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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
- [X] 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:
- [X] 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.
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	Filed with authorized/valid electronic signature.		
	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	Filed with authorized/valid electronic signature.	10/06/2026	MARK L. NAVIN.
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	152602
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)**	151254
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	150644
b	Retired or separated participants receiving benefits	**6b**	1348
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	151992
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 Characteristic Codes in the instructions:

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

4B 4D 4E 4F 4H 4L

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] 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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 9
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 INSURANCE CO.

(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	2222	01/01/2025	12/31/2025

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	(b) Total amount of fees paid
0	0

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

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

BUSINESS COUNCIL OF NYS INC. INS. F
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** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	627392
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 COMPANY OF NEW YORK DENTAL

(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	16676	01/01/2025	12/31/2025

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	(b) Total amount of fees paid
673818	

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

DIGITALBSG
528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
103195			3

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

BROWN AND BROWN INSURANCE SERVICE
500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
59905			3

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

AP BENEFIT ADVSDBA 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	
46546			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	
41372			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
36029			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	
32230			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	
29174			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	
27002			3

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

DANIEL GOETZMANN

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	
20467			3

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

BURNHAM FINL SVCSALERA 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	
20053			3

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

BENECARE 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	
15546			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	
14771			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	
13046			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	
12448			3

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

DIGITAL INSURANCE INCGA

ATT ACCOUNT MANAGEMENT
200 GALLERIA PARKWAY ST 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10527			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	
9603			3

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

BROWN AND BROWN INSURANCE SERVICE

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	
9546			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	
9210			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	
9039			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	
8191			3

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

KAFL INC.

359 N. WASHINGTON STREET
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7552			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	
7250			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	
7214			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	
6475			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	
6356			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	
5838			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	
5189			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	
4717			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	
4716			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	
4609			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	
3978			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	
3771			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	
3713			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	
3655			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	
3599			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	
3446			3

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

NORTH REID HOLDGSCONVERGENCE

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	
3340			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	
2917			3

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

GALLAGHER BENEFIT SERVICES INC
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	
2754			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	
2568			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	
2484			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	
2470			3

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

DIGITALKBM

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	
2391			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	
2363			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2241			3

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

MIRABITOGRESHAM INSURANCE

423 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	
2210			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	
2136			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	
2121			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	
2104			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	
1966			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	
1841			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	
1705			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	
1679			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	
1633			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
SUITE 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	
1363			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
100
AMHERST, NY 14226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1336			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	
1201			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	
1139			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	
1088			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	
1006			3

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

GTM EMPLOYMENT BENEFITS

7 EXECUTIVE PARK DRIVE
CLIFTON PARK, NY 12065

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1005			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	
970			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	
928			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	
836			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	
835			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	
766			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	
738			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
FAYETEVILLE, NY 13066

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
698			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	
610			3

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

NICHOLAS SAVAS
1169 PITTSFORD VICTOR ROAD
PITTSFIELD, NY 14534

(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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
520			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	
480			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	
452			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	
450			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	
440			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	
433			3

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

SWAN AND SONSMORSS COMPANY INC.

P.O. BOX 179
309 EAST WATER STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
428			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	
362			3

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

DOROTHY MATARAZZO

SHARED BENEFITS
66 ENNIS AVENUE
PENNELLVILLE, NY 13132

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
361			3

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

DIGITALBOUCHEYANDCLARKE

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	
356			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	
326			3

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

NICHOLAS SAVAS

1169 PITTSFORD VICTOR RD
SUITE 120
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
297			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	
284			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	
278			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	
260			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	
247			3

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

PATRIOT GROWTH INSNOLLOTH

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	
246			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	
245			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	
240			3

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

BROWN AND BROWN INSURANCE SERVICE
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	
221			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	
199			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	
127			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	
119			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
112			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	
101			3

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

EMERLING, FLOSS, MURPHYASSOC

9092 MAIN STREET
CLARENCE, NY 14031

(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 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	
87			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	
71			3

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

NFP CORPORATE SERVICES(OH)INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6			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	
2			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	

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** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	11071052
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 COMPANY OF NEW YORK VISION

(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	8415	01/01/2025	12/31/2025

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	(b) Total amount of fees paid
86437	

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

DIGITALBSG
528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
14956			3

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

BROWN AND BROWN INSURANCE SERVICE
500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
13265			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	
6362			3

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

AP BENEFIT ADVSDBA 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	
5003			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	
4499			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	
4276			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	
4195			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	
3670			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3189			3

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

BURNHAM FINL SVCSALERA 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	
2150			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	
1979			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	
1954			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	
1720			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	
1066			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	
999			3

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

DIGITAL INSURANCE INCGA

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	
992			3

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

BENECARE 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	
951			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	
951			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	
899			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	
882			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	
844			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	
812			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	
788			3

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

MIRABITOGRESHAM INSURANCE

423 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	
786			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	
756			3

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

KAFL INC.

359 N. WASHINGTON STREET
ROCHESTER, NY 14625

(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

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	
639			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	
500			3

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

NORTH REID HOLDGSCONVERGENCE

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	
456			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	
442			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	
424			3

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

GALLAGHER BENEFIT SERVICES INC

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	
413			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	
359			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	
348			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	
298			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	
286			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	
283			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	
254			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	
245			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	
243			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	
241			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	
212			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	
207			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
205			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	
203			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	
189			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

(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

BROWN AND BROWN INSURANCE SERVICE

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	
167			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
FAYETEVILLE, NY 13066

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
165			3

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

NICHOLAS SAVAS

1169 PITTSFORD VICTOR ROAD
PITTSFIELD, NY 14534

(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

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	
128			3

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

GTM EMPLOYMENT BENEFITS

7 EXECUTIVE PARK DRIVE
CLIFTON PARK, NY 12065

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
112			3

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

NICHOLAS SAVAS

1169 PITTSFORD VICTOR RD
SUITE 120
PITTSFORD, NY 14534

(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

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	
86			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	
72			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	
53			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	
52			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	
43			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	
36			3

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

HUB INTERNATIONAL MIDWES
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	
32			3

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

BROWN AND BROWN INSURANCE SERVICE
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	
13			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	
1			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)**			
	(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** [X] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	928694
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 LIFE

(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	56707	01/01/2025	12/31/2025

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	(b) Total amount of fees paid
738485	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	
59377			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	
57562			3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
51998			3

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

BROWN AND BROWN INSURANCE SERVICE

500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
45213			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	
30326			3

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

BURNHAM FINL SVCSALERA 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	
23823			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
22184			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	
22067			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	
20291			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	
20081			3

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

BROWN AND BROWN INSURANCE SERVICE

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	
17784			3

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

AP BENEFIT ADVSDBA 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	
16080			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	
15968			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	
14743			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	
12580			3

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

KAFL INC.

359 N. WASHINGTON STREET
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11138			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	
10863			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	
10344			3

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

BROWN AND BROWN INSURANCE SERVICE

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	
9304			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	
9135			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	
9048			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	
8577			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	
8491			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	
8134			3

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

BENECARE 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	
8083			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	
7633			3

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

SWAN AND SONSMORSS COMPANY INC.

P.O. BOX 179
309 EAST WATER STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7312			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	
7245			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	
6868			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	
6559			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	
6125			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	
6116			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5434			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	
5427			3

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

DANIEL BENNETT

16360 HIDDEN OAK LOOP
BRADENTON, FL 34211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5150			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	
5064			3

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

DIGITAL INSURANCE INCGA

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	
5051			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	
5041			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	
4984			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	
4820			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	
4389			3

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

EMERLING, FLOSS, MURPHYASSOC
9092 MAIN STREET
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4162			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
100
AMHERST, NY 14226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4047			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	
3997			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	
3897			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	
3860			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3695			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	
3509			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	
3313			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	
3295			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	
3285			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	
3125			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
500
BETHESDA, MD 20817

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2970			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	
2958			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	
2801			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	
2728			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	
2708			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	
2677			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	
2555			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	
2307			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2302			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	
2198			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	
2168			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2066			3

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

DIGITALKBM

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	
2033			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	
1947			3

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

USI INS SERVICESPA

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	
1879			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	
1853			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	
1843			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	
1724			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	
1643			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	
1496			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	
1458			

(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	
1421			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	
1358			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	
1344			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	
1143			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	
1131			3

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

DIGITALBOUCHEYANDCLARKE

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	
1045			3

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

PETER DERRENBACKER

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	
1016			3

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

NORTH REID HOLDGSCONVERGENCE

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	
985			3

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

BEN ROSS

5488 SHERIDAN DR.
STE 100
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
971			3

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

GALLAGHER BENEFIT SERVICES INC

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	
927			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	
888			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	
885			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	
845			3

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

MIRABITOGRESHAM INSURANCE

423 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	
836			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	
835			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	
763			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	
744			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

