Plan name**b** Name of plan sponsor SCHOHARIE COUNTY COMMUNITY ACTION PROGRAM INC**c** EIN-PN 14-1490674-501**a** Plan name**b** Name of plan sponsor TELE DATA COM, INC.**c** EIN-PN 16-1215259-501**a** Plan name**b** Name of plan sponsor V. JOHNSON STORES INC.**c** EIN-PN 60-0873413-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ALLRED & ASSOCIATES INC.	c EIN-PN	16-1481445-501
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a Plan name

b Name of plan sponsor	BOMAC, INC.	c EIN-PN	15-0614387-501
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a Plan name

b Name of plan sponsor	COLONIE SENIOR SERVICE CENTERS, INC.	c EIN-PN	22-2366576-501
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a Plan name

b Name of plan sponsor	EISENBACH & RUHNKE ENGINEERING, P.C.	c EIN-PN	16-1289214-501
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a Plan name

b Name of plan sponsor	FUSED SOLUTIONS, LLC	c EIN-PN	45-0584272-501
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a Plan name

b Name of plan sponsor	HUNT ENGINEERS ETAL	c EIN-PN	16-1158004-501
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a Plan name

b Name of plan sponsor	LAWMAN HEATING & COOLING INC.	c EIN-PN	16-1100145-501
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a Plan name

b Name of plan sponsor	MR. GRANT CONSTRUCTION INC.	c EIN-PN	16-1482653-501
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a Plan name

b Name of plan sponsor	PHELPS CEMENT PRODUCTS, INC.	c EIN-PN	16-0764360-501
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a Plan name

b Name of plan sponsor	SCHUELE PAINT COMPANY, INC.	c EIN-PN	16-0627220-501
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a Plan name

b Name of plan sponsor	TELEPHONE SERVICES, INC	c EIN-PN	04-3462035-501
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a Plan name

b Name of plan sponsor	VALIANT RETIRE INC.	c EIN-PN	87-1649469-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AL-ROSS SPORT SCREENING, INC.**c** EIN-PN 16-1329433-501**a** Plan name**b** Name of plan sponsor BO-MER PLASTICS**c** EIN-PN 16-1606418-501**a** Plan name**b** Name of plan sponsor COLONIE YOUTH CENTER**c** EIN-PN 14-1492095-501**a** Plan name**b** Name of plan sponsor ELECTRA SALES CORP.**c** EIN-PN 16-0991374-501**a** Plan name**b** Name of plan sponsor FUSTCHARLES LLP**c** EIN-PN 84-3873995-501**a** Plan name**b** Name of plan sponsor HUNTINGTON STUDY GROUP LTD DBA HUNTINGTON STUDY GROUP**c** EIN-PN 45-5557987-501**a** Plan name**b** Name of plan sponsor LAWSON SURVEYING & MAPPING**c** EIN-PN 16-1456567-501**a** Plan name**b** Name of plan sponsor MS EQUIPMENT SALES INC.**c** EIN-PN 16-1530350-501**a** Plan name**b** Name of plan sponsor PHETERSON SPATORICO, LLP**c** EIN-PN 16-1586993-501**a** Plan name**b** Name of plan sponsor SCHUMAN B-LINE MOVING & STORAGE, LLC**c** EIN-PN 45-5575772-501**a** Plan name**b** Name of plan sponsor TEMPLE B'RITH KODESH**c** EIN-PN 16-0743199-501**a** Plan name**b** Name of plan sponsor VALVETECH, INC.**c** EIN-PN 16-1313126-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ALTON MANUFACTURING, INC.	c EIN-PN	16-0960062-501
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a Plan name

b Name of plan sponsor	BONACCI ARCHITECTS, PLLC	c EIN-PN	16-1559996-501
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a Plan name

b Name of plan sponsor	COLUMBIA GREENE C.C.	c EIN-PN	14-1504452-501
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a Plan name

b Name of plan sponsor	ELMCREST CHILDREN'S CENTER INC.	c EIN-PN	15-0539090-501
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a Plan name

b Name of plan sponsor	G & E THERAPIES	c EIN-PN	16-1591693-501
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a Plan name

b Name of plan sponsor	HURON TOOL & CUTTER GRINDING	c EIN-PN	11-2015135-501
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a Plan name

b Name of plan sponsor	LAYER 3 TECHNOLOGIES INCORPORATED	c EIN-PN	03-0422047-501
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a Plan name

b Name of plan sponsor	MSW ARS RESEARCH, INC.	c EIN-PN	11-2161408-501
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a Plan name

b Name of plan sponsor	PHOENIX METAL FABRICATING INC.	c EIN-PN	83-4286787-501
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a Plan name

b Name of plan sponsor	SCIENCE STREET LABS, INC.	c EIN-PN	81-0724792-501
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a Plan name

b Name of plan sponsor	TEN MILE RIVER PRESERVE, INC.	c EIN-PN	83-0407511-501
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a Plan name

b Name of plan sponsor	VAN PUTTE SEED CO. INC.	c EIN-PN	16-1081930-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AM & T**c** EIN-PN 16-1340290-501**a** Plan name**b** Name of plan sponsor BONNET SALES AND SERVICE, INC.**c** EIN-PN 80-0021192-501**a** Plan name**b** Name of plan sponsor COMFORT SYSTEMS USA (SYRACUSE), INC.**c** EIN-PN 16-0902042-501**a** Plan name**b** Name of plan sponsor ELMLAWN CEMETERY & CREMATORY, INC.**c** EIN-PN 16-0365550-501**a** Plan name**b** Name of plan sponsor G. THOMAS SLATTERY INC. DBA PUBLIC PARKING**c** EIN-PN 60-1042659-501**a** Plan name**b** Name of plan sponsor HUTHER DOYLE MEMORIAL INSTITUTE**c** EIN-PN 22-2238075-501**a** Plan name**b** Name of plan sponsor LCL SERVICES, LLC**c** EIN-PN 45-1824155-501**a** Plan name**b** Name of plan sponsor MTI INSTRUMENTS, INC.**c** EIN-PN 14-1821089-501**a** Plan name**b** Name of plan sponsor PHOTON GEAR INC.**c** EIN-PN 16-1582729-501**a** Plan name**b** Name of plan sponsor SCOLARO FETTER GRIZANTI & MCGOUGH, P.C.**c** EIN-PN 16-1119912-501**a** Plan name**b** Name of plan sponsor TERMINUS PRODUCTS, INC.**c** EIN-PN 20-5995940-501**a** Plan name**b** Name of plan sponsor VANSANTIS DEVELOPMENT, INC.**c** EIN-PN 16-1455580-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AMDURSKY, PELKY, FENNELL & WALLEN, P.C.	c EIN-PN	16-1285829-501
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a Plan name

b Name of plan sponsor	BON-TON GLASS	c EIN-PN	16-1131435-501
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a Plan name

b Name of plan sponsor	COMMERCIAL ART SUPPLY	c EIN-PN	16-1123929-501
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a Plan name

b Name of plan sponsor	EMA MANAGEMENT SERVICES GROUP INC	c EIN-PN	16-1386959-501
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a Plan name

b Name of plan sponsor	GAINES ELECTRICAL CONTRACTING	c EIN-PN	16-1077536-501
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a Plan name

b Name of plan sponsor	HYDE STONE MECHANICAL CONTRACTORS	c EIN-PN	16-1241563-501
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a Plan name

b Name of plan sponsor	LEADINGAGE NEW YORK	c EIN-PN	13-6260145-501
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a Plan name

b Name of plan sponsor	MULLEN INDUSTRIAL HANDLING, INC.	c EIN-PN	16-0928473-501
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a Plan name

b Name of plan sponsor	PICKLE NORTH, INC	c EIN-PN	83-2010260-501
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a Plan name

b Name of plan sponsor	SEACOMM FEDERAL CREDIT UNION	c EIN-PN	14-6036899-501
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a Plan name

b Name of plan sponsor	TERPENING TRUCKING CORP.	c EIN-PN	15-0467780-501
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a Plan name

b Name of plan sponsor	VELMEX, INC.	c EIN-PN	16-0924244-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AMERICAN BD COMPANY D/B/A OPICI WINE GROUP**c** EIN-PN 22-0730160-501**a** Plan name**b** Name of plan sponsor BOSS PRECISION LTD**c** EIN-PN 16-1459548-501**a** Plan name**b** Name of plan sponsor COMMERCIAL COVERAGE, INC.**c** EIN-PN 14-1680765-501**a** Plan name**b** Name of plan sponsor EMCOM, INC.**c** EIN-PN 16-1479986-501**a** Plan name**b** Name of plan sponsor GALLO & IACOVANGELO, LLP**c** EIN-PN 16-0977714-501**a** Plan name**b** Name of plan sponsor I AND I ENTERPRISES INC DBA PLATOS CLOSET**c** EIN-PN 74-3211795-501**a** Plan name**b** Name of plan sponsor LEARNING DISABILITIES OF CENTRAL NEW YORK DBA LAUNCH CNY**c** EIN-PN 16-1279753-501**a** Plan name**b** Name of plan sponsor MURNANE BUILDING CONTRACTORS, INC.**c** EIN-PN 14-1512223-501**a** Plan name**b** Name of plan sponsor PICOTTE MANAGEMENT CO., INC.**c** EIN-PN 14-1699829-501**a** Plan name**b** Name of plan sponsor SEATING, INC.**c** EIN-PN 16-1344044-501**a** Plan name**b** Name of plan sponsor TERPHANE LLC**c** EIN-PN 16-1550495-501**a** Plan name**b** Name of plan sponsor VERBAN PROPERTIES**c** EIN-PN 13-2501956-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AMERICAN BD COMPANY D/B/A OPICI WINE GROUP**c** EIN-PN 56-2469882-501**a** Plan name**b** Name of plan sponsor BOSSONG'S COMMERCIAL DELIVERY, INC.**c** EIN-PN 16-0921198-501**a** Plan name**b** Name of plan sponsor COMMUNITY ACTION OF ORLEANS & GENESEE**c** EIN-PN 16-6059252-501**a** Plan name**b** Name of plan sponsor EMDEC INDUSTRIES, INC.**c** EIN-PN 11-1952112-501**a** Plan name**b** Name of plan sponsor GAMBLE DISTRIBUTORS, INC.**c** EIN-PN 15-0611002-501**a** Plan name**b** Name of plan sponsor I.A. TANGOREN, MD., PLLC.**c** EIN-PN 16-1585327-501**a** Plan name**b** Name of plan sponsor LEBRUN MOTORS, INC.**c** EIN-PN 16-0989841-501**a** Plan name**b** Name of plan sponsor MURPHY EXCAVATING CORPORATION**c** EIN-PN 16-0929577-501**a** Plan name**b** Name of plan sponsor PIEHLER MOTORSPORTS LLC.**c** EIN-PN 26-3777990-501**a** Plan name**b** Name of plan sponsor SEAWAY INSURANCE BROKERAGE**c** EIN-PN 16-1220863-501**a** Plan name**b** Name of plan sponsor THE AFFINITY GROUP, LLC**c** EIN-PN 13-4232719-501**a** Plan name**b** Name of plan sponsor VERTEX INNOVATIVE SOLUTIONS, INC.**c** EIN-PN 16-0979080-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AMERICAN DAIRY ASSOCIATION & DAIRY COUNCIL IN	c EIN-PN	15-0504284-501
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a Plan name

b Name of plan sponsor	BOULTER INDUSTRIAL CONTRACTORS, INC.	c EIN-PN	16-1039195-501
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a Plan name

b Name of plan sponsor	COMMUNITY ACTION PROGRAM FOR MADISON COUNTY	c EIN-PN	16-1289461-501
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a Plan name

b Name of plan sponsor	EMERLING, FLOSS, MURPHY & ASSOCIATES	c EIN-PN	20-1269306-501
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a Plan name

b Name of plan sponsor	GARDINER ANIMAL HOSPITAL	c EIN-PN	20-2442737-501
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a Plan name

b Name of plan sponsor	ICC COMMONWEALTH CORPORATION	c EIN-PN	16-0850893-501
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a Plan name

b Name of plan sponsor	LEGENDARY AUTO INTERIORS LTD.	c EIN-PN	16-1251110-501
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a Plan name

b Name of plan sponsor	MYSTIC STAMP COMPANY, INC.	c EIN-PN	16-1023818-501
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a Plan name

b Name of plan sponsor	PIONEER BANK, NATIONAL ASSOCIATION	c EIN-PN	14-0970570-501
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a Plan name

b Name of plan sponsor	SECUREIT TACTICAL, INC.	c EIN-PN	26-1821768-501
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a Plan name

b Name of plan sponsor	THE ARC JEFFERSON - ST. LAWRENCE NEW YORK	c EIN-PN	16-1134631-501
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a Plan name

b Name of plan sponsor	VERTUS CHARTER SCHOOL	c EIN-PN	46-4366962-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AMERICAN ENERGY CARE, INC.	c EIN-PN	14-1750628-501
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a Plan name

b Name of plan sponsor	BOWERS & COMPANY CPA'S, PLLC	c EIN-PN	20-1317788-501
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a Plan name

b Name of plan sponsor	COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION	c EIN-PN	14-1505623-501
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a Plan name

b Name of plan sponsor	EMERSON EXPRESS CO., INC.	c EIN-PN	16-1135013-501
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a Plan name

b Name of plan sponsor	GARTH FAGAN DANCE	c EIN-PN	23-7276763-501
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a Plan name

b Name of plan sponsor	ICM CONTROLS CORP.	c EIN-PN	35-2173750-501
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a Plan name

b Name of plan sponsor	LEGENDS PROCESSING CORP.	c EIN-PN	13-4177744-501
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a Plan name

b Name of plan sponsor	MY-T-ACRES, INC.	c EIN-PN	16-0832721-501
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a Plan name

b Name of plan sponsor	PJ EQUITIES LLP	c EIN-PN	16-1040657-501
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a Plan name

b Name of plan sponsor	SEIBOLD SECURITY INC.	c EIN-PN	16-1121332-501
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a Plan name

b Name of plan sponsor	THE ARC NEW YORK	c EIN-PN	13-5678837-501
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a Plan name

b Name of plan sponsor	VETERANS & COMMUNITY HOUSING COALITION	c EIN-PN	11-4266839-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AMERICAN HARNESS RACING SECRETARIES**c** EIN-PN 16-1389022-501**a** Plan name**b** Name of plan sponsor BOXCAR PRESS**c** EIN-PN 16-1609457-501**a** Plan name**b** Name of plan sponsor COMPASS FEDERAL CREDIT UNION**c** EIN-PN 16-0925413-501**a** Plan name**b** Name of plan sponsor EMPIRE AUTOMATION SYSTEMS, INC.**c** EIN-PN 16-1384142-501**a** Plan name**b** Name of plan sponsor GARY R. ACKER INSURANCE**c** EIN-PN 20-4346225-501**a** Plan name**b** Name of plan sponsor IEC HOLDEN CORPORATION**c** EIN-PN 42-1772185-501**a** Plan name**b** Name of plan sponsor LEMERY GREISLER LLC**c** EIN-PN 14-1811197-501**a** Plan name**b** Name of plan sponsor N.Y.S. ACADEMY OF FAMILY PHYSICIANS**c** EIN-PN 15-0524107-501**a** Plan name**b** Name of plan sponsor PLATTSBURGH HOUSING AUTHORITY**c** EIN-PN 14-6004149-501**a** Plan name**b** Name of plan sponsor SEIBOLD SECURITY OF FL, INC.**c** EIN-PN 46-3992235-501**a** Plan name**b** Name of plan sponsor THE ARC OF MONROE COUNTY**c** EIN-PN 16-0835172-501**a** Plan name**b** Name of plan sponsor VIA VISUALLY IMPAIRED ADVANCEMENT**c** EIN-PN 16-0743930-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AMERICAN HOUSING MANAGEMENT COMPANY, INC.	c EIN-PN	03-0455305-501
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a Plan name