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	
700			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	
687			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	
630			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	
604			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	
600			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	
568			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	
552			3

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

CENTURY ENROLLMENTBENEFIT SER

PO BOX 14903
ROCHESTER, NY 14614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
511			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
507			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	
487			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	
481			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	
465			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	
463			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	
440			3

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

PATRIOT GROWTH INSNOLLOTH
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	
421			3

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

CHOICE EMPLYEE 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	
402			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	
395			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	
393			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
SUITE 403
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
387			3

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

COORDINATED RESOURCESBUFFALO

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	
370			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	
368			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	
363			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 BRIGHTONHENRIETTA 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	
328			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	
326			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	
321			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	
316			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	
314			3

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

GTM EMPLOYMENT BENEFITS

7 EXECUTIVE PARK DRIVE
CLIFTON PARK, NY 12065

(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

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	
300			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	
272			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	
255			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	
251			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	
247			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	
244			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	
243			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	
221			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	
220			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	
220			3

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

SONDRA PAYNE

190 SUNSET DRIVE
SUITE 2
HAMBURG, NY 14075

(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

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	
194			3

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

NICHOLAS SAVAS

1169 PITTSFORD VICTOR ROAD
PITTSFIELD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
177			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	
168			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	
166			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	
164			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	
160			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	
157			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	
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	
115			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	
99			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	
95			3

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

NICHOLAS SAVAS

1169 PITTSFORD VICTOR RD
SUITE 120
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
94			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
92			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	
80			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	
67			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	
64			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 DRSTE 500
LIVERPOOL, NY 13088

(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	
45			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	
36			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	
29			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	
27			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	
24			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	
14			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12			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	

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** [X] 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** [X] 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 [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	10008898
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 STD

(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	12226	01/01/2025	12/31/2025

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	(b) Total amount of fees paid
285984	

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	
29094		SHORT TERM DISABILITY	3

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

BROWN AND BROWN INSURANCE SERVICE
500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22609		SHORT TERM DISABILITY	3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
20839		SHORT TERM DISABILITY	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	
18737		SHORT TERM DISABILITY	3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18375		CRITICAL ILLNESS-SPECIALIZED D	3

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

KAFL INC.

359 N. WASHINGTON STREET
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10625		SHORT TERM DISABILITY	3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9065		ACCIDENT	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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8695		SHORT TERM DISABILITY	3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7674		HOSPITAL INDEMNITY	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	
6461		SHORT TERM DISABILITY	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	
6441		SHORT TERM DISABILITY	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	
6410		SHORT TERM DISABILITY	3

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

DIGITAL INSURANCE INCGA

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	
5573		SHORT TERM DISABILITY	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	
5339		SHORT TERM DISABILITY	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	
4934		SHORT TERM DISABILITY	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	
4860		SHORT TERM DISABILITY	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	
4420		SHORT TERM DISABILITY	3

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

AP BENEFIT ADVSDBA 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	
4330		CRITICAL ILLNESS-SPECIALIZED D	3

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

BROWN AND BROWN INSURANCE SERVICE

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	
4295		SHORT TERM DISABILITY	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	
3903		ACCIDENT	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	
3635		SHORT TERM DISABILITY	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	
3525		SHORT TERM DISABILITY	3

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

BENECARE 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	
3420		SHORT TERM DISABILITY	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	
3316		SHORT TERM DISABILITY	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	
3168		SHORT TERM DISABILITY	3

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

BURNHAM FINL SVCSALERA 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	
3069		SHORT TERM DISABILITY	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	
2700		SHORT TERM DISABILITY	3

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

AP BENEFIT ADVSDBA 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	
2670		SHORT TERM DISABILITY	3

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

BROWN AND BROWN INSURANCE SERVICE

500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2664		ACCIDENT	3

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

AP BENEFIT ADVSDBA 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	
2557		HOSPITAL INDEMNITY	3

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

BROWN AND BROWN INSURANCE SERVICE

500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2531			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	
2491		SHORT TERM DISABILITY	3

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

AP BENEFIT ADVSDBA 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	
2076		ACCIDENT	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	
2053		SHORT TERM DISABILITY	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	
1930		SHORT TERM DISABILITY	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	
1860		SHORT TERM DISABILITY	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	
1784		SHORT TERM DISABILITY	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	
1718		SHORT TERM DISABILITY	3

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

BROWN AND BROWN INSURANCE SERVICE

500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1685		HOSPITAL INDEMNITY	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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1669		SHORT TERM DISABILITY	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	
1566		CRITICAL ILLNESS-SPECIALIZED D	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	
1468		SHORT TERM DISABILITY	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	
1383		CRITICAL ILLNESS-SPECIALIZED D	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	
1362		ACCIDENT	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	
1306		SHORT TERM DISABILITY	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	
1295		SHORT TERM DISABILITY	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	
1234		SHORT TERM DISABILITY	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	
1160		SHORT TERM DISABILITY	3

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

MIRABITOGRESHAM INSURANCE

423 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	
1060		SHORT TERM DISABILITY	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	
1024		CRITICAL ILLNESS-SPECIALIZED D	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	
1018		SHORT TERM DISABILITY	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	
1008		SHORT TERM DISABILITY	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	
957		SHORT TERM DISABILITY	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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
910		SHORT TERM DISABILITY	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	
778		SHORT TERM DISABILITY	3

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

CHOICE EMPLYEE 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	
728		SHORT TERM DISABILITY	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	
716		SHORT TERM DISABILITY	3

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

EMERLING, FLOSS, MURPHYASSOC

9092 MAIN STREET
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
673		SHORT TERM DISABILITY	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	
667		ACCIDENT	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	
660		CRITICAL ILLNESS-SPECIALIZED D	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	
612		SHORT TERM DISABILITY	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	
603		SHORT TERM DISABILITY	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	
592		SHORT TERM DISABILITY	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	
552		SHORT TERM DISABILITY	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	
542		SHORT TERM DISABILITY	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	
466		SHORT TERM DISABILITY	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	
452		SHORT TERM DISABILITY	3

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

BROWN AND BROWN INSURANCE SERVICE
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	
435		ACCIDENT	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	
432		SHORT TERM DISABILITY	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	
390		ACCIDENT	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	
389		SHORT TERM DISABILITY	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	
377		ACCIDENT	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	
374		HOSPITAL INDEMNITY	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	
356		HOSPITAL INDEMNITY	3

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

BROWN AND BROWN INSURANCE SERVICE

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	
328		HOSPITAL INDEMNITY	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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
315		SHORT TERM DISABILITY	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	
307		ACCIDENT	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	
297		HOSPITAL INDEMNITY	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	
292		SHORT TERM DISABILITY	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	
285		ACCIDENT	3

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

BURNHAM FINL SVCSALERA 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	
279		ACCIDENT	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	
272		SHORT TERM DISABILITY	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	
251		CRITICAL ILLNESS-SPECIALIZED D	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	
245		ACCIDENT	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

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

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

MIRABITOGRESHAM INSURANCE

423 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	
235		ACCIDENT	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	
228		HOSPITAL INDEMNITY	3

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

GALLAGHER BENEFIT SERVICES INC
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	
206		SHORT TERM DISABILITY	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	
190		CRITICAL ILLNESS-SPECIALIZED D	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	
170		SHORT TERM DISABILITY	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	
169		SHORT TERM DISABILITY	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	
145		SHORT TERM DISABILITY	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	
123		HOSPITAL INDEMNITY	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	
106		HOSPITAL INDEMNITY	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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
105		CRITICAL ILLNESS-SPECIALIZED D	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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
104		SHORT TERM DISABILITY	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 250
SYRACUSE, NY 13204

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
58		CRITICAL ILLNESS-SPECIALIZED D	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	
57		SHORT TERM DISABILITY	3

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

SONDRA PAYNE

190 SUNSET DRIVE
SUITE 2
HAMBURG, NY 14075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
43		SHORT TERM DISABILITY	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	
30		CRITICAL ILLNESS-SPECIALIZED D	3

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

BROWN AND BROWN INSURANCE SERVICE

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	
30		CRITICAL ILLNESS-SPECIALIZED D	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	
1		SHORT TERM DISABILITY	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** [X] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2602516
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 PFL

(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	22943	01/01/2025	12/31/2025

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	(b) Total amount of fees paid
298435	

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 SERVICE
500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59219			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	
34443			3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
31435			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	
24609			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	
17828			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14560			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	
10996			3

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

AP BENEFIT ADVSDBA 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	
7846			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	
7680			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	
6415			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	
5996			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	
5503			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	
4994			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	
4958			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	
4785			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	
4201			3

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

KAFL INC.