b Name of plan sponsor	BOYLAN CODE, LLP	c EIN-PN	16-1042228-501
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a Plan name

b Name of plan sponsor	COMPASSIONATE FAMILY MEDICINE	c EIN-PN	20-5003701-501
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a Plan name

b Name of plan sponsor	EMPIRE BUILDING DIAGNOSTICS, INC.	c EIN-PN	16-1315013-501
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a Plan name

b Name of plan sponsor	GATEWAY CHEMICAL LTD	c EIN-PN	16-1449411-501
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a Plan name

b Name of plan sponsor	IMAGE PACKAGING OF HORWITZ, INC.	c EIN-PN	16-1410051-501
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a Plan name

b Name of plan sponsor	LEO J ROTH CORPORATION	c EIN-PN	16-0787630-501
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a Plan name

b Name of plan sponsor	NAMANCO PRODUCTIONS	c EIN-PN	13-2646345-501
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a Plan name

b Name of plan sponsor	POOLER ENTERPRISES, INC.	c EIN-PN	16-1323978-501
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a Plan name

b Name of plan sponsor	SENECA GAMING AUTHORITY	c EIN-PN	16-0786768-501
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a Plan name

b Name of plan sponsor	THE BARDEN & ROBESON CORPORATION	c EIN-PN	16-0342190-501
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a Plan name

b Name of plan sponsor	VICTORY PROMOTIONS, INC.	c EIN-PN	16-1605768-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AMERICAN LUBRICANTS INC.	c EIN-PN	16-0997757-501
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a Plan name

b Name of plan sponsor	BOYS & GIRLS CLUBS OF ERIE CO.	c EIN-PN	16-1190155-501
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a Plan name

b Name of plan sponsor	COMPREHENSIVE INTERDISCIPLINARY DEV. SVCS.	c EIN-PN	16-0996008-501
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a Plan name

b Name of plan sponsor	EMPIRE FIBERGLASS PRODUCTS, INC.	c EIN-PN	16-0913844-501
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a Plan name

b Name of plan sponsor	GEAR MOTIONS, INC.	c EIN-PN	04-2518333-501
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a Plan name

b Name of plan sponsor	IMPERIAL OPTICAL INC.	c EIN-PN	14-1720934-501
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a Plan name

b Name of plan sponsor	LEPEL CORPORATION	c EIN-PN	11-1679451-501
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a Plan name

b Name of plan sponsor	NARDIN ACADEMY	c EIN-PN	16-0838979-501
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a Plan name

b Name of plan sponsor	POOLEY INC.	c EIN-PN	16-0814751-501
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a Plan name

b Name of plan sponsor	SENTINEL MEDIA CO., INC.	c EIN-PN	88-2868808-501
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a Plan name

b Name of plan sponsor	THE BETHEL PERFORMING ARTS CENTER LLC	c EIN-PN	14-1828018-501
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a Plan name

b Name of plan sponsor	VIOMERSE, INC.	c EIN-PN	47-3521561-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AMERICAN RESTORATION AND MAINTENANCE CORPORATION	c EIN-PN	14-1769830-501
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a Plan name

b Name of plan sponsor	BRAWDY CONSTRUCTION	c EIN-PN	16-1387598-501
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a Plan name

b Name of plan sponsor	COMPUTERIZED INVENTORY CONCEPTS INC.	c EIN-PN	16-1206834-501
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a Plan name

b Name of plan sponsor	EMPIRE RECYCLING CORPORATION	c EIN-PN	15-0300260-501
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a Plan name

b Name of plan sponsor	GEHRING TRICOT CORPORATION	c EIN-PN	14-1401595-501
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a Plan name

b Name of plan sponsor	IMPERIAL POOLS, INC.	c EIN-PN	14-1493361-501
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a Plan name

b Name of plan sponsor	LESLIE D. WOODCOCK JR. MD, PLLC	c EIN-PN	20-4407401-501
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a Plan name

b Name of plan sponsor	NATIONAL BASEBALL HALL OF FAME	c EIN-PN	15-0572877-501
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a Plan name

b Name of plan sponsor	PORT OF OSWEGO AUTHORITY	c EIN-PN	15-6009176-501
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a Plan name

b Name of plan sponsor	SERENITY HOMECARE	c EIN-PN	56-2346336-501
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a Plan name

b Name of plan sponsor	THE BREWSTER INN	c EIN-PN	15-0590281-501
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a Plan name

b Name of plan sponsor	VOLKERT PRECISION TECH.	c EIN-PN	11-2858985-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AMIGONE FUNERAL HOME, INC.	c EIN-PN	16-0822579-501
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a Plan name

b Name of plan sponsor	BREDE TOOL & SUPPLY, INC.	c EIN-PN	26-3311973-501
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a Plan name

b Name of plan sponsor	COMTEC SOLUTIONS, LLC	c EIN-PN	72-1566670-501
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a Plan name

b Name of plan sponsor	EMPIRE STATE MINES, LLC	c EIN-PN	83-0361818-501
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a Plan name

b Name of plan sponsor	GEMINI CONSULTING ASSOCIATES LLC	c EIN-PN	84-3181615-501
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a Plan name

b Name of plan sponsor	IMPERIAL TRANSPORTATION SERVICE, INC.	c EIN-PN	16-1395505-501
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a Plan name

b Name of plan sponsor	LEVENE, GOULDIN & THOMPSON, LLC	c EIN-PN	15-0556063-501
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a Plan name

b Name of plan sponsor	NATIONAL CARPET OUTLET	c EIN-PN	01-0581118-501
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a Plan name

b Name of plan sponsor	PORTER'S CONCRETE SERVICES, INC.	c EIN-PN	16-1123368-501
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a Plan name

b Name of plan sponsor	SERVU FEDERAL CREDIT UNION	c EIN-PN	16-6041830-501
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a Plan name

b Name of plan sponsor	THE BUSINESS COUNCIL OF NYS, INC.	c EIN-PN	14-1401680-501
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a Plan name

b Name of plan sponsor	VOLLAND ELECTRIC EQUIPMENT CORP.	c EIN-PN	16-0676916-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [AMPERSAND NEW YORK OPERATIONS CO. LLC](#)**c** EIN-PN [30-0352008-501](#)**a** Plan name**b** Name of plan sponsor [BRETON INDUSTRIES](#)**c** EIN-PN [14-1543400-501](#)**a** Plan name**b** Name of plan sponsor [CONBOY & MANNION CONTRACTING, INC.](#)**c** EIN-PN [14-1686116-501](#)**a** Plan name**b** Name of plan sponsor [EMPIRE TECHNICAL ASSOCIATES, INC.](#)**c** EIN-PN [16-1196036-501](#)**a** Plan name**b** Name of plan sponsor [GENERAL COMPOSITES INC](#)**c** EIN-PN [14-1695307-501](#)**a** Plan name**b** Name of plan sponsor [INDEPENDENT LIVING, INC.](#)**c** EIN-PN [22-2894558-501](#)**a** Plan name**b** Name of plan sponsor [LEWIS COUNTY OPPORTUNITIES, INC.](#)**c** EIN-PN [16-6066837-501](#)**a** Plan name**b** Name of plan sponsor [NATIONAL DISTRIBUTION INC.](#)**c** EIN-PN [11-2642091-501](#)**a** Plan name**b** Name of plan sponsor [POWER LINE CONSTRUCTORS INC.](#)**c** EIN-PN [15-0627279-501](#)**a** Plan name**b** Name of plan sponsor [SESSLER BUILDING MATERIALS INC. DBA BARNES & CONE](#)**c** EIN-PN [32-2180657-501](#)**a** Plan name**b** Name of plan sponsor [THE BUSINESS COUNCIL OF NYS, INC.](#)**c** EIN-PN [14-6034807-501](#)**a** Plan name**b** Name of plan sponsor [VOLLAND ELECTRIC EQUIPMENT CORPORATION](#)**c** EIN-PN [16-0675916-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ANASTASI TRUCKING INC.	c EIN-PN	16-0875499-501
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a Plan name

b Name of plan sponsor	BRIDGE STREET MOTORS, LLC DBA KIA OF EAST SYRACUSE	c EIN-PN	26-3284895-501
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a Plan name

b Name of plan sponsor	CONFER PLASTICS	c EIN-PN	16-1007810-501
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a Plan name

b Name of plan sponsor	EMPIRE TELEPHONE CORPORATION	c EIN-PN	16-0594870-501
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a Plan name

b Name of plan sponsor	GENESEE CAPITAL ADVISORS	c EIN-PN	46-2482362-501
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a Plan name

b Name of plan sponsor	INDEPENDENT TELECOMMUNICATIONS CORPORATION	c EIN-PN	14-1726162-501
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a Plan name

b Name of plan sponsor	LEXEL CORPORATION	c EIN-PN	11-2659092-501
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a Plan name

b Name of plan sponsor	NATIONAL EMPLOYER'S COUNCIL, INC.	c EIN-PN	16-1184643-501
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a Plan name

b Name of plan sponsor	PRACTICE RESOURCES, LLC	c EIN-PN	16-1506532-501
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a Plan name

b Name of plan sponsor	SETTERSTIX, INC.	c EIN-PN	32-0450109-501
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a Plan name

b Name of plan sponsor	THE CENTER FOR HANDICAPPED CHILDREN INC.	c EIN-PN	16-1023103-501
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a Plan name

b Name of plan sponsor	VOLPI MANUFACTURING, INC.	c EIN-PN	16-1123086-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [ANC HEATING AND AIR CONDITIONING, INC.](#)**c** EIN-PN [16-0965748-501](#)**a** Plan name**b** Name of plan sponsor [BRIERWOOD CHILD CARE CENTERS](#)**c** EIN-PN [02-0649191-501](#)**a** Plan name**b** Name of plan sponsor [CONGREGATION EMANU-EL OF CITY OF NY](#)**c** EIN-PN [13-1623975-501](#)**a** Plan name**b** Name of plan sponsor [EMPIRICAN PRN INC. DBA CIRCUIT CLINICAL](#)**c** EIN-PN [81-2538163-501](#)**a** Plan name**b** Name of plan sponsor [GENESEE VALLEY EQUINE CLINIC, LLC](#)**c** EIN-PN [16-1583009-501](#)**a** Plan name**b** Name of plan sponsor [INDEPENDENT TITLE AGENCY](#)**c** EIN-PN [16-1523093-501](#)**a** Plan name**b** Name of plan sponsor [LIFE QUALITY MOTOR SALES INC.](#)**c** EIN-PN [11-2197907-501](#)**a** Plan name**b** Name of plan sponsor [NATIONAL FIRE ADJUSTMENT CO. INC.](#)**c** EIN-PN [16-0978385-501](#)**a** Plan name**b** Name of plan sponsor [PRECISION GRINDING & MANUFACTURING CORP.](#)**c** EIN-PN [16-0924683-501](#)**a** Plan name**b** Name of plan sponsor [SHANNON GLOBAL ENERGY SOLUTIONS](#)**c** EIN-PN [16-1325545-501](#)**a** Plan name**b** Name of plan sponsor [THE CENTER FOR YOUTH SERVICES, INC.](#)**c** EIN-PN [16-0992259-501](#)**a** Plan name**b** Name of plan sponsor [VOLUNTEER TRANSPORTATION CENTER, INC.](#)**c** EIN-PN [16-1469952-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AN-COR INDUSTRIAL PLASTICS	c EIN-PN	16-0843802-501
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a Plan name

b Name of plan sponsor	BRIGHTLINE EATING SOLUTIONS, LLC	c EIN-PN	47-1888453-501
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a Plan name

b Name of plan sponsor	CONNORS-HAAS, INC.	c EIN-PN	16-0913694-501
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a Plan name

b Name of plan sponsor	EMPLOYEE RELATIONS ASSOCIATES	c EIN-PN	16-1237844-501
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a Plan name

b Name of plan sponsor	GENESEE VALLEY PUBLICATIONS, INC.	c EIN-PN	16-1428017-501
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a Plan name

b Name of plan sponsor	INDIAN SPRINGS MANUFACTURING CO., INC.	c EIN-PN	15-0597640-501
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a Plan name

b Name of plan sponsor	LIGHTSPEC, LLC	c EIN-PN	81-3241042-501
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a Plan name

b Name of plan sponsor	NATIONWIDE CIRCUITS INC.	c EIN-PN	16-1061135-501
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a Plan name

b Name of plan sponsor	PRECISION OPERATIONS LLC	c EIN-PN	84-4404928-501
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a Plan name

b Name of plan sponsor	SHAWNDRRA PRODUCTS, INC.	c EIN-PN	16-1182255-501
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a Plan name

b Name of plan sponsor	THE CICERO LAW FIRM LLP	c EIN-PN	47-5075663-501
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a Plan name

b Name of plan sponsor	VOLUNTEERS OF AMERICA OF WESTERN NEW YORK INC	c EIN-PN	16-6011713-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ANDERSON CENTER FOR AUTISM	c EIN-PN	14-1598279-501
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a Plan name

b Name of plan sponsor	BRIGHTON CAMPUS CHIROPRACTORS, LLC	c EIN-PN	32-0060930-501
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a Plan name

b Name of plan sponsor	CONSERVATION CONNECTS, LLC DBA CC ENVIRONMENT & PLANNING	c EIN-PN	27-1076196-501
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a Plan name

b Name of plan sponsor	EMPLOYMENT SCREENING SERVICES, LLC	c EIN-PN	20-0550143-501
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a Plan name

b Name of plan sponsor	GENESEE VALLEY REGIONAL MARKET AUTHORITY	c EIN-PN	16-6002938-501
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a Plan name

b Name of plan sponsor	INDIAN VALLEY INDUSTRIES, INC.	c EIN-PN	15-0616984-501
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a Plan name

b Name of plan sponsor	LILAND TRADE & RADIATOR SERVICE, INC.	c EIN-PN	16-1198801-501
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a Plan name

b Name of plan sponsor	NECO PETROLEUM, LLC	c EIN-PN	83-0457971-501
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a Plan name

b Name of plan sponsor	PRECISION PHOTO FAB INC DBA SWITZER	c EIN-PN	16-1312618-501
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a Plan name

b Name of plan sponsor	SHEL-BERN ASSOCIATES	c EIN-PN	11-2165890-501
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a Plan name

b Name of plan sponsor	THE CLARK FOUNDATION	c EIN-PN	13-5616578-501
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a Plan name

b Name of plan sponsor	VTC SPECIALTIES INC. DBA VISUAL TECHNOLOGIES	c EIN-PN	56-2357679-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ANIMAL FARM FOUNDATION, INC.	c EIN-PN	22-2386955-501
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a Plan name

b Name of plan sponsor	BRINSON MARINE GROUP LLC	c EIN-PN	20-5907534-501
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a Plan name