359 N. WASHINGTON STREET
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3851			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	
3762			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	
3597			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	
3507			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	
3223			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	
3110			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	
3082			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	
3013			3

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

BENECARE 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	
2787			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	
2766			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	
2755			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	
2572			3

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

DIGITAL INSURANCE INCGA

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	
2275			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	
1624			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	
1530			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1233			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	
1199			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	
1194			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	
880			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	
729			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	
727			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	
666			3

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

PETER DERRENBACKER

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	
594			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	
351			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	
332			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
322			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	
252			3

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

SONDRA PAYNE

190 SUNSET DRIVE
SUITE 2
HAMBURG, NY 14075

(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

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	
242			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	
217			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	
147			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	
124			3

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

BURNHAM FINL SVCSALERA 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	
65			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)**			
	(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** [X] 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 [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	3976125
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 LTD

(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	21613	01/01/2025	12/31/2025

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	(b) Total amount of fees paid
492348	

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	
45967			3

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

BROWN AND BROWN INSURANCE SERVICE
500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35361			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	
34943			3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
31730			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
22067			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	
20806			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	
16171			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	
15512			3

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

BURNHAM FINL SVCSALERA 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	
14665			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	
13916			3

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

BROWN AND BROWN INSURANCE SERVICE

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	
13374			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	
12617			3

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

AP BENEFIT ADVSDBA 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	
10736			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	
10466			3

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

KAFL INC.

359 N. WASHINGTON STREET
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10288			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	
8753			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	
8705			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	
7151			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	
7137			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	
7039			3

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

BENECARE 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	
6637			3

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

DIGITAL INSURANCE INCGA

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	
6107			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5782			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	
5748			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	
5593			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	
5462			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	
5331			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	
5019			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	
4392			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	
4284			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	
4198			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	
4101			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	
3981			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	
3629			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	
3598			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	
3359			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3109			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3063			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	
2807			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	
2803			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	
2788			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	
2515			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	
2440			3

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

BROWN AND BROWN INSURANCE SERVICE
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	
2300			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	
2146			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	
1991			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	
1824			3

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

MIRABITOGRESHAM INSURANCE

423 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	
1724			3

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

NORTH REID HOLDGSCONVERGENCE

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	
1678			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	
1631			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	
1607			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	
1525			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	
1515			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	
1441			3

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

GALLAGHER BENEFIT SERVICES INC

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	
1418			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	
1369			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	
1344			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	
1317			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1277			3

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

SWAN AND SONSMORSS COMPANY INC.

P.O. BOX 179
309 EAST WATER STREET
ELMIRA, NY 14902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1233			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	
1202			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	
1072			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	
927			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	
855			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	
780			3

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

DIGITALBOUCHEYANDCLARKE
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	
766			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	
722			3

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

USI INS SERVICESPA

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	
673			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	
659			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	
650			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
646			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	
638			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	
632			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	
589			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	
523			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	
522			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	
522			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	
510			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	
501			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	
486			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	
484			3

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

DIGITALKBM
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	
463			3

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

EMERLING, FLOSS, MURPHYASSOC

9092 MAIN STREET
CLARENCE, NY 14031

(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

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	
398			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	
387			3

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

COORDINATED RESOURCESBUFFALO

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	
321			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	
314			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	
309			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	
299			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	
281			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	
279			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	
275			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	
259			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	
240			3

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

PETER DERRENBACKER

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	
233			3

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

SONDRA PAYNE

190 SUNSET DRIVE
SUITE 2
HAMBURG, NY 14075

(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

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	
217			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	
214			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
207			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
100
AMHERST, NY 14226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
150			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	
147			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

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	
126			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	
124			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

(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

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	
65			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	
59			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	
58			3

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

PATRIOT GROWTH INSNOLLOTH

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	
43			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	
41			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	
39			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 DRSTE 500
LIVERPOOL, NY 13088

(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

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	
27			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	
16			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	
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	

(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** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	4720270
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 DBL

(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	22943	01/01/2025	12/31/2025

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	(b) Total amount of fees paid
117548	

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 SERVICE
500 PLUM STREET
SUITE 200
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
21885			3

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

DIGITALBSG
528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
15490			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	
12394			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	
9250			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	
7385			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	
5216			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4075			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	
4020			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	
3587			3

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

AP BENEFIT ADVSDBA 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	
3416			3

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

BROWN AND BROWN INSURANCE SERVICE

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	
3181			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	
2767			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	
1895			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	
1785			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	
1778			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	
1711			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	
1665			3

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

KAFL INC.

359 N. WASHINGTON STREET
ROCHESTER, NY 14625

(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

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	
1500			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	
1201			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	
1183			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	
998			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	
950			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	
865			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	
752			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	
731			3

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

DIGITAL INSURANCE INCGA

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	
710			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	
628			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	
531			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	
495			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	
442			3

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

BENECARE 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	
439			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	
405			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	
380			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	
344			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

(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

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	
192			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	
191			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	
189			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	
174			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	
164			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	
149			3

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

PETER DERRENBACKER
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	
107			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	
98			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
78			3

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

SONDRA PAYNE
190 SUNSET DRIVE
SUITE 2
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

BURNHAM FINL SVCSALERA 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	
30			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	
22			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)**			
	(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** [X] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2031185
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 SPL

(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	9842	01/01/2025	12/31/2025

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	(b) Total amount of fees paid
366501	

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	
33266			3

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

DIGITALBSG
528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32756			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	
25702			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	
19914			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18824			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	
17419			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15641			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	
14359			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	
13894			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	
7963			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	
6682			3

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

AP BENEFIT ADVSDBA 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	
6525			3

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

BURNHAM FINL SVCSALERA 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	
6137			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	
5985			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	
5686			3

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

AP BENEFIT ADVSDBA 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	
5668			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	
5257			3

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

KAFL INC.

359 N. WASHINGTON STREET
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4731			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	
4713			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	
4090			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4001			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	
3840			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	
3553			3

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

EMERLING, FLOSS, MURPHYASSOC

9092 MAIN STREET
CLARENCE, NY 14031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3330			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	
3279			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	
3254			3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3181			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	
3175			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	
3020			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	
3016			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	
2900			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	
2797			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	
2791			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	
2628			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	
2571			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	
2497			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	
2487			3

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

DIGITALKBM

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	
2395			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	
2204			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	
2198			3

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

GALLAGHER BENEFIT SERVICES INC

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	
2161			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	
2093			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2013			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	
2002			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1863			3

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

DIGITAL INSURANCE INCGA

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	
1853			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	
1820			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	
1819			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	
1814			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	
1561			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	
1462			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	
1438			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	
1345			3

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

BURNHAM FINL SVCSALERA 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	
1321			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	
1248			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	
1190			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	
1117			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	
1110			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	
1083			3

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

NORTH REID HOLDGSCONVERGENCE

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	
1015			3

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

BENECARE 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	
1000			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	
924			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	
820			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	
795			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	
751			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	
741			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	
699			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	
640			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	
633			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	
609			3

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

USI INS SERVICESPA

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	
597			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	
551			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

(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

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	
527			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	
480			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
471			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	
441			3

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

PETER DERRENBACKER

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	
434			3

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

CHOICE EMPLYEE 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	
426			3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(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

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	
415			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	
414			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	
374			3

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

AP BENEFIT ADVSDBA 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	
370			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	
352			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	
348			3

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

MIRABITOGRESHAM INSURANCE

423 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	
333			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	
265			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	
240			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	
239			3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(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

DIGITAL INSURANCE LLC

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

(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

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	
213			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	
192			3

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

BURNHAM FINL SVCSALERA 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	
181			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	
177			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	
175			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	
175			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	
173			3

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

BENECARE 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	
162			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	
159			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
148			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	
125			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	
120			3

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

AP BENEFIT ADVSDBA 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	
114			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	
112			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

(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

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	
97			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	
80			3

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

GTM EMPLOYMENT BENEFITS

7 EXECUTIVE PARK DRIVE
CLIFTON PARK, NY 12065

(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

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	
71			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	
71			3

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

SONDRA PAYNE

190 SUNSET DRIVE
SUITE 2
HAMBURG, NY 14075

(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

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	
69			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	
66			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	
65			3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(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

AP BENEFIT ADVSDBA 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	
62			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	
61			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	
61			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
58			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	
56			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	
52			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	
50			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

(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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
42			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	
39			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

(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

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	
38			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	
37			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	
36			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	
34			3

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

BENECARE 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	
33			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	
33			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	
30			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	
30			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	
29			3

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

MIRABITOGRESHAM INSURANCE

423 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	
26			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	
26			3

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

DIGITALBSG

528 PLUM COURT 250
SYRACUSE, NY 13204

(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

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	
24			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	
24			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	
24			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	
23			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	
22			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	
21			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21			3

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

BENECARE 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	
19			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	
17			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	
17			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	
16			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	
16			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	
16			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15			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	
15			3