b Name of plan sponsor	CONSUMER CREDIT COUNSELING	c EIN-PN	16-0972260-501
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a Plan name

b Name of plan sponsor	EMS GROUP/MCMAHON AGENCY	c EIN-PN	16-0951079-501
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a Plan name

b Name of plan sponsor	GENESIS VISION INC.	c EIN-PN	20-3252152-501
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a Plan name

b Name of plan sponsor	INDUSTRIAL FURNACE COMPANY, INC.	c EIN-PN	16-1102499-501
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a Plan name

b Name of plan sponsor	LISTON MANUFACTURING INC.	c EIN-PN	16-0818167-501
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a Plan name

b Name of plan sponsor	NEIGHBORS OF WATERTOWN, INC.	c EIN-PN	23-7154645-501
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a Plan name

b Name of plan sponsor	PRECISIONMATICS CO, INC	c EIN-PN	16-0974357-501
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a Plan name

b Name of plan sponsor	SHERMAN FURNITURE, INC.	c EIN-PN	14-1466186-501
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a Plan name

b Name of plan sponsor	THE CLARK SPORTS CENTER	c EIN-PN	13-5616528-501
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a Plan name

b Name of plan sponsor	W.A. BAUM COMPANY, INC.	c EIN-PN	11-1695303-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ANJO CONSTRUCTION LTD.**c** EIN-PN 14-1545656-501**a** Plan name**b** Name of plan sponsor BROADSTONE EMPLOYEE SUB, LLC**c** EIN-PN 84-3832970-501**a** Plan name**b** Name of plan sponsor CONTACT COMMUNITY SERVICES INC**c** EIN-PN 16-0984299-501**a** Plan name**b** Name of plan sponsor EMS GROUP/STAHLKA AGENCY**c** EIN-PN 16-1458041-501**a** Plan name**b** Name of plan sponsor GENTILE'S, INC.**c** EIN-PN 14-1639363-501**a** Plan name**b** Name of plan sponsor INDUSTRIAL PRECISION PRODUCTS INC.**c** EIN-PN 15-0628031-501**a** Plan name**b** Name of plan sponsor LOCKPORT APOTHECARY LLC**c** EIN-PN 16-1556072-501**a** Plan name**b** Name of plan sponsor NETH & SON, INC.**c** EIN-PN 16-1010131-501**a** Plan name**b** Name of plan sponsor PREMIER GOURMET CORP.**c** EIN-PN 32-0355336-501**a** Plan name**b** Name of plan sponsor SHERMAN, SPERO, SAFARINO CO., CPAS, P.C.**c** EIN-PN 47-2401657-501**a** Plan name**b** Name of plan sponsor THE CORPORATION OF YADDO**c** EIN-PN 14-1343055-501**a** Plan name**b** Name of plan sponsor W.D. BACH EXCAVATING & CONSULTING, LLC**c** EIN-PN 22-3749632-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ANSEN CORPORATION	c EIN-PN	46-2806930-501
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a Plan name

b Name of plan sponsor	BROADWAY MARKETING	c EIN-PN	40-1433361-501
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a Plan name

b Name of plan sponsor	CONTINUUM PROFESSIONAL SERVICES, INC.	c EIN-PN	16-1551053-501
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a Plan name

b Name of plan sponsor	ENBI ROCHESTER, INC	c EIN-PN	16-1440044-501
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a Plan name

b Name of plan sponsor	GEOLOGIC NY, P.C.	c EIN-PN	16-1420642-501
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a Plan name

b Name of plan sponsor	INFORMATION PACKAGING CORPORATION	c EIN-PN	16-1239388-501
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a Plan name

b Name of plan sponsor	LOFINK MOTOR COMPANY INC.	c EIN-PN	15-0388690-501
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a Plan name

b Name of plan sponsor	NEW JUSTICE CONFLICT RESOLUTION SERVICES	c EIN-PN	22-2330747-501
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a Plan name

b Name of plan sponsor	PREMIER MEDICAL GROUP OF THE HUDSON VALLEY	c EIN-PN	14-1536357-501
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a Plan name

b Name of plan sponsor	SHIELD MFG. INC.	c EIN-PN	16-0709553-501
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a Plan name

b Name of plan sponsor	THE DALE ASSOCIATION, INC.	c EIN-PN	16-0863230-501
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a Plan name

b Name of plan sponsor	W.H. GREENE & ASSOCIATES, INC.	c EIN-PN	16-1292476-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ANTHONY OLIVA INC.	c EIN-PN	50-0620396-501
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a Plan name

b Name of plan sponsor	BRODA MACHINE COMPANY, INC.	c EIN-PN	16-0783562-501
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a Plan name

b Name of plan sponsor	CONTRACTORS SALES CO., INC.	c EIN-PN	14-0581495-501
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a Plan name

b Name of plan sponsor	ENCORE ELECTRONICS CORP.	c EIN-PN	41-2281355-501
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a Plan name

b Name of plan sponsor	GEORGE BRAUN OYSTER CO., INC.	c EIN-PN	11-2035535-501
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a Plan name

b Name of plan sponsor	INFORMATION SYSTEMS STAFFING, INC.	c EIN-PN	22-3070584-501
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a Plan name

b Name of plan sponsor	LOGICAL IMAGES, INC.	c EIN-PN	16-1447213-501
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a Plan name

b Name of plan sponsor	NEW MONARCH MACHINE TOOL, INC.	c EIN-PN	16-1580394-501
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a Plan name

b Name of plan sponsor	PRESENTATION CONCEPTS CORPORATION	c EIN-PN	16-1535373-501
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a Plan name

b Name of plan sponsor	SHIPMAN PRINTING INDUSTRIES INC.	c EIN-PN	16-1577557-501
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a Plan name

b Name of plan sponsor	THE DALEY GROUP INC	c EIN-PN	82-2941796-501
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a Plan name

b Name of plan sponsor	WAFMCS LLC	c EIN-PN	82-4309286-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	APOLLO OPTICAL SYSTEMS, INC.	c EIN-PN	61-1516086-501
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a Plan name

b Name of plan sponsor	BROOKS FACTORY DIRECT TRAILERS, LLC	c EIN-PN	82-2194644-501
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a Plan name

b Name of plan sponsor	CORBETT-STEEVES PATTERN WORKS	c EIN-PN	16-0952056-501
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a Plan name

b Name of plan sponsor	ENDGAME CPA'S, PLLC	c EIN-PN	93-3411471-501
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a Plan name

b Name of plan sponsor	GEORGE C MILLER BRICK COMPANY INCORPORATED	c EIN-PN	16-0804577-501
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a Plan name

b Name of plan sponsor	INNOVATIVE CONTRACTING SERVICES	c EIN-PN	27-4752781-501
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a Plan name

b Name of plan sponsor	LOGICAL NET CORPORATION	c EIN-PN	14-1775199-501
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a Plan name

b Name of plan sponsor	NEW YORK BUS SALES, LLC	c EIN-PN	27-0063570-501
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a Plan name

b Name of plan sponsor	PRESTIGE WINE CORP	c EIN-PN	61-1408166-501
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a Plan name

b Name of plan sponsor	SILICON CARBIDE PRODUCTS LLC	c EIN-PN	82-3526810-501
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a Plan name

b Name of plan sponsor	THE DAVID HOCHSTEIN MEMORIAL MUSIC SCHOOL	c EIN-PN	16-0768758-501
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a Plan name

b Name of plan sponsor	WAITE MOTOR SALES, INC.	c EIN-PN	15-0549685-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor APPEL OSBORNE LANDSCAPE ARCHITECT**c** EIN-PN 16-1198094-501**a** Plan name**b** Name of plan sponsor BROOME COUNTY COUNCIL OF CHURCHES, INC.**c** EIN-PN 15-0547374-501**a** Plan name**b** Name of plan sponsor CORDELLE DEVELOPMENT CORP.**c** EIN-PN 16-0927198-501**a** Plan name**b** Name of plan sponsor ENDICOTT HENRY JEWELRY CORP.**c** EIN-PN 16-1423024-501**a** Plan name**b** Name of plan sponsor GEORGE EASTMAN MUSEUM**c** EIN-PN 16-0743991-501**a** Plan name**b** Name of plan sponsor INSTALLATIONS UNLIMITED OF C.N.Y., INC.**c** EIN-PN 16-1357193-501**a** Plan name**b** Name of plan sponsor LONG ISLAND POWER AUTHORITY**c** EIN-PN 11-2879306-501**a** Plan name**b** Name of plan sponsor NEW YORK FARM BUREAU**c** EIN-PN 15-0539109-501**a** Plan name**b** Name of plan sponsor PRE-TRIAL SERVICES CORP OF MONROE CO. BAR**c** EIN-PN 16-0976225-501**a** Plan name**b** Name of plan sponsor SILVER DOLLAR OPTICAL CORPORATION**c** EIN-PN 26-1508799-501**a** Plan name**b** Name of plan sponsor THE FELTNER GROUP**c** EIN-PN 16-1344671-501**a** Plan name**b** Name of plan sponsor WALDEN SAVINGS BANK**c** EIN-PN 14-1155830-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor APPLERIDGE RESIDENCIES, LLC**c** EIN-PN 27-2231764-501**a** Plan name**b** Name of plan sponsor BROTHERS REALTY**c** EIN-PN 16-0955767-501**a** Plan name**b** Name of plan sponsor CORE CLIMATE SYSTEMS LLC**c** EIN-PN 27-0543960-501**a** Plan name**b** Name of plan sponsor ENDICOTT PRECISION, INC.**c** EIN-PN 16-0964323-501**a** Plan name**b** Name of plan sponsor GEORGE M. CARROLL INC.**c** EIN-PN 14-1515864-501**a** Plan name**b** Name of plan sponsor INSTANT DELIVERY, INC.**c** EIN-PN 16-0962004-501**a** Plan name**b** Name of plan sponsor LOVELL SAFETY MANAGEMENT CO., LLC**c** EIN-PN 30-2682163-501**a** Plan name**b** Name of plan sponsor NEW YORK POWER AUTHORITY**c** EIN-PN 13-1850882-501**a** Plan name**b** Name of plan sponsor PRIDE PLUMBING SERVICES, INC.**c** EIN-PN 46-5377566-501**a** Plan name**b** Name of plan sponsor SILVER FOX SENIOR SOCIAL CLUB**c** EIN-PN 20-8670847-501**a** Plan name**b** Name of plan sponsor THE FORT MILLER GROUP, INC.**c** EIN-PN 14-1459087-501**a** Plan name**b** Name of plan sponsor WALKER BUSINESS & STAFFING SERVICES, INC.**c** EIN-PN 16-1512685-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	APPLIANCE ASSOCIATES OF BUFFALO	c EIN-PN	16-1237335-501
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a Plan name

b Name of plan sponsor	BRYLIN HOSPITALS INC.	c EIN-PN	16-1163586-501
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a Plan name

b Name of plan sponsor	CORNELL POCHILY INVESTMENT ADVISORS, INC.	c EIN-PN	26-1694165-501
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a Plan name

b Name of plan sponsor	ENDICOTT RESEARCH GROUP	c EIN-PN	16-1130471-501
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a Plan name

b Name of plan sponsor	GEORGE WILCOX CO. INC.	c EIN-PN	16-0918347-501
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a Plan name

b Name of plan sponsor	INSURANCE CONSULTANTS OF ROCHESTER INC.	c EIN-PN	16-1584232-501
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a Plan name

b Name of plan sponsor	LOWVILLE FARMERS' CO-OPERATIVE, INC.	c EIN-PN	15-0371100-501
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a Plan name

b Name of plan sponsor	NEW YORK STATE INDUSTRIES FOR THE DISABLED, INC.	c EIN-PN	13-2841179-501
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a Plan name

b Name of plan sponsor	PRIME WINE CORP	c EIN-PN	16-0959760-501
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a Plan name

b Name of plan sponsor	SILVERNAIL ENGINEERING, PLLC.	c EIN-PN	81-3307908-501
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a Plan name

b Name of plan sponsor	THE GINGERBREAD HOUSE PRESCHOOL AND CHILDCARE	c EIN-PN	16-1285001-501
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a Plan name

b Name of plan sponsor	WALLDROFF FARM EQUIPMENT, INC.	c EIN-PN	16-1037694-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor APPLIED AUDIO**c** EIN-PN 16-1013016-501**a** Plan name**b** Name of plan sponsor BUCKINGHAM PROPERTIES, LLC**c** EIN-PN 16-1045960-501**a** Plan name**b** Name of plan sponsor CORNERSTONE EYE ASSOCIATES**c** EIN-PN 16-1440963-501**a** Plan name**b** Name of plan sponsor ENDODONTIC SPECIALISTS, P.C.**c** EIN-PN 16-1151849-501**a** Plan name**b** Name of plan sponsor GEOWEB3D, INC.**c** EIN-PN 26-3002277-501**a** Plan name**b** Name of plan sponsor INTELLASTAR, LLC**c** EIN-PN 61-1735482-501**a** Plan name**b** Name of plan sponsor LOWVILLE PRODUCERS DAIRY COOPERATIVE**c** EIN-PN 15-0371135-501**a** Plan name**b** Name of plan sponsor NEW YORK STATE MOTOR TRUCK ASSOCIATION, INC.**c** EIN-PN 13-2605838-501**a** Plan name**b** Name of plan sponsor PROFESSIONAL BENEFITS MANAGEMENT**c** EIN-PN 81-5055717-501**a** Plan name**b** Name of plan sponsor SIMPORE, INC.**c** EIN-PN 20-8219774-501**a** Plan name**b** Name of plan sponsor THE GORMAN GROUP, LLC**c** EIN-PN 14-0704840-501**a** Plan name**b** Name of plan sponsor WALSH DUFFIELD COMPANIES, INC.**c** EIN-PN 16-0413770-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AQUA SCIENCES INC.	c EIN-PN	16-1272033-501
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a Plan name

b Name of plan sponsor	BUCKLEY ROAD PEDIATRICS, PLLC	c EIN-PN	81-1822492-501
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a Plan name

b Name of plan sponsor	CORNERSTONE TREATMENT FACILITIES	c EIN-PN	13-1030650-501
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a Plan name

b Name of plan sponsor	ENDWELL RUG CO., INC.	c EIN-PN	15-0300894-501
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a Plan name

b Name of plan sponsor	GER-AM PROPERTIES, INC.	c EIN-PN	14-1631087-501
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a Plan name

b Name of plan sponsor	INTERNATIONAL DATA LINK, INC.	c EIN-PN	90-0840821-501
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a Plan name

b Name of plan sponsor	LSI SOLUTIONS, INC	c EIN-PN	16-1300434-501
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a Plan name

b Name of plan sponsor	NEWGEN LOGISTICS LLC	c EIN-PN	87-2713226-501
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a Plan name

b Name of plan sponsor	PROJECTS TO EMPOWER AND ORGANIZE THE PSYCHIATRICALY LABELED, INC.	c EIN-PN	14-1737675-501
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a Plan name

b Name of plan sponsor	SIMUTECH GROUP, INC.	c EIN-PN	16-1578599-501
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a Plan name

b Name of plan sponsor	THE GOW SCHOOL	c EIN-PN	16-1034793-501
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a Plan name

b Name of plan sponsor	WALTER J. KENT, INC.	c EIN-PN	56-2289950-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ARDENT LEARNING INC.	c EIN-PN	16-1428101-501
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a Plan name