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

MIRABITOGRESHAM INSURANCE
423 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	
15			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	
13			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	
11			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	
11			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	
11			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	
11			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	
11			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9			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	
9			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	
8			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	
8			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	
8			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 250
SYRACUSE, NY 13204

(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

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	
7			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	
6			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 250
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6			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	
5			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	
5			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	
4			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	
4			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	
4			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	
4			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	
4			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	
4			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	
4			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	
4			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	
4			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	
3			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	
3			3

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

MIRABITOGRESHAM INSURANCE

423 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	
3			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	
3			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	
3			3

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

BENECARE 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	
2			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	
2			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	
2			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	
2			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	
2			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	
2			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	
2			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	
2			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	
2			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	
1			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	
1			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	
1			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	
1			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	
1			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	
1			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	
1			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	
1			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	
0			3

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

MIRABITOGRESHAM INSURANCE

423 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	
0			3

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

MIRABITOGRESHAM INSURANCE

423 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	
0			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)**			
	(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** [X] 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 [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3262510
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

(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

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	11055	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN CHASE BANK NA

13-4994650

(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	27475	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	31700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

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	8450	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	19230	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

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	7782	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	7782	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
20	TRUSTEE	8634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PATRICK 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	1202	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND

B Three-digit plan number (PN) ▶ 501

C Plan or DFE 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 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)