b Name of plan sponsor	BUFFALO & FORT ERIE PUBLIC BRIDGE AUTHORITY	c EIN-PN	16-6000161-501
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a Plan name

b Name of plan sponsor	CORTLAND COUNTY CHAMBER OF COMMERCE	c EIN-PN	15-0278960-501
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a Plan name

b Name of plan sponsor	ENERCON SYSTEMS INC.	c EIN-PN	81-2733414-501
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a Plan name

b Name of plan sponsor	GERNATT ASPHALT PRODUCTS, INC.	c EIN-PN	16-0847121-501
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a Plan name

b Name of plan sponsor	IRON HORSE TAX AND ACCOUNTING INC DBA TIM WEWER, EA, ABA	c EIN-PN	84-3985377-501
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a Plan name

b Name of plan sponsor	LU ENGINEERS	c EIN-PN	16-1174578-501
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a Plan name

b Name of plan sponsor	NEWMAN & LICKSTEIN	c EIN-PN	16-1255342-501
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a Plan name

b Name of plan sponsor	PROVISICS	c EIN-PN	27-5248429-501
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a Plan name

b Name of plan sponsor	SIRNESS SERVICES, INC.	c EIN-PN	16-1129429-501
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a Plan name

b Name of plan sponsor	THE GUYSON CORPORATION OF THE U.S.A.	c EIN-PN	14-1569786-501
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a Plan name

b Name of plan sponsor	WALTER R. TUCKER/EZ RED COMPANY	c EIN-PN	16-1011585-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ARDENT LEARNING, INC.	c EIN-PN	16-1428102-501
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a Plan name

b Name of plan sponsor	BUFFALO CIVIC AUTO RAMPS INC	c EIN-PN	02-0738159-501
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a Plan name

b Name of plan sponsor	CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC	c EIN-PN	16-1004653-501
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a Plan name

b Name of plan sponsor	ENGINEERED COMPOSITES, INC.	c EIN-PN	16-1451603-501
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a Plan name

b Name of plan sponsor	GEVA THEATRE CENTER	c EIN-PN	23-7202290-501
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a Plan name

b Name of plan sponsor	ISLAND HEALTH & FITNESS LLC	c EIN-PN	20-3036206-501
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a Plan name

b Name of plan sponsor	LUCIDEON M & P	c EIN-PN	14-1687292-501
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a Plan name

b Name of plan sponsor	NEXT GENERATION SOLAR LLC	c EIN-PN	82-4146427-501
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a Plan name

b Name of plan sponsor	PULASKI MEDICAL URGENT CARE PC	c EIN-PN	81-1171122-501
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a Plan name

b Name of plan sponsor	SIRNESS VENDING SERVICES	c EIN-PN	16-1343506-501
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a Plan name

b Name of plan sponsor	THE HARLEY SCHOOL	c EIN-PN	16-0755783-501
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a Plan name

b Name of plan sponsor	WARREN FANE TRUCKING, INC.	c EIN-PN	14-1718729-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ARGUS TRANSPORT USA**c** EIN-PN 87-0928386-501**a** Plan name**b** Name of plan sponsor BUFFALO NAVAL PARK COMMITTEE, INC.**c** EIN-PN 16-1133535-501**a** Plan name**b** Name of plan sponsor COTTRILL'S PHARMACY, INC.**c** EIN-PN 16-0913427-501**a** Plan name**b** Name of plan sponsor ENGLISH ROAD PEDIATRICS AND ADOLESCENT MEDICINE, LLC**c** EIN-PN 20-1896861-501**a** Plan name**b** Name of plan sponsor GEVA THEATRE CENTER**c** EIN-PN 23-7202906-501**a** Plan name**b** Name of plan sponsor ITHACA ALPHA HOUSE D/B/A CAYUGA ADDICTION**c** EIN-PN 16-0991369-501**a** Plan name**b** Name of plan sponsor LUCKY 7 CONSTRUCTION GROUP, LLC**c** EIN-PN 88-2108370-501**a** Plan name**b** Name of plan sponsor NIAGARA COOLER, INC.**c** EIN-PN 16-1286510-501**a** Plan name**b** Name of plan sponsor PULLANO, MASTRELLA & LAMB, INC**c** EIN-PN 11-3455196-501**a** Plan name**b** Name of plan sponsor SIUBHAN K BONGIOVANNI DVM PC**c** EIN-PN 33-1042559-501**a** Plan name**b** Name of plan sponsor THE HARVA COMPANY INC.**c** EIN-PN 14-1744688-501**a** Plan name**b** Name of plan sponsor WARREN M. GILDERSLEEVE, INC.**c** EIN-PN 14-0693430-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ARMSTRONG MOLD CORP.**c** EIN-PN 16-0959112-501**a** Plan name**b** Name of plan sponsor BUFFALO PLACE INC.**c** EIN-PN 23-7363788-501**a** Plan name**b** Name of plan sponsor COUCH WHITE LLP**c** EIN-PN 14-1709118-501**a** Plan name**b** Name of plan sponsor EPC, LLC**c** EIN-PN 20-1510475-501**a** Plan name**b** Name of plan sponsor GIAMBRONE'S APPLIANCE SALES INC**c** EIN-PN 16-0870952-501**a** Plan name**b** Name of plan sponsor ITHACA NEIGHBORHOOD HOUSING SERVICES**c** EIN-PN 22-2141948-501**a** Plan name**b** Name of plan sponsor LUMINITE PRODUCTS CORP.**c** EIN-PN 16-0532390-501**a** Plan name**b** Name of plan sponsor NIAGARA FALLS COACH LINES, INC.**c** EIN-PN 60-0920222-501**a** Plan name**b** Name of plan sponsor PULLMAN MANUFACTURING CORPORATION**c** EIN-PN 16-0596880-501**a** Plan name**b** Name of plan sponsor SKANEATELES JEWELRY, INC.**c** EIN-PN 16-1278696-501**a** Plan name**b** Name of plan sponsor THE LINKS CLUB, INC.**c** EIN-PN 13-5679670-501**a** Plan name**b** Name of plan sponsor WARREN W. FANE, INC.**c** EIN-PN 14-1663427-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ARNOFF MOVING & STORAGE INC.**c** EIN-PN 06-0803705-501**a** Plan name**b** Name of plan sponsor BUFFALO SEWER AUTHORITY**c** EIN-PN 22-3136963-501**a** Plan name**b** Name of plan sponsor COUGHLIN & GERHART, LLP**c** EIN-PN 15-0521967-501**a** Plan name**b** Name of plan sponsor EQUIPMENT RENTALS, INC.**c** EIN-PN 16-1235312-501**a** Plan name**b** Name of plan sponsor GIDEON STONE DESIGN BUILD LLC DBA TRADE DESIGN BUILD DPC**c** EIN-PN 47-2789378-501**a** Plan name**b** Name of plan sponsor IZYK LANDSCAPING**c** EIN-PN 81-3924061-501**a** Plan name**b** Name of plan sponsor LYNN D'ELIA TEMES & STANCZYK**c** EIN-PN 46-4811234-501**a** Plan name**b** Name of plan sponsor NIAGARA FALLS COUNTRY CLUB**c** EIN-PN 16-0569900-501**a** Plan name**b** Name of plan sponsor PURPLEWIRE, LLC**c** EIN-PN 22-3755668-501**a** Plan name**b** Name of plan sponsor SKY COMMUNICATIONS INC./SKY TESTING INC.**c** EIN-PN 16-1599397-501**a** Plan name**b** Name of plan sponsor THE MARRONE LAW FIRM PC**c** EIN-PN 42-2588679-501**a** Plan name**b** Name of plan sponsor WASHINGTON STREET MANAGEMENT, LLC.**c** EIN-PN 47-1734609-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [ARNOLD J. HODES & CO.,CPA](#)**c** EIN-PN [20-0500257-501](#)**a** Plan name**b** Name of plan sponsor [BUFFALO URBAN LEAGUE](#)**c** EIN-PN [16-0743940-501](#)**a** Plan name**b** Name of plan sponsor [COUNCIL ON ALCOHOL & SUBSTANCE ABUSE OF LIVINGSTON COUNTY INC.](#)**c** EIN-PN [16-1039939-501](#)**a** Plan name**b** Name of plan sponsor [ERIE COUNTY S.P.C.A.](#)**c** EIN-PN [16-0425315-501](#)**a** Plan name**b** Name of plan sponsor [GIROUX ORCHARDS, LLC](#)**c** EIN-PN [14-1538842-501](#)**a** Plan name**b** Name of plan sponsor [J & B INSTALLATIONS, INC.](#)**c** EIN-PN [16-1160437-501](#)**a** Plan name**b** Name of plan sponsor [M.L. CACCAMISE ELECTRIC CORP.](#)**c** EIN-PN [16-1469532-501](#)**a** Plan name**b** Name of plan sponsor [NIAGARA FRONTIER TRANSPORTATION AUTHORITY](#)**c** EIN-PN [16-6008834-501](#)**a** Plan name**b** Name of plan sponsor [PUTNAM COUNTY NATIONAL BANK](#)**c** EIN-PN [14-0984850-501](#)**a** Plan name**b** Name of plan sponsor [SKYLIGHT SIGNS, INC.](#)**c** EIN-PN [14-1882137-501](#)**a** Plan name**b** Name of plan sponsor [THE MJA COMPANY](#)**c** EIN-PN [16-1328418-501](#)**a** Plan name**b** Name of plan sponsor [WATERLOO CONTAINERS INC.](#)**c** EIN-PN [15-0621182-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ARNOT MANAGEMENT CORPORATION**c** EIN-PN 85-3814210-501**a** Plan name**b** Name of plan sponsor BUFFALO WIRE WORKS**c** EIN-PN 16-0368730-501**a** Plan name**b** Name of plan sponsor COUNTRY CLUB ACRES, INC.**c** EIN-PN 40-1420781-501**a** Plan name**b** Name of plan sponsor ERIE MECHANICAL CONTRACTORS INC.**c** EIN-PN 16-1314237-501**a** Plan name**b** Name of plan sponsor GJV ENTERPRISES**c** EIN-PN 16-1553767-501**a** Plan name**b** Name of plan sponsor J & J LOG AND LUMBER CORP.**c** EIN-PN 14-1503726-501**a** Plan name**b** Name of plan sponsor MACHINE TOOL RESEARCH, INC.**c** EIN-PN 16-1225458-501**a** Plan name**b** Name of plan sponsor NIAGARA NATIONAL INC.**c** EIN-PN 16-0763917-501**a** Plan name**b** Name of plan sponsor QES SOLUTIONS INC.**c** EIN-PN 16-1556056-501**a** Plan name**b** Name of plan sponsor SLACK CHEMICAL CO., INC.**c** EIN-PN 15-0503203-501**a** Plan name**b** Name of plan sponsor THE MOORE INSURANCE AGENCY INC.**c** EIN-PN 14-1769942-501**a** Plan name**b** Name of plan sponsor WATERTOWN FAMILY YMCA**c** EIN-PN 15-0559207-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ARTHRITIS HEALTH ASSOCIATES PLLC	c EIN-PN	16-1546453-501
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a Plan name

b Name of plan sponsor	BURD HOME HEALTH LLC	c EIN-PN	82-1010992-501
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a Plan name

b Name of plan sponsor	COUNTRYSIDE BUILDERS	c EIN-PN	47-2251304-501
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a Plan name

b Name of plan sponsor	ERNSTROM & DRESTE LLP	c EIN-PN	16-1420616-501
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a Plan name

b Name of plan sponsor	GLENS FALLS INTERWEB, INC.	c EIN-PN	14-1797853-501
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a Plan name

b Name of plan sponsor	J & K PLUMBING AND HEATING CO., INC.	c EIN-PN	15-0582234-501
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a Plan name

b Name of plan sponsor	MACHNICK BUILDERS	c EIN-PN	14-1507591-501
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a Plan name

b Name of plan sponsor	NICHOLAS INC.	c EIN-PN	14-1487543-501
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a Plan name

b Name of plan sponsor	QPK DESIGN	c EIN-PN	15-0618183-501
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a Plan name

b Name of plan sponsor	SLEVIN & ASSOCIATES PLLC	c EIN-PN	87-4701762-501
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a Plan name

b Name of plan sponsor	THE MYTEE AUTOMOTIVE SERVICE, INC.	c EIN-PN	16-0819732-501
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a Plan name

b Name of plan sponsor	WATERTOWN HOUSING AUTHORITY	c EIN-PN	15-0550210-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ARTHUR M. SACKLER FOUNDATION	c EIN-PN	52-1074954-501
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a Plan name

b Name of plan sponsor	BUSHNELLS BASIN VETERINARY CLINIC PC	c EIN-PN	47-1023126-501
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a Plan name

b Name of plan sponsor	COVE RISK SERVICES, LLC	c EIN-PN	45-3417122-501
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a Plan name

b Name of plan sponsor	ERWAY AMBULANCE SERVICE, INC.	c EIN-PN	16-0924141-501
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a Plan name

b Name of plan sponsor	GLIDER OIL COMPANY, INC.	c EIN-PN	15-0527618-501
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a Plan name

b Name of plan sponsor	J STEELE ENTERPRISE	c EIN-PN	45-2382487-501
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a Plan name

b Name of plan sponsor	MACK STUDIOS, INC.	c EIN-PN	16-1188911-501
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a Plan name

b Name of plan sponsor	NIEDAX MONOSYSTEMS, INC.	c EIN-PN	85-3786407-501
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a Plan name

b Name of plan sponsor	QUACKENBUSH CO.	c EIN-PN	16-0739130-501
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a Plan name

b Name of plan sponsor	SLIC NETWORK SOLUTIONS, INC	c EIN-PN	14-1807447-501
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a Plan name

b Name of plan sponsor	THE OTESAGA HOTEL	c EIN-PN	13-5555342-501
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a Plan name

b Name of plan sponsor	WATERTOWN INTERNISTS PC	c EIN-PN	16-1445819-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ASA ACQUISITIONS, INC.	c EIN-PN	20-8620888-501
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a Plan name

b Name of plan sponsor	BUSINESS MACHINES & EQUIPMENT	c EIN-PN	16-1582755-501
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a Plan name

b Name of plan sponsor	COVENANT HOUSE	c EIN-PN	13-2725416-501
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a Plan name

b Name of plan sponsor	ESCRO TRANSPORT, LTD	c EIN-PN	16-0838037-501
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a Plan name

b Name of plan sponsor	GLI-DEX SALES CORP.	c EIN-PN	16-1173134-501
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a Plan name

b Name of plan sponsor	J&J SHEET METAL LLC	c EIN-PN	88-2740386-501
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a Plan name

b Name of plan sponsor	MACVEAN, LEWIS, SHERWIN, MCDERMOTT, P.C.	c EIN-PN	14-1589169-501
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a Plan name

b Name of plan sponsor	NOCO ENERGY CORP	c EIN-PN	16-0727383-501
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a Plan name

b Name of plan sponsor	QUANTERION SOLUTIONS, INC.	c EIN-PN	16-1579942-501
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a Plan name

b Name of plan sponsor	SMOKIN JOES	c EIN-PN	16-1316822-501
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a Plan name

b Name of plan sponsor	THE POMPEY CLUB	c EIN-PN	16-1205965-501
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a Plan name

b Name of plan sponsor	WATERTOWN SAVINGS BANK	c EIN-PN	15-0486160-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ASHFORD MANAGEMENT GROUP, INC.	c EIN-PN	16-1319462-501
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a Plan name