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	110 METAL WORKS, INC	**c** EIN-PN	46-4624021-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	1839 RESTAURANT AND BAR, INC.	**c** EIN-PN	84-3807220-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	2428392 INC. DBA FYE	**c** EIN-PN	37-1962121-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	4Q IMAGING LLC	**c** EIN-PN	26-2812589-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	4TH WAVE TECHNOLOGIES, LLC	**c** EIN-PN	71-0867254-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	50 STATE, LLC	**c** EIN-PN	47-4963671-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	598 MAIN STREET, LLC	**c** EIN-PN	16-1585573-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	9511 SHORE ROAD CONDOMINIUM	**c** EIN-PN	27-2199246-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	A.L. GEORGE, LLC DBA ONONDAGA BEVERAGE	**c** EIN-PN	16-1613705-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	A.W. MACK MANUFACTURING CO., INC.	**c** EIN-PN	14-1440960-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AALBORG INSTRUMENTS AND CONTROLS INC.	**c** EIN-PN	13-2720018-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ABIGAL PRESS INC.	**c** EIN-PN	11-1819153-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ABILITIES FIRST INC.	**c** EIN-PN	14-1467427-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ABLE 2 ENHANCING POTENTIAL, INC.	**c** EIN-PN	16-1091767-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ABR WHOLESALERS, INC.	**c** EIN-PN	16-0918233-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ABSCOPE ENVIRONMENTAL, INC.	**c** EIN-PN	16-1352765-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ABUNDANT LIFE CHRISTIAN CENTER	**c** EIN-PN	16-1369722-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ACADEMIC AND CHILDCARE EXCELLENCE LLC	**c** EIN-PN	47-2134215-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ACCEDE MOLD AND TOOL CO., INC.	**c** EIN-PN	16-1170252-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ACCESS COMPLIANCE, LLC	**c** EIN-PN	45-3705794-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ACCESS FAMILY DENTAL AND DENTURES	**c** EIN-PN	27-0970930-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ACCOUNTING FIRM OF SUSAN A RICH	**c** EIN-PN	27-1905997-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ACME PRECISION PRODUCTS	**c** EIN-PN	16-0776651-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ACQUEST HOLDINGS INC.	**c** EIN-PN	16-1390944-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ACTION PROTECTIVE GROUP, INC.	**c** EIN-PN	16-1184052-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ACTUARIAL CONSULTING SERVICES, INC	**c** EIN-PN	16-1186135-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADIRONDACK COUNCIL, INC.	**c** EIN-PN	14-1594386-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADIRONDACK HISTORICAL ASSOCIATION, INC.	**c** EIN-PN	13-5635801-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADIRONDACK LEAGUE CLUB	**c** EIN-PN	15-0227290-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADIRONDACK LIFE, INC.	**c** EIN-PN	14-1657056-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADIRONDACK MENNONITE RETIREMENT COMMUNITY, INC.	**c** EIN-PN	16-1333180-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADIRONDACK PUBLISHING CO., INC.	**c** EIN-PN	15-0556805-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADIRONDACK ROOTS	**c** EIN-PN	14-1601549-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADIRONDACK TRANSIT LINES, INC.	**c** EIN-PN	14-0458760-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADVANCED ASTHMA AND ALLERGY OF NNY, PLLC	**c** EIN-PN	27-2691198-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADVANCED AUTOMATION CORPORATION	**c** EIN-PN	16-1250200-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADVANCED CARE SOLUTIONS, INC.	**c** EIN-PN	16-1567913-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADVION, INC	**c** EIN-PN	20-2262079-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ADVOCATES INCORPORATED	**c** EIN-PN	16-1453716-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AES NORTHEAST, PLLC	**c** EIN-PN	14-1811718-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AFFILIATED REINSURANCE ASSOC.	**c** EIN-PN	13-2876727-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AG PAK, INC.	**c** EIN-PN	60-0870825-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AGBOTIC, INC.	**c** EIN-PN	46-4991502-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AGENCY INSURANCE BROKERS, INC.	**c** EIN-PN	14-1512403-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AIDS COMMUNITY RESOURCES, INC. DBA ACR HEALTH	**c** EIN-PN	16-1359060-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AIR INNOVATIONS INC.	**c** EIN-PN	16-1284644-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AIRQUIP INC. DBA AIRQUIP HEATING AND AIR CONDITIONING	**c** EIN-PN	01-0557622-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AJAY GLASS AND MIRROR CO., INC.	**c** EIN-PN	16-1129213-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AKEY GIROUX LLC	**c** EIN-PN	93-1379693-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AL ROSS SPORT SCREENING, INC.	**c** EIN-PN	16-1329433-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ALARD EQUIPMENT CORP.	**c** EIN-PN	16-1113500-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ALBANY CHIROPRACTIC AND PHYSICAL THERAPY, PLLC	**c** EIN-PN	24-0428672-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ALIGN COMMUNICATIONS INC.	**c** EIN-PN	13-3363996-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ALL TIMES PUBLISHING, LLC	**c** EIN-PN	16-1230061-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ALLEN TOOL PHOENIX, INC.	**c** EIN-PN	16-1396476-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ALLIED AMERICAN ABSTRACT CORP.	**c** EIN-PN	16-1207902-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ALLIED CPAS, PC	**c** EIN-PN	27-0542316-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ALLRED AND ASSOCIATES INC.	**c** EIN-PN	16-1481445-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ALTON MANUFACTURING, INC.	**c** EIN-PN	16-0960062-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AM AND T	**c** EIN-PN	16-1340290-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMDURSKY, PELKY, FENNELL AND WALLEN, P.C.	**c** EIN-PN	16-1285829-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMERICAN BD COMPANY D B A OPICI WINE GROUP	**c** EIN-PN	22-0730160-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMERICAN BD COMPANY D B A OPICI WINE GROUP	**c** EIN-PN	56-2469882-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMERICAN DAIRY ASSOCIATION AND DAIRY COUNCIL IN	**c** EIN-PN	15-0504284-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMERICAN ENERGY CARE, INC	**c** EIN-PN	14-1750628-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMERICAN HARNESS RACING SECRETARIES	**c** EIN-PN	16-1389022-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMERICAN HOUSING MANAGEMENT COMPANY, INC.	**c** EIN-PN	03-0455305-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMERICAN LUBRICANTS INC.	**c** EIN-PN	16-0997757-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMERICAN RESTORATION AND MAINTENANCE CORPORATION	**c** EIN-PN	14-1769830-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMIGONE FUNERAL HOME, INC.	**c** EIN-PN	16-0822579-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AMPERSAND NEW YORK OPERATIONS CO. LLC	**c** EIN-PN	30-0352008-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AN COR INDUSTRIAL PLASTICS	**c** EIN-PN	16-0843802-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ANASTASI TRUCKING INC.	**c** EIN-PN	16-0875499-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ANC HEATING AND AIR CONDITIONING, INC.	**c** EIN-PN	16-0965748-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ANDERSON CENTER FOR AUTISM	**c** EIN-PN	14-1598279-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ANIMAL FARM FOUNDATION, INC.	**c** EIN-PN	22-2386955-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ANJO CONSTRUCTION LTD.	**c** EIN-PN	14-1545656-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ANSEN CORPORATION	**c** EIN-PN	46-2806930-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ANTHONY OLIVA INC.	**c** EIN-PN	50-0620396-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	APD ENGINEERING AND ARCHITECTURE, PLLC	**c** EIN-PN	16-1522671-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	APOLLO OPTICAL SYSTEMS, INC.	**c** EIN-PN	61-1516086-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	APPEL OSBORNE LANDSCAPE ARCHITECT	**c** EIN-PN	16-1198094-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	APPLERIDGE RESIDENCIES, LLC	**c** EIN-PN	27-2231764-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	APPLIANCE ASSOCIATES OF BUFFALO	**c** EIN-PN	16-1237335-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	APPLIED AUDIO	**c** EIN-PN	16-1013016-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AQUA SCIENCES INC.	**c** EIN-PN	16-1272033-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ARDENT LEARNING INC.	**c** EIN-PN	16-1428101-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ARDENT LEARNING, INC.	**c** EIN-PN	16-1428102-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ARGUS TRANSPORT USA	**c** EIN-PN	87-0928386-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ARMSTRONG MOLD CORP.	**c** EIN-PN	16-0959112-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ARNOFF MOVING AND STORAGE INC.	**c** EIN-PN	06-0803705-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ARNOLD J. HODES AND CO.,CPA	**c** EIN-PN	20-0500257-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ARNOT MANAGEMENT CORPORATION	**c** EIN-PN	85-3814210-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ARTHRITIS HEALTH ASSOCIATES PLLC	**c** EIN-PN	16-1546453-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ARTHUR M. SACKLER FOUNDATION	**c** EIN-PN	52-1074954-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASA ACQUISITIONS, INC.	**c** EIN-PN	20-8620888-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASHFORD MANAGEMENT GROUP, INC.	**c** EIN-PN	16-1319462-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASHLEY MCGRAW ARCHITECTS, D.P.C.	**c** EIN-PN	16-1541878-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASOTU, INC.	**c** EIN-PN	87-4724076-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASPIRE OF WESTERN NEW YORK, INC.	**c** EIN-PN	16-0757756-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASSIGNR, LLC	**c** EIN-PN	30-1201375-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASSOCIATED GENERAL CONTRACTORS	**c** EIN-PN	14-1313641-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASSOCIATES FOR WOMEN'S MEDICINE, PLLC	**c** EIN-PN	16-1557091-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASSOCIATES OF GLENS FALLS, INC.	**c** EIN-PN	14-1497922-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASSOCIATION FOR VISION REHAB AND EMPLOYMENT	**c** EIN-PN	15-0532059-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASSOCIATION OF COMMUNITY PUBLISHERS	**c** EIN-PN	39-0934933-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ASTOR SERVICES FOR CHILDREN AND FAMILIES	**c** EIN-PN	14-1397918-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AT HOME CARE, INC.	**c** EIN-PN	16-1287069-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ATLANTICARE MANAGEMENT, LLC	**c** EIN-PN	27-0918627-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ATT FINANCIAL GROUP, INC.	**c** EIN-PN	16-1601843-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUAR ENTERPRISES DBA COLELLO AIR TECHNOLOGIES	**c** EIN-PN	85-3941900-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUBERTINE AND CURRIER ARCHITECTS, ENGINEERS AND LAND SURVEYORS, PLLC.	