b Name of plan sponsor	BUTLER DISPOSAL SYSTEMS INC.	c EIN-PN	46-0873257-501
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a Plan name

b Name of plan sponsor	COVERCO, INC.	c EIN-PN	16-1011735-501
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a Plan name

b Name of plan sponsor	EUGENIO MARIA DE HOSTOS CHARTER SCHOOL	c EIN-PN	16-1588384-501
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a Plan name

b Name of plan sponsor	GLISSON'S AUTOMOTIVE	c EIN-PN	16-1017155-501
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a Plan name

b Name of plan sponsor	J. GRIPPE INDUSTRIAL SUPPLY	c EIN-PN	16-0902839-501
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a Plan name

b Name of plan sponsor	MAGGIO LANDSCAPING INC.	c EIN-PN	16-1413276-501
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a Plan name

b Name of plan sponsor	NORTH AMERICAN FLIGHT SERVICES, INC.	c EIN-PN	14-1821451-501
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a Plan name

b Name of plan sponsor	QUERMBACK ELECTRIC, INC.	c EIN-PN	16-0598830-501
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a Plan name

b Name of plan sponsor	SOLID SEALING TECHNOLOGY, INC.	c EIN-PN	20-0539521-501
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a Plan name

b Name of plan sponsor	THE PRENTICE GROUP OF NY INC.	c EIN-PN	46-4007932-501
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a Plan name

b Name of plan sponsor	WATERTOWN URBAN MISSION	c EIN-PN	16-0957201-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ASHLEY MCGRAW ARCHITECTS, D.P.C.	c EIN-PN	16-1541878-501
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a Plan name

b Name of plan sponsor	C.P. COMMUNICATIONS, INC.	c EIN-PN	13-3276835-501
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a Plan name

b Name of plan sponsor	COWLEY ASSOCIATES, INC.	c EIN-PN	16-1102730-501
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a Plan name

b Name of plan sponsor	EVANS FOX, LLP	c EIN-PN	16-1559260-501
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a Plan name

b Name of plan sponsor	GOETZMANN & ASSOCIATES LLC	c EIN-PN	26-0132114-501
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a Plan name

b Name of plan sponsor	J. W. BURNS & CO., INC.	c EIN-PN	22-2134760-501
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a Plan name

b Name of plan sponsor	MAGNETIC DIAGNOSTIC RESOURCES OF CNY, LLP	c EIN-PN	16-1338890-501
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a Plan name

b Name of plan sponsor	NORTH COUNTRY COLOCATION SERVICES	c EIN-PN	82-5197368-501
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a Plan name

b Name of plan sponsor	QUICK CUT GASKET & RUBBER CORP.	c EIN-PN	16-0989515-501
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a Plan name

b Name of plan sponsor	SOLSTICE RESIDENTIAL GROUP, LLC	c EIN-PN	13-2547859-501
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a Plan name

b Name of plan sponsor	THE SOURCE	c EIN-PN	16-1158906-501
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a Plan name

b Name of plan sponsor	WAYFARE SPORTS FLOORS	c EIN-PN	85-0620746-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ASPIRE OF WESTERN NEW YORK, INC.	c EIN-PN	16-0757756-501
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a Plan name

b Name of plan sponsor	CALDWELL BENNETT INC.	c EIN-PN	16-1193599-501
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a Plan name

b Name of plan sponsor	CRADLE BEACH, INC.	c EIN-PN	16-0743025-501
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a Plan name

b Name of plan sponsor	EVERGREEN MANUFACTURING OF CENTRAL NEW YORK	c EIN-PN	16-1352048-501
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a Plan name

b Name of plan sponsor	GOLDEN SUN BUS SERVICE, INC.	c EIN-PN	16-1072017-501
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a Plan name

b Name of plan sponsor	J.C. SMITH, INC.	c EIN-PN	16-1065375-501
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a Plan name

b Name of plan sponsor	MAGTROL INC.	c EIN-PN	16-0779417-501
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a Plan name

b Name of plan sponsor	NORTH COUNTRY COMMUNITY COLLEGE	c EIN-PN	14-1497536-501
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a Plan name

b Name of plan sponsor	R. DESO, INC.	c EIN-PN	14-1500874-501
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a Plan name

b Name of plan sponsor	SOLVAY SUPER SAVER	c EIN-PN	80-0762365-501
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a Plan name

b Name of plan sponsor	THE TENNIS CLUB OF ROCHESTER	c EIN-PN	16-0695322-501
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a Plan name

b Name of plan sponsor	WAYNE COOPERATIVE INSURANCE CO.	c EIN-PN	15-0306780-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ASSIGNR, LLC**c** EIN-PN 30-1201375-501**a** Plan name**b** Name of plan sponsor CALIX CERAMIC SOLUTIONS, LLC.**c** EIN-PN 45-4737466-501**a** Plan name**b** Name of plan sponsor CRAFTECH INDUSTRIES, INC.**c** EIN-PN 14-1538867-501**a** Plan name**b** Name of plan sponsor EVERSAN, INC.**c** EIN-PN 16-1525077-501**a** Plan name**b** Name of plan sponsor GOMEZ AND SULLIVAN ENGINEERS, D. P. C**c** EIN-PN 16-1432280-501**a** Plan name**b** Name of plan sponsor J.E. MILLER, INC.**c** EIN-PN 16-1066968-501**a** Plan name**b** Name of plan sponsor MAID OF THE MIST CORPORATION**c** EIN-PN 16-0535345-501**a** Plan name**b** Name of plan sponsor NORTH COUNTRY FAMILY HEALTH CENTER**c** EIN-PN 16-1030802-501**a** Plan name**b** Name of plan sponsor R. J. WILLIAMS, INC.**c** EIN-PN 16-0978663-501**a** Plan name**b** Name of plan sponsor SOMMER ASSOCIATES, LLC**c** EIN-PN 13-3096751-501**a** Plan name**b** Name of plan sponsor THE TREE DOCTOR**c** EIN-PN 16-1426996-501**a** Plan name**b** Name of plan sponsor WEBSTER BIBLE CHURCH**c** EIN-PN 16-0991357-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ASSOCIATED GENERAL CONTRACTORS**c** EIN-PN 14-1313641-501**a** Plan name**b** Name of plan sponsor CALLANDER'S NURSERY, INC.**c** EIN-PN 16-1124166-501**a** Plan name**b** Name of plan sponsor CRAWFORD & ASSOCIATES**c** EIN-PN 14-1828490-501**a** Plan name**b** Name of plan sponsor EVOLVOPTIC**c** EIN-PN 16-1044227-501**a** Plan name**b** Name of plan sponsor GOOD GOLLY'S**c** EIN-PN 01-0561475-501**a** Plan name**b** Name of plan sponsor J.N. WHITE ASSOCIATES, INC.**c** EIN-PN 16-1068988-501**a** Plan name**b** Name of plan sponsor MAIELLA ASSOCIATES, INC.**c** EIN-PN 11-2573977-501**a** Plan name**b** Name of plan sponsor NORTH COUNTRY LIFE FLIGHT INC.**c** EIN-PN 14-1726113-501**a** Plan name**b** Name of plan sponsor R.B. WOODCRAFT, INC.**c** EIN-PN 30-0014693-501**a** Plan name**b** Name of plan sponsor SONNET SOFTWARE, INC**c** EIN-PN 16-1351404-501**a** Plan name**b** Name of plan sponsor THE TULLY HILL CORPORATION**c** EIN-PN 16-1351562-501**a** Plan name**b** Name of plan sponsor WEBSTER MEDICAL GROUP INCORPORATED**c** EIN-PN 16-1362056-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ASSOCIATES FOR WOMEN'S MEDICINE, PLLC	c EIN-PN	16-1557091-501
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a Plan name

b Name of plan sponsor	CAMBRIDGE STREET ASSET MANAGEMENT LLC	c EIN-PN	80-0851599-501
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a Plan name

b Name of plan sponsor	CREG SYSTEMS CORP.	c EIN-PN	16-1077011-501
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a Plan name

b Name of plan sponsor	EXCELSUS SOLUTIONS LLC	c EIN-PN	20-2151393-501
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a Plan name

b Name of plan sponsor	GOUVERNEUR SAVINGS AND LOAN	c EIN-PN	15-0321200-501
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a Plan name

b Name of plan sponsor	J.T. MAURO COMPANY, INC.	c EIN-PN	16-1040853-501
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a Plan name

b Name of plan sponsor	MAJESTIC MOLD & TOOL, INC	c EIN-PN	16-1248984-501
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a Plan name

b Name of plan sponsor	NORTH COUNTRY SAVINGS BANK	c EIN-PN	15-0436610-501
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a Plan name

b Name of plan sponsor	R.J. MURRAY COMPANY	c EIN-PN	14-0908743-501
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a Plan name

b Name of plan sponsor	SOPHITEC	c EIN-PN	16-1471500-501
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a Plan name

b Name of plan sponsor	THE WLADIS LAW FIRM, P.C.	c EIN-PN	20-0940870-501
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a Plan name

b Name of plan sponsor	WEGERSKI LAW FIRM	c EIN-PN	16-1228915-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ASSOCIATES OF GLENS FALLS, INC.	c EIN-PN	14-1497922-501
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a Plan name

b Name of plan sponsor	CAMP DUDLEY, INC.	c EIN-PN	14-1504974-501
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a Plan name

b Name of plan sponsor	CRICKLER VENDING COMPANY	c EIN-PN	46-5286762-501
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a Plan name

b Name of plan sponsor	EYE CONSULTANTS OF SYRACUSE, PC	c EIN-PN	16-0988563-501
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a Plan name

b Name of plan sponsor	GOUVERNEUR VOLUNTEER RESCUE SQUAD	c EIN-PN	16-1193616-501
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a Plan name

b Name of plan sponsor	J-20 CORPORATION	c EIN-PN	16-1366702-501
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a Plan name

b Name of plan sponsor	MAKE-A-WISH FOUNDATION OF NORTHEAST NY	c EIN-PN	14-1703503-501
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a Plan name

b Name of plan sponsor	NORTH COUNTRY TRANSITIONAL LIVING SERVICES, INC.	c EIN-PN	16-1104065-501
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a Plan name

b Name of plan sponsor	R.J. SHAW, INC.	c EIN-PN	16-1117594-501
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a Plan name

b Name of plan sponsor	SOUTH SHORE REHABILITATION AND NURSING CENTER	c EIN-PN	11-2527597-501
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a Plan name

b Name of plan sponsor	THE YWCA OF WESTERN NEW YORK, INC.	c EIN-PN	16-0743243-501
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a Plan name

b Name of plan sponsor	WEITSMAN SHREDDING LLC	c EIN-PN	27-3814705-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ASSOCIATION FOR VISION REHAB & EMPLOYMENT**c** EIN-PN 15-0532059-501**a** Plan name**b** Name of plan sponsor CAMPUS AUXILIARY SERVICES OF NEW PALTZ, INC.**c** EIN-PN 14-1380310-501**a** Plan name**b** Name of plan sponsor CRITICAL LINK, LLC**c** EIN-PN 16-1534393-501**a** Plan name**b** Name of plan sponsor EYE SURGEONS OF CNY, P.C.**c** EIN-PN 16-0992485-501**a** Plan name**b** Name of plan sponsor GRANDEVILLE SENIOR LIVING COMMUNITY LLC**c** EIN-PN 16-1033260-501**a** Plan name**b** Name of plan sponsor JAB USA, INC.**c** EIN-PN 13-3121975-501**a** Plan name**b** Name of plan sponsor MANN'S JEWELERS INC.**c** EIN-PN 16-0868746-501**a** Plan name**b** Name of plan sponsor NORTH END MANAGEMENT INC D/B/A ON A ROLL DELI**c** EIN-PN 20-3971561-501**a** Plan name**b** Name of plan sponsor R.P.S. HOLDINGS INC.**c** EIN-PN 16-1472085-501**a** Plan name**b** Name of plan sponsor SOUTHERN TIER FABRICATORS**c** EIN-PN 16-1183828-501**a** Plan name**b** Name of plan sponsor THE ZELLER GROUP**c** EIN-PN 20-0867511-501**a** Plan name**b** Name of plan sponsor WELDON & TRIMPER LAW FIRM**c** EIN-PN 22-3694698-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ASTOR SERVICES FOR CHILDREN AND FAMILIES	c EIN-PN	14-1397918-501
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a Plan name

b Name of plan sponsor	CAM'S PIZZERIA	c EIN-PN	01-0848551-501
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a Plan name

b Name of plan sponsor	CROSMAN CORPORATION	c EIN-PN	22-3057382-501
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a Plan name

b Name of plan sponsor	EZ STAK LLC	c EIN-PN	30-0829906-501
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a Plan name

b Name of plan sponsor	GRANDVIEW ESTATES VETERINARY, PC	c EIN-PN	46-3764640-501
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a Plan name

b Name of plan sponsor	JACOBS & FORWARD	c EIN-PN	16-1059622-501
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a Plan name

b Name of plan sponsor	MANUFACTURERS ASSOCIATION OF CENTRAL NEW YORK	c EIN-PN	15-0375650-501
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a Plan name

b Name of plan sponsor	NORTH POINT TECHNOLOGY, LLC.	c EIN-PN	06-1644513-501
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a Plan name

b Name of plan sponsor	RACANELLI REALTY SERVICES INC.	c EIN-PN	11-3221779-501
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a Plan name

b Name of plan sponsor	SOUTHERN TIER INSULATIONS	c EIN-PN	16-1102760-501
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a Plan name

b Name of plan sponsor	THEODORE LAVIGNA INSURANCE AGENCY INC.	c EIN-PN	14-1592516-501
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a Plan name

b Name of plan sponsor	WELLESLEY ISLAND BUILDING SUPPLY, INC.	c EIN-PN	06-1140141-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AT HOME CARE, INC.**c** EIN-PN 16-1287069-501**a** Plan name**b** Name of plan sponsor CANASTOTA NC CORP.**c** EIN-PN 16-0991998-501**a** Plan name**b** Name of plan sponsor CROSMAN SEED CORP.**c** EIN-PN 16-0396840-501**a** Plan name**b** Name of plan sponsor F.J. POMPO CO.**c** EIN-PN 16-1385093-501**a** Plan name**b** Name of plan sponsor GRANITE & MARBLE WORKS, INC.**c** EIN-PN 32-0058101-501**a** Plan name**b** Name of plan sponsor JAKE HAFNER'S TAVERNS, INC.**c** EIN-PN 16-1208401-501**a** Plan name**b** Name of plan sponsor MAPLEBROOK SCHOOL**c** EIN-PN 14-1377027-501**a** Plan name**b** Name of plan sponsor NORTHEAST EQUIPMENT DEALERS ASSOCIATION**c** EIN-PN 04-3665666-501**a** Plan name**b** Name of plan sponsor RAGO FOUNDATIONS LLC**c** EIN-PN 11-1530448-501**a** Plan name**b** Name of plan sponsor SOUTHERN TIER ZOOLOGICAL SOCIETY, INC.**c** EIN-PN 16-6071439-501**a** Plan name**b** Name of plan sponsor THERAPY PARTNERS IN OT, PT, AND SPEECH - LANGUAGE PATHOLOGY, PLLC**c** EIN-PN 26-2533581-501**a** Plan name**b** Name of plan sponsor WELLIVER MCGUIRE, INC.**c** EIN-PN 16-1303633-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ATLANTICARE MANAGEMENT, LLC**c** EIN-PN 27-0918627-501**a** Plan name**b** Name of plan sponsor CANI PT & OT, P.L.L.C.**c** EIN-PN 16-1547014-501**a** Plan name**b** Name of plan sponsor CROSS BROS. PLUMBING, INC.**c** EIN-PN 16-1157668-501**a** Plan name**b** Name of plan sponsor F.M. HOWELL COMPANY**c** EIN-PN 16-0488020-501**a** Plan name**b** Name of plan sponsor GRANITE ASSOCIATES LP**c** EIN-PN 14-1786059-501**a** Plan name**b** Name of plan sponsor JAMES H. MALOY INC.**c** EIN-PN 14-0857690-501**a** Plan name**b** Name of plan sponsor MARTZ COMMUNICATIONS GROUP, INC.**c** EIN-PN 34-1693459-501**a** Plan name**b** Name of plan sponsor NORTHEAST IS LLC**c** EIN-PN 82-5423749-501**a** Plan name**b** Name of plan sponsor RALPH C. SHELDON FOUNDATION, INC.**c** EIN-PN 16-6030502-501**a** Plan name**b** Name of plan sponsor SOUTHSIDE TRAILER SERVICE, INC.**c** EIN-PN 16-1021936-501**a** Plan name**b** Name of plan sponsor THERM INCORPORATED**c** EIN-PN 15-0468315-501**a** Plan name**b** Name of plan sponsor WEM HOLDINGS, INC.**c** EIN-PN 81-4430313-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor ATT FINANCIAL GROUP, INC.**c** EIN-PN 16-1601843-501**a** Plan name**b** Name of plan sponsor CAPABILITIES, INC**c** EIN-PN 16-0807981-501**a** Plan name**b** Name of plan sponsor CROUSE RADIOLOGY ASSOCIATES, LLP**c** EIN-PN 16-1161016-501**a** Plan name**b** Name of plan sponsor FACULTY STUDENT ASSOCIATION OF TC3**c** EIN-PN 16-1038234-501**a** Plan name**b** Name of plan sponsor GRANITE INTERNATIONAL, LLC**c** EIN-PN 45-4121614-501**a** Plan name**b** Name of plan sponsor JAMES HENRY DEVELOPMENT, LLC**c** EIN-PN 37-1456588-501**a** Plan name**b** Name of plan sponsor MARYKNOLL MISSION ASSOC OF THE FAITHFUL, INC.**c** EIN-PN 13-3864513-501**a** Plan name**b** Name of plan sponsor NORTHEAST ORGANIC FARMING ASSOCIATION OF NEW YORK DBA NOFA-NY**c** EIN-PN 03-0259137-501**a** Plan name**b** Name of plan sponsor RALPH W. EARL COMPANY, INC.**c** EIN-PN 16-1061128-501**a** Plan name**b** Name of plan sponsor SOVENA USA, INC.**c** EIN-PN 16-1397516-501**a** Plan name**b** Name of plan sponsor THOMAS EXCAVATING, LLC**c** EIN-PN 16-1551882-501**a** Plan name**b** Name of plan sponsor WENDELL CASTLE, INC.**c** EIN-PN 16-1118375-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AUAR ENTERPRISES DBA COLELLO AIR TECHNOLOGIES	c EIN-PN	85-3941900-501
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a Plan name

b Name of plan sponsor	CAPITAL CITIES LEASING CORP.	c EIN-PN	14-1504271-501
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a Plan name

b Name of plan sponsor	CROWN CONSTRUCTION, INC.	c EIN-PN	16-1350122-501
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a Plan name

b Name of plan sponsor	FAGAN ENGINEERS AND LAND SURVEYOR, PC.	c EIN-PN	46-2084676-501
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a Plan name

b Name of plan sponsor	GRAPHIC TECHNOLOGY, INC.	c EIN-PN	14-1566567-501
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a Plan name

b Name of plan sponsor	JAMES P. REAGAN AGENCY, INC.	c EIN-PN	16-1150253-501
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a Plan name

b Name of plan sponsor	MASLINE ELECTRONICS, INC.	c EIN-PN	16-0774948-501
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a Plan name

b Name of plan sponsor	NORTHEAST TRANSFORMER SERVICES, LLC.	c EIN-PN	26-2717587-501
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a Plan name

b Name of plan sponsor	RALPH'S COLLISION, INC.	c EIN-PN	16-0450477-501
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a Plan name

b Name of plan sponsor	SPALL MANAGEMENT CORP	c EIN-PN	26-3219836-501
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a Plan name

b Name of plan sponsor	THOMAS P MCCUE IV DDS OC	c EIN-PN	45-2919712-501
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a Plan name

b Name of plan sponsor	WEST ASC, LLC CAMILLUS SURGERY CENTER	c EIN-PN	27-3166743-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AUBERTINE & CURRIER ARCHITECTS, ENGINEERS & LAND SURVEYORS, PLLC.	c EIN-PN	16-1596177-501
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a Plan name

b Name of plan sponsor	CAPITAL SAFETY SERVICES, INC.	c EIN-PN	46-1828516-501
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a Plan name

b Name of plan sponsor	CSS WORKFORCE NEW YORK	c EIN-PN	22-2520370-501
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a Plan name

b Name of plan sponsor	FAIR-RITE PRODUCTS CORPORATION	c EIN-PN	14-1389596-501
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a Plan name

b Name of plan sponsor	GRAYWOOD COMPANIES, INC.	c EIN-PN	41-2163063-501
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a Plan name

b Name of plan sponsor	JAMES R. FRASH, CH SC DBA AMERIPRISE FINANCIAL SERVICES	c EIN-PN	20-0814133-501
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a Plan name

b Name of plan sponsor	MASON MARKETING LLC	c EIN-PN	90-0530900-501
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a Plan name

b Name of plan sponsor	NORTHEASTERN DENTAL LABORATORY	c EIN-PN	14-1440373-501
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a Plan name

b Name of plan sponsor	RAM FABRICATING, LLC	c EIN-PN	27-1216224-501
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a Plan name

b Name of plan sponsor	SPECIAL OLYMPICS NEW YORK, INC.	c EIN-PN	23-7061382-501
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a Plan name

b Name of plan sponsor	THOUSAND ISLAND PARK CORPORATION	c EIN-PN	15-0488440-501
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a Plan name

b Name of plan sponsor	WEST GENERAL CONTRACTORS LLC	c EIN-PN	27-2645827-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AUBURN COMMUNITY HOSPITAL	c EIN-PN	15-0532054-501
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a Plan name

b Name of plan sponsor	CAR ENGINEERING & MANUFACTURING	c EIN-PN	16-1278015-501
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a Plan name

b Name of plan sponsor	CUDEBACK MACHINING, INC.	c EIN-PN	16-1091223-501
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a Plan name

b Name of plan sponsor	FAIRVIEW RECOVERY SERVICES, INC.	c EIN-PN	16-0975539-501
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a Plan name

b Name of plan sponsor	GREANE TREE TECHNOLOGY GROUP, LLC	c EIN-PN	27-1186932-501
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a Plan name

b Name of plan sponsor	JAMES ROBERTS	c EIN-PN	20-0432218-501
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a Plan name

b Name of plan sponsor	MASTRO GRAPHIC ARTS, INC.	c EIN-PN	16-1110311-501
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a Plan name

b Name of plan sponsor	NORTHERN AUTOMOTIVE GROUP INC.	c EIN-PN	16-1335543-501
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a Plan name

b Name of plan sponsor	RAMAR STEEL COMPANIES	c EIN-PN	16-1577842-501
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a Plan name

b Name of plan sponsor	SPECIALIZED EARLY CHILDHOOD CENTER OF WNY	c EIN-PN	16-1206389-501
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a Plan name

b Name of plan sponsor	THOUSAND ISLANDS AGENCY, INC.	c EIN-PN	16-1520706-501
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a Plan name

b Name of plan sponsor	WEST POINT ASSOCIATION OF GRADUATES	c EIN-PN	14-1260763-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor **AUDIOSEARS CORPORATION****c** EIN-PN **15-0591646-501****a** Plan name**b** Name of plan sponsor **CAROL ANN PRODUCE PACKAGING CORP.****c** EIN-PN **14-1498849-501****a** Plan name**b** Name of plan sponsor **CUKIERSKI FAMILY, LLC****c** EIN-PN **26-1806122-501****a** Plan name**b** Name of plan sponsor **FALGE, LACLAIR, HVOZDA & BLAIR, PC****c** EIN-PN **51-0522184-501****a** Plan name**b** Name of plan sponsor **GREAT LAKES BUILDING SYSTEMS, INC.****c** EIN-PN **16-1602109-501****a** Plan name**b** Name of plan sponsor **JAMES TORLISH PUMP SALES & SERVICE****c** EIN-PN **13-2547116-501****a** Plan name**b** Name of plan sponsor **MATERIAL HANDLING PRODUCTS****c** EIN-PN **15-0549136-501****a** Plan name**b** Name of plan sponsor **NORTHERN EAGLE BEVERAGES, INC.****c** EIN-PN **16-0928533-501****a** Plan name**b** Name of plan sponsor **RAMSEY CONSTRUCTORS, INC.****c** EIN-PN **16-1499836-501****a** Plan name**b** Name of plan sponsor **SPECTRUM EYECARE****c** EIN-PN **16-1364552-501****a** Plan name**b** Name of plan sponsor **THOUSAND ISLANDS BRIDGE AUTHORITY****c** EIN-PN **15-6001231-501****a** Plan name**b** Name of plan sponsor **WEST WISE SUPERMARKET INC.****c** EIN-PN **16-1072820-501**

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AUGMENTED REALITY CONCEPTS**c** EIN-PN 45-3691412-501**a** Plan name**b** Name of plan sponsor CARTHAGE SAVINGS AND LOAN, NATIONAL ASSOCIATION**c** EIN-PN 15-0263165-501**a** Plan name**b** Name of plan sponsor CULAIN CAPITAL MANAGEMENT, LLC**c** EIN-PN 61-2036094-501**a** Plan name**b** Name of plan sponsor FALK PRECISION, INC.**c** EIN-PN 16-1350392-501**a** Plan name**b** Name of plan sponsor GREAT LAKES PRESSED STEEL CORP.**c** EIN-PN 16-0462360-501**a** Plan name**b** Name of plan sponsor JAMESTOWN BUSINESS COLLEGE**c** EIN-PN 16-1185240-501**a** Plan name**b** Name of plan sponsor MATSON AND KELLOGG BENEFITS GROUP, LLC**c** EIN-PN 46-3846143-501**a** Plan name**b** Name of plan sponsor NORTHERN GLASS CO., INC.**c** EIN-PN 16-1134337-501**a** Plan name**b** Name of plan sponsor RAM-TECH ENGINEERS, PC**c** EIN-PN 16-1361735-501**a** Plan name**b** Name of plan sponsor SPOLETA CONSTRUCTION CORP.**c** EIN-PN 16-0879308-501**a** Plan name**b** Name of plan sponsor THRIVE WELLNESS AND RECOVERY INC.**c** EIN-PN 16-1012469-501**a** Plan name**b** Name of plan sponsor WESTCHESTER MODULAR HOMES INC.**c** EIN-PN 06-1162854-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AUSTIN MOHAWK & COMPANY LLC**c** EIN-PN 46-3639163-501**a** Plan name**b** Name of plan sponsor CARYL ELECTRIC**c** EIN-PN 16-0877495-501**a** Plan name**b** Name of plan sponsor CURRENT APPLICATIONS, INC.**c** EIN-PN 16-1577439-501**a** Plan name**b** Name of plan sponsor FALSO INDUSTRIES, INC.**c** EIN-PN 16-1541638-501**a** Plan name**b** Name of plan sponsor GREATER BINGHAMTON CHAMBER OF COMMERCE**c** EIN-PN 15-0245930-501**a** Plan name**b** Name of plan sponsor JANE F. CLARK**c** EIN-PN 13-3044132-501**a** Plan name**b** Name of plan sponsor MATT BREWING CO., INC.**c** EIN-PN 16-1343803-501**a** Plan name**b** Name of plan sponsor NORTHERN LIGHTS HOME HEALTH CARE PARTNERSHIP**c** EIN-PN 46-2500951-501**a** Plan name**b** Name of plan sponsor RAPID RESPONSE MONITORING SERVICES**c** EIN-PN 16-1432416-501**a** Plan name**b** Name of plan sponsor SPORTSFOCUS PHYSICAL THERAPY, PC**c** EIN-PN 16-1283162-501**a** Plan name**b** Name of plan sponsor THRU-WAY AUTOGLASS DISTRIBUTORS**c** EIN-PN 15-0592522-501**a** Plan name**b** Name of plan sponsor WESTERN NEW YORK BLOODCARE, INC.**c** EIN-PN 16-0965865-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AUSTRIAN NATIONAL TOURIST OFFICE, INC.	c EIN-PN	13-2869025-501
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a Plan name

b Name of plan sponsor	CASCO SYSTEMS INC	c EIN-PN	16-1080075-501
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a Plan name

b Name of plan sponsor	CUTTING EDGE PRODUCTS, LLC	c EIN-PN	74-3073138-501
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a Plan name

b Name of plan sponsor	FAMILIES FIRST IN ESSEX COUNTY, INC.	c EIN-PN	14-1763863-501
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a Plan name

b Name of plan sponsor	GREATER ROCHESTER CHAMBER OF COMMERCE	c EIN-PN	60-0705113-501
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a Plan name

b Name of plan sponsor	JAQUITH INDUSTRIES, INC.	c EIN-PN	16-1077146-501
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a Plan name

b Name of plan sponsor	MAYER HARDWARE INC.	c EIN-PN	16-1021631-501
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a Plan name

b Name of plan sponsor	NORTHERN MACHINING INC.	c EIN-PN	16-1457413-501
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a Plan name

b Name of plan sponsor	RBT CPA'S, LLP	c EIN-PN	14-1604297-501
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a Plan name

b Name of plan sponsor	SPRAGUE & JACKSON	c EIN-PN	16-1428840-501
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a Plan name

b Name of plan sponsor	THRUWAY STONE	c EIN-PN	87-3929469-501
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a Plan name