**c** EIN-PN	16-1596177-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUBURN COMMUNITY HOSPITAL	**c** EIN-PN	15-0532054-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUDIOSEARS CORPORATION	**c** EIN-PN	15-0591646-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUGMENTED REALITY CONCEPTS	**c** EIN-PN	45-3691412-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUSTIN MOHAWK AND COMPANY LLC	**c** EIN-PN	46-3639163-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUSTRIAN NATIONAL TOURIST OFFICE, INC.	**c** EIN-PN	13-2869025-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUTISMUP, INC	**c** EIN-PN	04-3833868-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUTO FINISHERS SUPPLY CO OF SYRACUSE, INC.	**c** EIN-PN	16-1061767-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUTOMATED EQUIPMENT SERVICE, INC.	**c** EIN-PN	14-1706801-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUTOMATION EXPERTS INC.	**c** EIN-PN	14-1837159-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	AUXILIARY SERVICES CORPORATION OF ECC	**c** EIN-PN	16-1058358-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	B. GIAMBRONE AND CO. INC.	**c** EIN-PN	16-1154017-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	B.J. MESSNER COMPANY, INC.	**c** EIN-PN	16-0878051-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	B.P.C. MANAGEMENT CORP	**c** EIN-PN	11-2531149-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BACH PLUMBING AND HEATING CO CLAYTON INC.	**c** EIN-PN	16-1187874-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BAGNALL PROPERTIES LLC	**c** EIN-PN	27-2980131-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BAKEWISE BRANDS, INC.	**c** EIN-PN	20-3092680-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BANCHETTI BY RIZZO'S	**c** EIN-PN	16-1564325-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BANDT CONSTRUCTION AND MASONRY, INC.	**c** EIN-PN	82-3120631-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BANGS AMBULANCE, INC.	**c** EIN-PN	16-1131112-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BARR TRANSPORTATION CORP.	**c** EIN-PN	15-0554372-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BARRY STEEL FABRICATION, INC.	**c** EIN-PN	16-1085941-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BARSTOW MOTORS	**c** EIN-PN	15-0596388-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BASCOL INC.	**c** EIN-PN	16-1417526-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BASKIN LIVESTOCK, INC.	**c** EIN-PN	04-2702367-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BATES TROY INC.	**c** EIN-PN	16-0968856-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BATTENFELD AMERICAN INC.	**c** EIN-PN	16-0997162-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BATTENFELD GREASE AND OIL CORP. OF NY	**c** EIN-PN	16-1058430-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BATTERY POWER SYSTEMS, INC	**c** EIN-PN	16-1317126-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BATTERY RESEARCH AND TESTING INC.	**c** EIN-PN	16-1174827-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BAY BROKERAGE, INC.	**c** EIN-PN	56-2381703-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BBL CONSTRUCTION SERVICES, LLC	**c** EIN-PN	14-1814573-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BBL HOSPITALITY	**c** EIN-PN	26-4830667-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BBX, INC.	**c** EIN-PN	20-0811363-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BEAK AND SKIFF APPLE FARMS, INC	**c** EIN-PN	15-0537807-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BEARDSLEY DESIGN ASSOCIATES	**c** EIN-PN	16-1053917-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BEAVER MOUNTAIN LOG HOMES, INC.	**c** EIN-PN	16-1228933-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BECKER'S TOWING AND RECOVERY	**c** EIN-PN	16-1326158-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BEE LINE WAREHOUSING INCORPORATED	**c** EIN-PN	59-3829570-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BELCAM INC.	**c** EIN-PN	14-1409648-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BELDOTTI MANAGEMENT	**c** EIN-PN	13-3084276-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BELIEVER'S CHAPEL	**c** EIN-PN	16-1191973-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BELLERDINE INVESTIGATIVE AGENCY	**c** EIN-PN	16-1213750-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BENEFIT DESIGN SERVICES	**c** EIN-PN	16-1391724-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BENEFIT SERVICES GROUP	**c** EIN-PN	16-1551267-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BENEFITS ADVANTAGE, INC.	**c** EIN-PN	16-1608077-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BENNETT DIE AND TOOL, INC.	**c** EIN-PN	16-1027869-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BENSON ENTERPRISES OF NEW YORK	**c** EIN-PN	16-1560782-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BER NATIONAL CONTROLS, INC.	**c** EIN-PN	16-1365817-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BERGAN AND YOUNG, INC.	**c** EIN-PN	16-0876550-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BERTRAND CHAFFEE HOSPITAL	**c** EIN-PN	16-0743921-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BESSEY TOOLS INC.	**c** EIN-PN	16-0985807-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BETHESDA HOUSE OF SCHENECTADY, INC.	**c** EIN-PN	31-1645415-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BETTE AND CRING, LLC	**c** EIN-PN	16-1562780-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BFC PRINT NETWORK INC	**c** EIN-PN	16-1481510-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BINGHAMTON HOUSING AUTHORITY	**c** EIN-PN	15-6002734-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BIOGENIC DENTAL CORP.	**c** EIN-PN	16-1443543-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BIOSPHERIX, LLC	**c** EIN-PN	16-1607642-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BIOWORKS, INC	**c** EIN-PN	16-1443395-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BISLAND AGENCY INC.	**c** EIN-PN	14-1550225-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BLEVINS SEAWAY MOTORS INC	**c** EIN-PN	27-3120692-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BLUE FLAME GAS CO., INC.	**c** EIN-PN	14-1295936-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BLUE HERON CONSULTING CORP	**c** EIN-PN	16-1573553-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BO MER PLASTICS	**c** EIN-PN	16-1606418-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BOLAND'S EXCAVATING AND TOPSOIL, INC.	**c** EIN-PN	16-1211101-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BOMAC, INC.	**c** EIN-PN	15-0614387-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BON TON GLASS	**c** EIN-PN	16-1131435-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BONNET SALES AND SERVICE, INC.	**c** EIN-PN	80-0021192-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BOSS PRECISION LTD	**c** EIN-PN	16-1459548-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BOSSONG'S COMMERCIAL DELIVERY, INC.	**c** EIN-PN	16-0921198-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BOULTER INDUSTRIAL CONTRACTORS, INC.	**c** EIN-PN	16-1039195-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BOWERS AND COMPANY CPA'S, PLLC	**c** EIN-PN	20-1317788-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BOXCAR PRESS	**c** EIN-PN	16-1609457-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BOYLAN CODE, LLP	**c** EIN-PN	16-1042228-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BOYS AND GIRLS CLUBS OF ERIE CO.	**c** EIN-PN	16-1190155-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BRAWDY CONSTRUCTION	**c** EIN-PN	16-1387598-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BREDE TOOL AND SUPPLY, INC.	**c** EIN-PN	26-3311973-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BREMONT WATCH COMPANY, INC.	**c** EIN-PN	45-5107958-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BRETON INDUSTRIES, INC.	**c** EIN-PN	14-1543400-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BRIDGE STREET MOTORS, LLC DBA KIA OF EAST SYRACUSE	**c** EIN-PN	26-3284895-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BRIERWOOD CHILD CARE CENTERS	**c** EIN-PN	02-0649191-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BRIGHTLINE EATING SOLUTIONS, LLC	**c** EIN-PN	47-1888453-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BRIGHTON CAMPUS CHIROPRACTORS, LLC	**c** EIN-PN	32-0060930-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BRINSON MARINE GROUP LLC	**c** EIN-PN	20-5907534-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BROOKS FACTORY DIRECT TRAILERS, LLC	**c** EIN-PN	82-2194644-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BROOME COUNTY COUNCIL OF CHURCHES, INC.	**c** EIN-PN	15-0547374-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BROTHERS REALTY	**c** EIN-PN	16-0955767-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BRYLIN HOSPITALS INC.	**c** EIN-PN	16-1163586-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUCKINGHAM PROPERTIES, LLC	**c** EIN-PN	16-1045960-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUCKLEY ROAD PEDIATRICS, PLLC	**c** EIN-PN	81-1822492-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUFFALO AND FORT ERIE PUBLIC BRIDGE AUTHORITY	**c** EIN-PN	16-6000161-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUFFALO CIVIC AUTO RAMPS INC	**c** EIN-PN	02-0738159-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUFFALO NAVAL PARK COMMITTEE, INC.	**c** EIN-PN	16-1133535-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUFFALO PLACE INC.	**c** EIN-PN	23-7363788-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUFFALO SEWER AUTHORITY	**c** EIN-PN	22-3136963-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUFFALO URBAN LEAGUE	**c** EIN-PN	16-0743940-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUFFALO WIRE WORKS	**c** EIN-PN	16-0368730-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BURD HOME HEALTH LLC	**c** EIN-PN	82-1010992-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUSHNELLS BASIN VETERINARY CLINIC PC	**c** EIN-PN	47-1023126-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUSINESS MACHINES AND EQUIPMENT	**c** EIN-PN	16-1582755-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	BUTLER DISPOSAL SYSTEMS INC.	**c** EIN-PN	46-0873257-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	C.P. COMMUNICATIONS, INC.	**c** EIN-PN	13-3276835-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CALDWELL BENNETT INC.	**c** EIN-PN	16-1193599-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CALIX CERAMIC SOLUTIONS, LLC.	**c** EIN-PN	45-4737466-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CALLANDER'S NURSERY, INC.	**c** EIN-PN	16-1124166-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAMBRIDGE STREET ASSET MANAGEMENT LLC	**c** EIN-PN	80-0851599-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAMP DUDLEY, INC.	**c** EIN-PN	14-1504974-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAMPUS AUXILIARY SERVICES OF NEW PALTZ, INC.	**c** EIN-PN	14-1380310-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAM'S PIZZERIA	**c** EIN-PN	01-0848551-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CANASTOTA NC CORP.	**c** EIN-PN	16-0991998-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CANI PT AND OT, P.L.L.C.	**c** EIN-PN	16-1547014-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAPABILITIES, INC	**c** EIN-PN	16-0807981-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAPITAL SAFETY SERVICES, INC.	**c** EIN-PN	46-1828516-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAR ENGINEERING AND MANUFACTURING	**c** EIN-PN	16-1278015-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAROL ANN PRODUCE PACKAGING CORP.	**c** EIN-PN	14-1498849-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CARTHAGE FEDERAL SAVINGS AND LOAN ASSOCIATION	**c** EIN-PN	15-0263165-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CARYL ELECTRIC COMPANY, INC.	**c** EIN-PN	16-0877495-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CASCO SYSTEMS INC	**c** EIN-PN	16-1080075-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CASWELL, INC.	