b Name of plan sponsor	WESTROCK INDUSTRIES, INC.	c EIN-PN	13-2607393-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [AUTISM SERVICES, INC.](#)**c** EIN-PN [16-1185024-501](#)**a** Plan name**b** Name of plan sponsor [CASWELL, INC.](#)**c** EIN-PN [38-3989096-501](#)**a** Plan name**b** Name of plan sponsor [D & D MOTOR SYSTEMS, INC.](#)**c** EIN-PN [16-1602745-501](#)**a** Plan name**b** Name of plan sponsor [FAMILIES THRIVE INC.](#)**c** EIN-PN [16-1047933-501](#)**a** Plan name**b** Name of plan sponsor [GREATER ROCHESTER HEALTH FOUNDATION](#)**c** EIN-PN [13-4301222-501](#)**a** Plan name**b** Name of plan sponsor [JAVA FARM SUPPLY INC.](#)**c** EIN-PN [16-0913733-501](#)**a** Plan name**b** Name of plan sponsor [MAYO AND SON PAINTING LLC](#)**c** EIN-PN [84-4677821-501](#)**a** Plan name**b** Name of plan sponsor [NORTHERN NEW YORK COMMUNITY FOUNDATION, INC.](#)**c** EIN-PN [15-6020989-501](#)**a** Plan name**b** Name of plan sponsor [RCCS OPERATIONS LLC DBA SODUS COLD STORAGE](#)**c** EIN-PN [92-3788822-501](#)**a** Plan name**b** Name of plan sponsor [SPRAGUE & KILLEEN INC.](#)**c** EIN-PN [14-1429060-501](#)**a** Plan name**b** Name of plan sponsor [TILE & CARPET TOWN](#)**c** EIN-PN [16-1067487-501](#)**a** Plan name**b** Name of plan sponsor [WESTSIDE PODIATRY CENTER](#)**c** EIN-PN [04-3612226-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor [AUTISMUP, INC](#)**c** EIN-PN [04-3833868-501](#)**a** Plan name**b** Name of plan sponsor [CATHEDRAL CANDLE COMPANY](#)**c** EIN-PN [15-0263980-501](#)**a** Plan name**b** Name of plan sponsor [DAIM LOGISTICS, INC.](#)**c** EIN-PN [26-1563609-501](#)**a** Plan name**b** Name of plan sponsor [FAMILY & CHILDREN'S SERVICE CAPITAL REGION](#)**c** EIN-PN [14-1338477-501](#)**a** Plan name**b** Name of plan sponsor [GREATER ROCHESTER HOUSING PARTNERSHIP, INC.](#)**c** EIN-PN [16-1399793-501](#)**a** Plan name**b** Name of plan sponsor [JEFFERSON COMMUNITY COLLEGE](#)**c** EIN-PN [22-3065812-501](#)**a** Plan name**b** Name of plan sponsor [MCD METALS, LLC](#)**c** EIN-PN [46-4103142-501](#)**a** Plan name**b** Name of plan sponsor [NORTHSIDE BAPTIST CHURCH](#)**c** EIN-PN [16-1550426-501](#)**a** Plan name**b** Name of plan sponsor [RCI OPERATING CO., LLC.](#)**c** EIN-PN [61-2022260-501](#)**a** Plan name**b** Name of plan sponsor [SQUARE DEAL DISCOUNT LIQUORS](#)**c** EIN-PN [20-0795842-501](#)**a** Plan name**b** Name of plan sponsor [TINKER FOUNDATION, INC.](#)**c** EIN-PN [51-0175449-501](#)**a** Plan name**b** Name of plan sponsor [WHALEN DAVEY & LOONEY CPA, LLP](#)**c** EIN-PN [15-0614604-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AUTO FINISHERS SUPPLY CO OF SYRACUSE, INC.	c EIN-PN	16-1061767-501
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a Plan name

b Name of plan sponsor	CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY	c EIN-PN	14-1340033-501
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a Plan name

b Name of plan sponsor	DAL POS ARCHITECTS & INTEGRATORS	c EIN-PN	16-1579991-501
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a Plan name

b Name of plan sponsor	FAMILY & CHILDREN'S SERVICE OF ITHACA	c EIN-PN	15-0589039-501
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a Plan name

b Name of plan sponsor	GREATER ROCHESTER VISITORS ASSOCIATION, INC.	c EIN-PN	16-0611680-501
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a Plan name

b Name of plan sponsor	JEFFORDS STEEL AND ENGINEERING COMPANY	c EIN-PN	14-1668302-501
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a Plan name

b Name of plan sponsor	MCINTOSH BOX & PALLET CO. INC.	c EIN-PN	16-0876891-501
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a Plan name

b Name of plan sponsor	NORTHWOOD SCHOOL	c EIN-PN	14-1401103-501
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a Plan name

b Name of plan sponsor	RCJF MANAGEMENT INCORPORATED	c EIN-PN	20-1704266-501
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a Plan name

b Name of plan sponsor	ST ANN TRANSPORTATION, INC.	c EIN-PN	14-1639478-501
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a Plan name

b Name of plan sponsor	TMSI TRANSPORT AND LOGISTICS	c EIN-PN	16-1269408-501
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a Plan name

b Name of plan sponsor	WHELAN & CURRY CONSTRUCTION SERVICES, INC.	c EIN-PN	16-1427318-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor AUTOMATED EQUIPMENT SERVICE, INC.**c** EIN-PN 14-1706801-501**a** Plan name**b** Name of plan sponsor CATTARAUGUS COMMUNITY ACTION**c** EIN-PN 16-0910303-501**a** Plan name**b** Name of plan sponsor DARCO MANUFACTURING, INC.**c** EIN-PN 16-1098058-501**a** Plan name**b** Name of plan sponsor FAMILY CARE MEDICAL GROUP**c** EIN-PN 16-1468762-501**a** Plan name**b** Name of plan sponsor GREATER WATERTOWN-NORTH COUNTRY CHAMBER**c** EIN-PN 15-0486030-501**a** Plan name**b** Name of plan sponsor JERRY ROSEN INC.**c** EIN-PN 10-2332279-501**a** Plan name**b** Name of plan sponsor MCLAUD LAW P.C.**c** EIN-PN 88-2819920-501**a** Plan name**b** Name of plan sponsor NOVEM GROUP**c** EIN-PN 45-2656077-501**a** Plan name**b** Name of plan sponsor REAGAN COMPANIES ASSET MANAGEMENT, INC.**c** EIN-PN 45-4960567-501**a** Plan name**b** Name of plan sponsor ST. BARTHOLOMEW'S CHRISTIAN CHURCH**c** EIN-PN 26-3313104-501**a** Plan name**b** Name of plan sponsor TOKENIZE, INC.**c** EIN-PN 47-3272389-501**a** Plan name**b** Name of plan sponsor WHITE MANAGEMENT CORP.**c** EIN-PN 16-1003072-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	WHITES LUMBER INC.	c EIN-PN	16-1614288-501
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a Plan name

b Name of plan sponsor	WHYFFS, LLC DBA FEEHAN FINANCIAL SERVICES	c EIN-PN	26-3514007-501
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a Plan name

b Name of plan sponsor	WILLIAM C. BROWN AND SON INC.	c EIN-PN	81-0902979-501
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a Plan name

b Name of plan sponsor	WINTER SPORTS RETAILERS INC.	c EIN-PN	99-0726059-501
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a Plan name

b Name of plan sponsor	WOODARD'S CONCRETE PRODUCTS	c EIN-PN	14-1489334-501
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a Plan name

b Name of plan sponsor	WORKER JUSTICE CENTER OF NEW YORK, INC.	c EIN-PN	16-1155130-501
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a Plan name

b Name of plan sponsor	XLI MANUFACTURING, LLC	c EIN-PN	83-2389660-501
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a Plan name

b Name of plan sponsor	ZAHM AND NAGEL COMPANY	c EIN-PN	16-0784028-501
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a Plan name

b Name of plan sponsor	ZERODRAFT RESIDENTIAL INC.	c EIN-PN	83-1167388-501
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a Plan name

b Name of plan sponsor	ZIRCAR ZIRCONIA, INC.	c EIN-PN	06-1573237-501
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a Plan name

b Name of plan sponsor	WHITTAKERS TROPHY AUTO SALES, LLC	c EIN-PN	56-2399433-501
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a Plan name

b Name of plan sponsor	WILBEDONE DBA STONE CENTRAL	c EIN-PN	16-1327433-501
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	WILLIAM H. LANE, INC.	c EIN-PN	16-0925555-501
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a Plan name

b Name of plan sponsor	WISE COMPONENTS INC.	c EIN-PN	13-2895657-501
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a Plan name

b Name of plan sponsor	WOODBROOK ASSISTED LIVING	c EIN-PN	16-0766337-501
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a Plan name

b Name of plan sponsor	WORKFORCE DEVELOPMENT INSTITUTE	c EIN-PN	56-2420045-501
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a Plan name

b Name of plan sponsor	XTO, INC.	c EIN-PN	16-1115084-501
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a Plan name

b Name of plan sponsor	Z-AXIS, INC.	c EIN-PN	16-1359534-501
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a Plan name

b Name of plan sponsor	ZIP PRODUCTS, INC.	c EIN-PN	16-1550384-501
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a Plan name

b Name of plan sponsor	ZOOLOGICAL SOCIETY OF BUFFALO, INC.	c EIN-PN	16-0911204-501
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a Plan name

b Name of plan sponsor	WHO'S WE? LLC	c EIN-PN	20-5652749-501
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a Plan name

b Name of plan sponsor	WILLIAM A. SMITH & SON, INC.	c EIN-PN	14-1433702-501
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a Plan name

b Name of plan sponsor	WILLOW DOMESTIC VIOLENCE CENTER OF GREATER ROCHESTER	c EIN-PN	16-1099257-501
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a Plan name

b Name of plan sponsor	WNY PEDIATRIC GASTROENTEROLOGY PLLC	c EIN-PN	46-4206293-501
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND	D Employer Identification Number (EIN) 14-6034807

Part I	Asset and Liability Statement
---------------	--------------------------------------

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	1156897	1232993
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	288955	456936
(2) Participant contributions		
(3) Other		
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	4246595	4429334
(2) U.S. Government securities		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans		
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)		
(14) Value of funds held in insurance company general account (unallocated contracts).....		
(15) Other.....	351987	239331

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)		
e Buildings and other property used in plan operation.....	1e	589	28174
f Total assets (add all amounts in lines 1a through 1e).....	1f	6045023	6386768
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	2805070	3243389
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	661828	248614
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3466898	3492003
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2578125	2894765

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	108273	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		108273
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2842532
d Total income. Add all income amounts in column (b) and enter total.....	2d		2950805

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1306292	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	10500	
(4) IQPA audit fees	2i(4)	31501	
(5) Investment advisory and investment management fees	2i(5)	25466	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	10355	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	44097	
(11) Other expenses.....	2i(11)	1205954	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2634165
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2634165

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		316640
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BST & CO. CPAS, LLP**

(2) EIN: **14-1442607**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		X	
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.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?			
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.)	X		
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.)		X	
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?		X	
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? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.



**The Business Council of New York State, Inc.
Insurance Fund**

Financial Statements
December 31, 2024 and 2023

The Business Council of New York State, Inc. Insurance Fund

Financial Statements
December 31, 2024 and 2023

Contents

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Independent Auditor's Report

Board of Trustees
The Business Council of New York State, Inc.
Insurance Fund

Opinion

We have audited the financial statements of The Business Council of New York State, Inc. Insurance Fund (a New York trust) (Insurance Fund), a Direct Filing Entity, Group Insurance Arrangement subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the balance sheets as of December 31, 2024 and 2023, the related statements of income and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Insurance Fund as of December 31, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Insurance Fund's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Insurance Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Insurance Fund's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.



In forming our opinion on this supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of operating expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

BST + Co. CPAs, LLP

Latham, New York
May 15, 2025



The Business Council of New York State, Inc. Insurance Fund

from BST Cash Leadsheet

line 1a 1,232,993

line 1c(1) 4,429,334

Balance Sheets

line 1c(15) is prepaid 82,831+ DTA
156,500=239,331 **ASSETS**

	December 31,	
	<u>2024</u>	<u>2023</u>
CURRENT ASSETS		
Cash and cash equivalents	\$ 5,138,412	\$ 4,896,081
Certificate of deposit	523,915	507,411
Accounts receivable, net	456,936	288,955
Prepaid expenses	82,831	84,287
Total current assets	<u>6,202,094</u>	<u>5,776,734</u>
FIXED ASSETS		
Office equipment	14,170	14,170
Computer equipment	56,380	88,143
Computer software	136,751	138,209
Furniture and fixtures	43,735	187,993
	<u>251,036</u>	<u>428,515</u>
Less accumulated depreciation	<u>222,862</u>	<u>427,926</u>
	<u>28,174</u>	<u>589</u>
DEFERRED TAX ASSET	<u>156,500</u>	<u>267,700</u>
	<u>\$ 6,386,768</u>	<u>\$ 6,045,023</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Premiums payable	\$ 3,243,389	\$ 2,805,070
Accrued expenses	64,991	18,658
Experience-rated contract liability	-	418,000
Accrued liabilities, related parties	183,623	225,170
Total current liabilities	<u>3,492,003</u>	<u>3,466,898</u>
NET ASSETS	<u>2,894,765</u>	<u>2,578,125</u>
	<u>\$ 6,386,768</u>	<u>\$ 6,045,023</u>

line 1j =64,991+183,623=248,914

The Business Council of New York State, Inc. Insurance Fund

Statements of Income

	Years Ended December 31,	
	2024	2023
INCOME		
Administrative fee income	\$ 2,842,532	\$ 2,097,174
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO		
Insurance premiums adjusted for experience-rated contracts	-	908,369
EXPENSES		
Direct expenses	138,493	147,690
Administrative fee expenses, Agency Services	1,012,658	895,101
Administrative fee expenses, other	1,369,983	1,212,489
	2,521,134	2,255,280
OTHER INCOME		
Gain on forgiveness of experience-rated contract liability	-	2,118,287
Interest income	108,273	100,365
	108,273	2,218,652
Income before provision for income taxes	429,671	1,152,177
PROVISION FOR INCOME TAXES	113,031	301,500
Net income	316,640	850,677
NET ASSETS, <i>beginning of year</i>	2,578,125	1,727,448
NET ASSETS, <i>end of year</i>	\$ 2,894,765	\$ 2,578,125

line 2a(1)(A)=108,273

Use Supp Info-Sch Oper Exp for expenses to get 2i(1) thru 2i(10)
see page 15 of this PDF

line 2c=2,842,532

line 2i(11) is 2,521,134-2i(1)-2i(3)-2i(4)-2i(5)-2i(8)-2i(10)+113,031 prov for Income taxes=1,205,954

The Business Council of New York State, Inc. Insurance Fund

Statements of Cash Flows

	Years Ended December 31,	
	2024	2023
CASH FLOWS PROVIDED (USED) BY OPERATING ACTIVITIES		
Net income	\$ 316,640	\$ 850,677
Adjustments to reconcile net income to net cash provided (used) by operating activities		
Depreciation	2,601	2,240
Deferred income taxes	111,200	300,000
Gain on forgiveness of experience-rated contract liability	-	(2,118,287)
Decrease (increase) in		
Accounts receivable	(167,981)	138,920
Prepaid expenses	1,456	(3,377)
Increase (decrease) in		
Premiums payable	438,319	(176,258)
Accrued expenses	46,333	835
Experience-rated contract liability	(418,000)	908,369
Accrued liabilities, related parties	(41,547)	53,670
	289,021	(43,211)
CASH FLOWS USED BY INVESTING ACTIVITIES		
Purchase of fixed assets	(30,186)	-
Certificate of deposit reinvested interest	(16,504)	(4,144)
	(46,690)	(4,144)
Net increase (decrease) in cash and cash equivalents	242,331	(47,355)
CASH AND CASH EQUIVALENTS, <i>beginning of year</i>	4,896,081	4,943,436
CASH AND CASH EQUIVALENTS, <i>end of year</i>	\$ 5,138,412	\$ 4,896,081

See accompanying Notes to Financial Statements.