**c** EIN-PN	38-3989096-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CATHEDRAL CANDLE COMPANY	**c** EIN-PN	15-0263980-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY	**c** EIN-PN	14-1340033-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CATTARAUGUS COMMUNITY ACTION	**c** EIN-PN	16-0910303-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAYUGA COUNSELING SERVICES, INC	**c** EIN-PN	16-0978035-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CAYUGA COUNTY HOMSITE DEVELOPMENT CORP.	**c** EIN-PN	16-0999976-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CDJ STAMPING INC.	**c** EIN-PN	03-0377389-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CEM MACHINE, INC.	**c** EIN-PN	16-1585083-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CENTER CITY NEIGHBORHOOD DEVELOPMENT CORP.	**c** EIN-PN	16-1119263-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CENTER FOR GOVERNMENTAL RESEARCH	**c** EIN-PN	16-0754774-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CENTOLELLA LAW PC	**c** EIN-PN	81-4829996-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CENTRAL NEW YORK TECHNOLOGY DEVELOPMENT ORGANIZATION	**c** EIN-PN	16-1339956-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CENTRAL NY REGIONAL PLANNING AND DEVELOPMENT BO	**c** EIN-PN	16-0916169-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CENTRAL PILLAR GROUP LLC	**c** EIN-PN	45-5407133-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CEREBRAL PALSY OF WESTCHESTER	**c** EIN-PN	13-1690769-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CFC VENTURES INC.	**c** EIN-PN	27-4278504-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CH INSURANCE BROKERAGE, INC	**c** EIN-PN	16-1363572-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHADWICK RESIDENCE, INC.	**c** EIN-PN	22-2805597-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHAMPLAIN CHILDREN'S LEARNING CENTER	**c** EIN-PN	16-1537024-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHAMPLAIN PLASTICS, INC.	**c** EIN-PN	14-1805581-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHANDLER AUTOMOTIVE SALES AND SERVICE	**c** EIN-PN	16-1407368-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHARISMA MANAGEMENT CORPORATION DBA THE OTESAGA HOTEL	**c** EIN-PN	32-2885758-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHARLES H. TUKE AGENCY INC.	**c** EIN-PN	16-0730650-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHARLES SETTLEMENT HOUSE	**c** EIN-PN	16-0868128-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHARLES T. SITRIN HEALTH CARE CENTER, INC.	**c** EIN-PN	22-3100745-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHARLOTTE APPLIANCE, INC.	**c** EIN-PN	16-0761621-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHAUTAUQUA OPPORTUNITIES, INC.	**c** EIN-PN	16-0905222-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHAUTAUQUA UTILITY DISTRICT	**c** EIN-PN	16-1083845-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHEMUNG COUNTY HUMANE SOCIETY AND SPCA, INC.	**c** EIN-PN	16-0743999-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHILDREN'S HOME OF JEFFERSON COUNTY	**c** EIN-PN	15-0532089-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHINA TOWNE FURNITURE AND MATTRESS	**c** EIN-PN	16-0918946-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHRISANNTHA CONSTRUCTION CORPORATION	**c** EIN-PN	16-1244701-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHRISTIAN BROTHERS ACADEMY OF ALBANY	**c** EIN-PN	14-1340037-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CHURCH OF THE LIVING WORD, INC.	**c** EIN-PN	16-1082295-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CIM, LLC	**c** EIN-PN	81-0637550-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CITEC, INC.	**c** EIN-PN	13-3673737-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CJK MANUFACTURING LLC	**c** EIN-PN	16-1428987-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CLARA WELCH THANKSGIVING HOME	**c** EIN-PN	15-0543655-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CLARK EQUIPMENT RENTAL LLC	**c** EIN-PN	14-1935193-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CLASSIC AND PERFORMANCE SPECIALTIES, INC.	**c** EIN-PN	16-1340263-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CLAYTON MARINA SALES AND SERVICE INC.	**c** EIN-PN	20-1637524-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CLAYTON SHURFINE	**c** EIN-PN	92-2219375-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CLEANERS SUPPLY, INC.	**c** EIN-PN	16-1345258-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CLIFTON FINE HOSPITAL	**c** EIN-PN	90-0909506-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CLIFTON PARK HEATING AND COOLING LLC.	**c** EIN-PN	81-2812923-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CLINTON CREST MANOR	**c** EIN-PN	16-1285374-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CNY DIAGNOSTIC IMAGING ASSOCIATES, LLC	**c** EIN-PN	16-1470974-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CNY FAMILY CARE	**c** EIN-PN	16-1561865-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CNY MEDICAL BILLING ASSOCIATES INC.	**c** EIN-PN	16-1405690-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CNY PAYROLL SERVICES, INC	**c** EIN-PN	46-0871880-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CNY SURGICAL PHYSICIANS, P.C.	**c** EIN-PN	16-1507608-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CNY WOMEN'S HEALTHCARE PC	**c** EIN-PN	20-1396748-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COAKLEY BOYD AND ABBETT INC	**c** EIN-PN	04-2384863-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COBRA FIRING LLC	**c** EIN-PN	27-1159974-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLARUSSO BLACKTOP CORPORATION	**c** EIN-PN	14-1422440-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLGATE ROCHESTER CROZER DIVINITY SCHOOL	**c** EIN-PN	16-0743916-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLLEGE ASSOCIATION AT DELHI, INC.	**c** EIN-PN	15-0591271-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLLEGE AUXILIARY SERVICES OF THE STATE UNIVERSITY COLLEGE PLATTSBURGH	**c** EIN-PN	14-1364580-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLLEGETOWN BAGELS, INC.	**c** EIN-PN	16-1057527-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLLIER AND BERGER, PLLC	**c** EIN-PN	20-2123918-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLLINS ADVISORY, INC	**c** EIN-PN	92-1568212-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLON RECTAL ASSOCIATES OF CNY, LLP	**c** EIN-PN	16-1132325-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLONIAL TANNING CORPORATION	**c** EIN-PN	14-1515113-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLONIE SENIOR SERVICE CENTERS, INC.	**c** EIN-PN	22-2366576-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLONIE YOUTH CENTER	**c** EIN-PN	14-1492095-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COLUMBIA GREENE C.C.	**c** EIN-PN	14-1504452-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMFORT SYSTEMS USA (SYRACUSE), INC.	**c** EIN-PN	16-0902042-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMMERCIAL ART SUPPLY	**c** EIN-PN	16-1123929-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMMERCIAL COVERAGE, INC.	**c** EIN-PN	14-1680765-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMMUNITY ACTION PROGRAM FOR MADISON COUNTY	**c** EIN-PN	16-1289461-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMMUNITY CARE OF WESTERN NEW YORK DBA HOMECARE AND HOSPICE	**c** EIN-PN	16-0977698-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION	**c** EIN-PN	14-1505623-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMPASS FEDERAL CREDIT UNION	**c** EIN-PN	16-0925413-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMPASSIONATE FAMILY MEDICINE	**c** EIN-PN	20-5003701-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMPREHENSIVE INTERDISCIPLINARY DEVELOPMENTAL SERVICES, INC.	**c** EIN-PN	16-0996008-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMPUTERIZED INVENTORY CONCEPTS INC.	**c** EIN-PN	16-1206834-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COMTEC SOLUTIONS, LLC	**c** EIN-PN	72-1566670-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CONBOY AND MANNION CONTRACTING, INC.	**c** EIN-PN	14-1686116-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CONFER PLASTICS	**c** EIN-PN	16-1007810-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CONGREGATION EMANU EL OF CITY OF NY	**c** EIN-PN	13-1623975-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CONNORS HAAS, INC.	**c** EIN-PN	16-0913694-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CONSERVATION CONNECTS, LLC DBA CC ENVIRONMENT AND PLANNING	**c** EIN-PN	27-1076196-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CONSUMER CREDIT COUNSELING	**c** EIN-PN	16-0972260-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CONTACT COMMUNITY SERVICES INC	**c** EIN-PN	16-0984299-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CONTINENTAL BLOWER, LLC	**c** EIN-PN	16-1567770-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CONTRACTORS SALES CO., INC.	**c** EIN-PN	14-0581495-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CORBETT STEEVES PATTERN WORKS	**c** EIN-PN	16-0952056-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CORDELLE DEVELOPMENT CORP.	**c** EIN-PN	16-0927198-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CORE CLIMATE SYSTEMS LLC	**c** EIN-PN	27-0543960-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CORNELL POCHILY INVESTMENT ADVISORS, INC.	**c** EIN-PN	26-1694165-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CORNERSTONE EYE ASSOCIATES	**c** EIN-PN	16-1440963-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CORNING DAY PROGRAMS, INC.	**c** EIN-PN	22-2361362-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CORTLAND COUNTY CHAMBER OF COMMERCE	**c** EIN-PN	15-0278960-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC	**c** EIN-PN	16-1004653-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COTTRILL'S PHARMACY, INC.	**c** EIN-PN	16-0913427-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COUGHLIN AND GERHART, LLP	**c** EIN-PN	15-0521967-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COUNCIL ON ALCOHOL AND SUBSTANCE ABUSE OF LIVINGSTON COUNTY INC.	**c** EIN-PN	16-1039939-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COUNTRY CLUB ACRES, INC.	**c** EIN-PN	40-1420781-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COUNTRYSIDE BUILDERS	**c** EIN-PN	47-2251304-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COVE RISK SERVICES, LLC	**c** EIN-PN	45-3417122-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COVENANT HOUSE	**c** EIN-PN	13-2725416-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COVERCO, INC.	**c** EIN-PN	16-1011735-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	COWLEY ASSOCIATES, INC.	**c** EIN-PN	16-1102730-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CRADLE BEACH, INC.	**c** EIN-PN	16-0743025-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CRAWFORD AND ASSOCIATES	**c** EIN-PN	14-1828490-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CREG SYSTEMS CORP.	**c** EIN-PN	16-1077011-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CRICKLER VENDING COMPANY	**c** EIN-PN	46-5286762-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CRITICAL LINK, LLC	**c** EIN-PN	16-1534393-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CROSMAN SEED CORP.	**c** EIN-PN	16-0396840-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CROSS BROS. PLUMBING, INC.	**c** EIN-PN	16-1157668-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CROUSE RADIOLOGY ASSOCIATES, LLP	**c** EIN-PN	16-1161016-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CROWN CONSTRUCTION, INC.	**c** EIN-PN	16-1350122-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CUDDEBACK MACHINING, INC.	**c** EIN-PN	16-1091223-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CUKIERSKI FAMILY, LLC	**c** EIN-PN	26-1806122-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CULAIN CAPITAL MANAGEMENT, LLC	**c** EIN-PN	61-2036094-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CURRENT APPLICATIONS, INC.	