The Business Council of New York State, Inc. Insurance Fund

Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Organization and Summary of Significant Accounting Policies

a. Organization

The Business Council of New York State, Inc. Insurance Fund (Insurance Fund) was established during 1957 as a New York State trust. The Business Council of New York State, Inc. (Council) is a not-for-profit trade association for businesses located in New York State and is also the grantor of the Insurance Fund trust. The purpose of the Insurance Fund is to arrange various insurance coverages through group policies for employees of employer-members of the Council. The Insurance Fund is fully insured by contracts under group insurance arrangements, whereby the insurance carriers have the responsibility to pay all benefits on claims. The Insurance Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as a Direct Filing Entity, Group Insurance Arrangement.

The Insurance Fund entered into an Administrative Services Agreement (see Note 2) effective February 1, 2009 among the Council; The Business Council Service Corporation, Inc. (Service Corporation), a wholly owned subsidiary of the Council; and the Insurance Fund for certain administrative and operational services.

b. Basis of Accounting

The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

c. Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting year. Actual results could differ from those estimates.

d. Cash, Cash Equivalents, and Certificates of Deposit

The Insurance Fund considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents. The Insurance Fund's policy is to invest cash in excess of operating requirements in income-producing investments.

Certificates of deposit are reported using a cost-based measure, providing that fair value of those contracts is not significantly affected by the impairment of the credit standing of the issuer or other factors.

e. Accounts Receivable, Net

Accounts receivable, net, represent the Insurance Fund's administrative fee income due from the insurance carriers related to premiums collected, less a valuation allowance that reflects management's best estimate of the amounts that will ultimately not be collected. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Accounts receivable are considered to be past due if any portion of the receivable balance is outstanding for more than 90 days. The Insurance Fund does not charge interest on past-due accounts receivable.

See Independent Auditor's Report.

The Business Council of New York State, Inc. Insurance Fund

Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

f. Allowance for Credit Losses

The Insurance Fund measures expected credit losses under the current expected credit loss (CECL) methodology applicable to financial assets measured at amortized cost, which include accounts receivable. An allowance for credit losses under the CECL methodology is determined using the loss-rate approach and measured on a collective (pool) basis when similar risk characteristics exist. Where financial instruments do not share risk characteristics, they are evaluated on an individual basis. The CECL allowance is based on relevant available information, from internal and external sources, relating to past events, current conditions, and reasonable and supportable forecasts. The allowance for credit losses as of December 31, 2024 and 2023, and change in the allowance for credit losses during the years then ended, was not material to the financial statements.

g. Fixed Assets

Purchases of office furniture, equipment, and software and expenditures that materially change capacities or extend useful lives are included in the accounts at cost. Routine maintenance and repairs and minor replacement costs are charged to expense as incurred. When an asset is sold or retired, the cost and accumulated depreciation are removed from the respective accounts, and the resultant gain or loss is credited or charged to operations.

Depreciation of fixed assets is recorded using the straight-line and double-declining balance methods over estimated useful lives that vary from three to 10 years.

h. Long-Lived Assets

Long-lived assets to be held and used are tested for recoverability whenever events or changes in circumstances indicate that the related carrying amount may not be recoverable. When required, impairment losses on assets to be held and used are recognized based on the excess of the asset's carrying amount over its fair value. During the years ended December 31, 2024 and 2023, no impairment loss was recorded for long-lived assets.

i. Revenue Recognition

The Insurance Fund, as an agent, arranges various group insurance policies through third-party insurance companies for employer-members of the Council, which is its performance obligation. Under the provisions of the Insurance Fund's arrangements with the insurance companies that underwrite its insurance programs, the Insurance Fund collects premiums from participating employer-members on behalf of the insurance companies. The Insurance Fund then remits those premiums to insurance companies. An administrative fee is earned by the Insurance Fund at an agreed-upon percentage of premiums earned by the insurance companies and is recognized over the related monthly insurance period.

The Insurance Fund records accounts receivable (contract asset) when it has the unconditional right to receive payment. The opening balance of accounts receivable, net, as of January 1, 2023 was \$427,875.

The Business Council of New York State, Inc. Insurance Fund

Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

j. Experience-Rated Contracts

Through December 31, 2023, the Insurance Fund's life insurance contract was subject to experience-rated contract adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid and fees charged by the insurance company) were determined by the insurance company in the following year and resulted in a premium surplus or deficit. Premium surpluses were recorded as a premium stabilization fund asset. If the insurance company required payment of additional premiums due to a premium deficit, an experience-rated contract liability for the additional premiums was recorded.

Premium stabilization fund assets could be used to reduce current and future premium payments when premiums paid to the insurance company exceeded the total of claims paid and other charges. The funds were nonforfeitable if the insurance contract terminated.

Effective January 1, 2024, the Insurance Fund's life insurance contract was changed from an experience-rated contract to a fully insured contract, whereby set premiums are incurred by the Insurance Fund. In negotiations with the insurance company, the experience-rated contract liability was reduced to \$418,000 as of December 31, 2023. The remaining \$2,118,287 experience-rated contract liability based on experience through December 31, 2023 was forgiven by the insurance company and was recorded as gain on forgiveness of experience-rated contract liability within the accompanying statement of income during the year ended December 31, 2023. As of December 31, 2024, all experience-rated contract liabilities were settled.

k. Income Taxes

The Insurance Fund is considered a taxable business trust under the Internal Revenue Code and is taxed as a corporation. The Insurance Fund records income taxes using the asset and liability method. Deferred tax assets and liabilities are determined based on the difference between the financial statement and tax bases of assets and liabilities as measured by the enacted tax rates that will be in effect when these differences reverse. Deferred tax expense (benefit) is the result of changes in deferred tax assets and liabilities.

When returns are filed, some tax positions taken are highly certain to be sustained upon examination by the taxing authorities, while other tax positions are subject to uncertainty about the technical merits of the position or the amount of the position's tax benefit that would ultimately be sustained. Management has concluded that the Insurance Fund has taken no tax position that requires adjustment as of December 31, 2024 or 2023.

l. Subsequent Events

The Insurance Fund has evaluated subsequent events for potential recognition or disclosure through May 15, 2025, the date the financial statements were available to be issued.

The Business Council of New York State, Inc. Insurance Fund

Notes to Financial Statements
December 31, 2024 and 2023

Note 2. Related-Party Transactions

Administrative Services Agreement

- a. In accordance with the Administrative Services Agreement (see Note 1a), the Insurance Fund reimburses the Council monthly for all direct costs incurred on its behalf plus an allocated portion of the Council's indirect costs, which are included in the statement of income as administrative fee expenses, other. The Insurance Fund incurred administrative fee expenses from the Council of \$1,369,983 and \$1,212,489 for the years ended December 31, 2024 and 2023, respectively.

Accrued administrative fee expenses due to the Council totaled \$105,374 and \$131,566 at December 31, 2024 and 2023, respectively.

- b. In accordance with the Administrative Services Agreement, the Council provides retirement benefits in the form of a defined benefit plan (DB Plan). Benefits under the DB Plan are based upon the employee's years of service, the employee's average compensation to a maximum of 15 years, and the current Social Security benefit. Effective May 31, 2006, the DB Plan was frozen, whereby after that date, hours of employment are not counted for purposes of the plan, other than for vesting, and a participant's accrued benefit may not be increased. The Insurance Fund's portion of expenses under the DB Plan was \$247,353 and \$156,469 for the years ended December 31, 2024 and 2023, respectively.

In addition, the Council has a qualified 401(k) employee savings plan (401(k) Plan) for the benefit of substantially all employees. The 401(k) Plan includes an employer match of up to 50% of employee contributions, up to 6% of salary each year, plus a discretionary employer profit sharing contribution to be determined annually by the Board of Trustees. The Insurance Fund's portion of the Council's matching contribution to the 401(k) Plan was \$36,200 and \$33,486 for the years ended December 31, 2024 and 2023, respectively. There were no profit sharing contributions for the years ended December 31, 2024 or 2023.

- c. In accordance with the Administrative Services Agreement, the Insurance Fund reimburses the Service Corporation for actual costs of marketing services, including allocated rent and utilities, which are included in the statements of income as administrative fee expenses, Agency Services. The Insurance Fund incurred administrative fee expenses with the Service Corporation of \$1,012,658 and \$895,101 for the years ended December 31, 2024 and 2023, respectively. At December 31, 2024 and 2023, the Insurance Fund had accrued expenses due to the Service Corporation of \$78,249 and \$93,604, respectively.
- d. In accordance with a Space Sharing Agreement with the Council and the Service Corporation, the Insurance Fund reimburses the Council for office space. The agreement is cancellable by any party with 90 days' prior written notice. The monthly payments are based on the square footage occupied by the Insurance Fund in accordance with the terms described in the Space Sharing Agreement. The Insurance Fund is also required to pay a pro rata share of certain occupancy costs if such costs increase from present levels. Rent and related utility expense was \$121,772 and \$120,934 for the years ended December 31, 2024 and 2023, respectively.

The Business Council of New York State, Inc. Insurance Fund

Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Provision for Income Taxes

Details of the Insurance Fund's provision for income taxes are as follows:

	Years Ended December 31,	
	2024	2023
Current		
Federal	\$ 331	\$ -
State	1,500	1,500
	1,831	1,500
Deferred		
Federal	83,900	225,100
State	27,300	74,900
	111,200	300,000
Provision for income taxes	\$ 113,031	\$ 301,500

Details of the Insurance Fund's net deferred income tax asset are as follows:

	December 31,	
	2024	2023
Deferred tax asset		
Experience-rated contract liability	\$ -	\$ 110,225
Net operating loss	155,800	157,475
Depreciation	1,300	-
	157,100	267,700
Deferred tax liability		
Bad debt reserve	(600)	-
Total	\$ 156,500	\$ 267,700

The actual tax expense for the years ended December 31, 2024 and 2023 differs from the "expected" tax expense (computed by applying federal corporate tax rates to income before taxes) due to state taxes and certain permanent differences.

At December 31, 2024, the Insurance Fund has net operating carryforwards for state income tax purposes of approximately \$1,517,000, which are available to offset future state taxable income. State loss carryforwards as of December 31, 2024 have the following expiration dates:

December 31, 2038	\$ 192,000
December 31, 2039	993,000
December 31, 2040	57,000
December 31, 2042	218,000
December 31, 2043	57,000

See Independent Auditor's Report.

The Business Council of New York State, Inc. Insurance Fund

Notes to Financial Statements
December 31, 2024 and 2023

Note 4. Concentrations of Credit Risk

The Insurance Fund maintains cash balances at several financial institutions located in the Northeast. The Insurance Fund performs due diligence prior to depositing funds with a financial institution. Accounts at each institution are insured up to Federal Deposit Insurance Corporation (FDIC) limits. At certain times, balances held at certain institutions are in excess of the FDIC limits. In addition, cash balances maintained at MountainOne Bank and Berkshire Bank are fully insured under the Massachusetts Depositors Insurance Fund.

Note 5. Significant Revenue Sources

Substantially all of the Insurance Fund's income is from three insurance carriers.

The Insurance Fund's administrative fee income is primarily from the following sources:

	Percent of Total Income for	
	2024	2023
Life	34%	14%
Disability	40%	55%
Dental	22%	28%

line 2i(3) =10,500 per Sch C rkd keeping fees paid to Sigma Consultants

The Business Council of New York State, Inc. Insurance Fund

line 2i(1) =802,706+503,586=1,306,292

Supplementary Information
Schedules of Operating Expenses

2i(4)= 31,501

2i(5) =25,466

2i(8)=10,355

2i(10)=44,097

DIRECT EXPENSES

Audit and accounting fees
Consultant fees
Investment fees
Depreciation
Legal fees
Trustee and advisory fees

Years Ended December 31,	
2024	2023
\$ 39,474	\$ 44,575
16,500	16,600
25,466	23,888
2,601	2,240
10,355	15,250
44,097	45,137
<u>138,493</u>	<u>147,690</u>

ADMINISTRATIVE FEE EXPENSES, AGENCY SERVICES

Salaries
Payroll taxes
Pension plan benefits
Other employee benefits
Equipment maintenance and rental
Facility management
Marketing and education
Office supplies
Periodicals and dues
Postage and mailing
Printing and photocopying
Professional fees
Rent and utilities
Sales incentives
Telephone
Travel and meetings

503,586	446,348
45,415	41,677
126,699	83,148
50,257	47,665
17,905	15,384
4,725	306
81,140	73,354
15,350	10,798
300	599
697	239
1,682	2,351
20,862	19,558
30,798	29,152
73,775	78,785
5,918	6,956
33,549	38,781
<u>1,012,658</u>	<u>895,101</u>

ADMINISTRATIVE FEE EXPENSES, OTHER

Salaries
Payroll taxes
Pension plan benefits
Other employee benefits
Equipment maintenance and rental
Facility management
Insurance, directors and officers
Marketing and education
Office supplies
Periodicals and dues
Postage and mailing
Printing and photocopying
Professional fees
Rent and utilities
Telephone
Travel and meetings

802,706	737,151
59,916	54,547
156,854	106,807
133,414	111,635
3,624	3,744
11,012	1,268
23,640	24,403
6,148	3,495
24,171	21,052
1,594	763
3,299	4,077
798	869
37,359	34,928
90,974	91,782
5,704	6,164
8,770	9,804
<u>1,369,983</u>	<u>1,212,489</u>
<u>\$ 2,521,134</u>	<u>\$ 2,255,280</u>

See Independent Auditor's Report.

The Business Council of New York State, Inc. Insurance Fund

Supplementary Information
 Schedule Required Under ERISA and Department of Labor Regulations
 December 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(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
	JPMorgan Chase Bank, N.A.	Money Market Fund - 1.27%	\$ 792,117	\$ 792,117
	JPMorgan Chase Bank, N.A.	Repurchase Agreement - 3.99%	1,310,042	1,310,042
	MountainOne Bank	Money Market Fund - 1.14%	1,045,771	1,045,771
	MountainOne Bank	Certificate of Deposit - 3.87%	523,915	523,915
	Trustco Bank	Money Market Fund - 0.40%	309,110	309,110
	Berkshire Bank	Money Market Fund - 0.30%	448,379	448,379
				<u>\$ 4,429,334</u>

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 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110
 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) G

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)

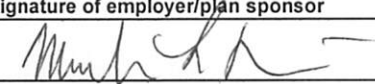
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information --- enter all requested information

1a Name of plan The Business Council Of New York State, Inc. Insurance Fund	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	12/31/1957
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) The Business Council Of New York State, Inc. Insurance Fund 12 Corporate Woods Blvd. US Albany NY 12211-2344	2b Employer Identification Number (EIN)	14-6034807
	2c Plan Sponsor's telephone number	(518) 465-1571
	2d Business code (see instructions)	

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			
	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		8/26/25	Mark L. Navin
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 157,596
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 156,174
a(2) Total number of active participants at the end of the plan year	6a(2) 151,182
b Retired or separated participants receiving benefits	6b 1,420
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 152,602
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4B 4D 4E 4F 4H 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 9 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) . . Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

The Business Council of New York State, Inc. Insurance Fund

Supplementary Information
 Schedule Required Under ERISA and Department of Labor Regulations
 December 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(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
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	JPMorgan Chase Bank, N.A.	Repurchase Agreement - 3.99%	1,310,042	1,310,042
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	MountainOne Bank	Certificate of Deposit - 3.87%	523,915	523,915
	Trustco Bank	Money Market Fund - 0.40%	309,110	309,110
	Berkshire Bank	Money Market Fund - 0.30%	448,379	448,379
				<u>\$ 4,429,334</u>