**c** EIN-PN	16-1577439-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	CUTTING EDGE PRODUCTS, LLC	**c** EIN-PN	74-3073138-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	D K MANUFACTURING	**c** EIN-PN	15-0545151-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAIM LOGISTICS, INC.	**c** EIN-PN	26-1563609-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAL POS ARCHITECTS AND INTEGRATORS	**c** EIN-PN	16-1579991-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DARCO MANUFACTURING, INC.	**c** EIN-PN	16-1098058-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DATARITE PAYROLL SERVICE OF CNY INC	**c** EIN-PN	45-3951961-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DATAVIEW, LLC	**c** EIN-PN	13-3954759-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAVID'S BRIDAL, LLC	**c** EIN-PN	65-0214563-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAVID'S REFUGE, INC.	**c** EIN-PN	45-3686680-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAVIDSON, FOX AND COMPANY, LLP	**c** EIN-PN	15-0544726-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAVIE KAPLAN, CPA, P.C.	**c** EIN-PN	16-1182991-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAWNBREAKER, INC.	**c** EIN-PN	16-1414222-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAWSON METAL COMPANY, INC.	**c** EIN-PN	16-0710555-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAY AND NIGHT PLUMBING CO., INC.	**c** EIN-PN	42-1530076-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAY ENGINEERING AND GEOLOGY D.P.C.	**c** EIN-PN	16-1424541-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DAYTON T. BROWN, INC.	**c** EIN-PN	10-1638929-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DBR PLUMBING INC.	**c** EIN-PN	16-1299669-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DEAN'S MODERN MARKETING, LLC.	**c** EIN-PN	45-4734900-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DEFELSKO CORPORATION	**c** EIN-PN	14-1491767-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DEJOY AND CO. CPAS, LLP	**c** EIN-PN	16-1375790-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DEL HYDRAULICS INC.	**c** EIN-PN	16-1190249-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DELTA CORRUGATED PAPER PRODUCT	**c** EIN-PN	11-1043960-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MANUFACTURERS CORRUGATED BOX CO. INC.	**c** EIN-PN	11-1043960-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DELTA HOLDINGS INC. (PA)	**c** EIN-PN	23-2167158-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DENIS S. O'CONNOR, INC.	**c** EIN-PN	11-2046471-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DESIGN AND SUPPLY CO., INC.	**c** EIN-PN	23-2010637-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DESIGNERS FOLDING BOX CORPORATION	**c** EIN-PN	16-0782079-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DEVELOPMENT AUTHORITY OF THE NORTH COUNTRY	**c** EIN-PN	16-1264935-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DIAMOND PAPER BOX COMPANY	**c** EIN-PN	16-0408340-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DIER AGENCY INC.	**c** EIN-PN	16-1585088-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DIMARCO, ABIUSI AND PASCARELLA, CPA'S, P.C.	**c** EIN-PN	16-1427749-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DIMENSION FABRICATORS INC.	**c** EIN-PN	14-1662895-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DIMINO'S LEWISTON MARKET INC.	**c** EIN-PN	16-9871421-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DINING ASSOCIATES INC.	**c** EIN-PN	16-1200829-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DIPAOLO BAKING COMPANY, INC.	**c** EIN-PN	16-0850761-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DISABLED PERSONS ACTION ORGANIZATION	**c** EIN-PN	22-2194058-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DISCOVERY CHARTER SCHOOL	**c** EIN-PN	27-4310659-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DJ ACQUISITION MANAGEMENT CORP.	**c** EIN-PN	20-3585448-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DK MARKS HH LLC.	**c** EIN-PN	84-3174112-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DOCUMENT SECURITY SYSTEMS	**c** EIN-PN	16-1229730-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DONOFRIO PLUMBING	**c** EIN-PN	33-4781626-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DONOHUE AND HIGGINS CANDY AND TOBACCO COMPANY	**c** EIN-PN	14-1565553-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DORON PRECISION SYSTEMS INC.	**c** EIN-PN	16-1020280-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DPM JOB SHOP SERVICES	**c** EIN-PN	20-3656090-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DRIZA, LLC	**c** EIN-PN	46-3126510-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DRYDEN AMBULANCE INC.	**c** EIN-PN	16-1414084-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DRYDEN MUTUAL INSURANCE COMPANY	**c** EIN-PN	15-0293645-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DUNK AND BRIGHT FURNITURE CO., INC.	**c** EIN-PN	30-0089359-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	DYSON RACING TEAM, INC.	**c** EIN-PN	14-1658200-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EANNACE FUNERAL HOME	**c** EIN-PN	16-1085455-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EAST AREA VOLUNTEER EMERGENCY SERVICE, INC	**c** EIN-PN	23-7356692-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EAST COAST AUDIOLOGY AND PHYSICAL THERAPY, PLLC	**c** EIN-PN	82-4832767-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EASTERN METAL OF ELMIRA, INC.	**c** EIN-PN	16-0757659-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EASTWOOD MANAGEMENT CORP.	**c** EIN-PN	16-1005077-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EBD CONSTRUCTION SERVICES LLC.	**c** EIN-PN	39-3020487-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ECC TECHNOLOGIES	**c** EIN-PN	16-1520781-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY	**c** EIN-PN	11-2195458-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ECONOMIC OPPORTUNITY PROGRAM, INC.	**c** EIN-PN	16-0960694-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ED LEWI ASSOCIATES, INC.	**c** EIN-PN	14-1587152-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ED MED FEDERAL CREDIT UNION	**c** EIN-PN	15-6079199-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EDWARDS ELECTRIC	**c** EIN-PN	16-1554688-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EDWIN F. ALLEN ASSOCIATES INC.	**c** EIN-PN	16-0763943-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EISCO LLC	**c** EIN-PN	93-4042523-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EISENBACH AND RUHNKE ENGINEERING, P.C.	**c** EIN-PN	16-1289214-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ELECTRA SALES CORP.	**c** EIN-PN	16-0991374-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ELMCREST CHILDREN'S CENTER INC.	**c** EIN-PN	15-0539090-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ELMLAWN CEMETERY AND CREMATORY, INC.	**c** EIN-PN	16-0365550-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMA MANAGEMENT SERVICES GROUP INC	**c** EIN-PN	16-1386959-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMCOM, INC.	**c** EIN-PN	16-1479986-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMDEC INDUSTRIES, INC.	**c** EIN-PN	11-1952112-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMERLING, FLOSS, MURPHY AND ASSOCIATES	**c** EIN-PN	20-1269306-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMERSON EXPRESS CO., INC.	**c** EIN-PN	16-1135013-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMERSON OIL CO., INC	**c** EIN-PN	16-0841802-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMPIRE AUTOMATION SYSTEMS, INC.	**c** EIN-PN	16-1384142-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMPIRE FIBERGLASS PRODUCTS, INC.	**c** EIN-PN	16-0913844-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMPIRE RECYCLING CORPORATION	**c** EIN-PN	15-0300260-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMPIRE STATE MINES, LLC	**c** EIN-PN	83-0361818-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMPIRE TECHNICAL ASSOCIATES, INC.	**c** EIN-PN	16-1196036-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMPIRE TELEPHONE CORPORATION	**c** EIN-PN	16-0594870-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMPIRICAN PRN INC. DBA CIRCUIT CLINICAL	**c** EIN-PN	81-2538163-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMPLOYEE RELATIONS ASSOCIATES	**c** EIN-PN	16-1237844-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMS GROUP MCMAHON AGENCY	**c** EIN-PN	16-0951079-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EMS GROUP STAHLKA AGENCY	**c** EIN-PN	16-1458041-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENBI ROCHESTER, INC	**c** EIN-PN	16-1440044-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENCORE ELECTRONICS CORP.	**c** EIN-PN	41-2281355-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENDGAME CPA'S, PLLC	**c** EIN-PN	93-3411471-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENDICOTT COIL COMPANY	**c** EIN-PN	15-0564035-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENDICOTT HENRY JEWELRY CORP.	**c** EIN-PN	16-1423024-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENDICOTT PRECISION, INC.	**c** EIN-PN	16-0964323-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENDODONTIC SPECIALISTS, P.C.	**c** EIN-PN	16-1151849-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENDWELL RUG CO., INC.	**c** EIN-PN	15-0300894-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENERCON SYSTEMS INC.	**c** EIN-PN	81-2733414-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENGINEERED COMPOSITES, INC.	**c** EIN-PN	16-1451603-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ENGLISH ROAD PEDIATRICS AND ADOLESCENT MEDICINE, LLC	**c** EIN-PN	20-1896861-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EPC, LLC	**c** EIN-PN	20-1510475-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EQUIPMENT RENTALS, INC.	**c** EIN-PN	16-1235312-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ERIE COUNTY S.P.C.A.	**c** EIN-PN	16-0425315-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ERIE MECHANICAL CONTRACTORS INC.	**c** EIN-PN	16-1314237-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ERNSTROM AND DRESTE LLP	**c** EIN-PN	16-1420616-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ERWAY AMBULANCE SERVICE, INC.	**c** EIN-PN	16-0924141-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ESSEX COUNTY CHAPTER OF NYSARC INC. DBA MOUNTAIN LAKES SERVICES	**c** EIN-PN	14-1563885-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EUGENIO MARIA DE HOSTOS CHARTER SCHOOL	**c** EIN-PN	16-1588384-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EVANS FOX, LLP	**c** EIN-PN	16-1559260-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EVELAND GROUP, LLC	**c** EIN-PN	99-3335198-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EVERGREEN MANUFACTURING OF CENTRAL NEW YORK	**c** EIN-PN	16-1352048-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EVERSAN, INC.	**c** EIN-PN	16-1525077-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EVOLVOPTIC	**c** EIN-PN	16-1044227-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EYE CONSULTANTS OF SYRACUSE, PC	**c** EIN-PN	16-0988563-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EYE SURGEONS OF CNY, P.C.	**c** EIN-PN	16-0992485-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	EZ STAK LLC	**c** EIN-PN	30-0829906-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	F.J. POMPO CO.	**c** EIN-PN	16-1385093-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	F.M. HOWELL COMPANY	**c** EIN-PN	16-0488020-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FACULTY STUDENT ASSOCIATION OF TC3	**c** EIN-PN	16-1038234-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAGAN ENGINEERS AND LAND SURVEYOR, PC.	**c** EIN-PN	46-2084676-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAIR RITE PRODUCTS CORPORATION	**c** EIN-PN	14-1389596-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAIRVIEW RECOVERY SERVICES, INC.	**c** EIN-PN	16-0975539-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FALK PRECISION, INC.	**c** EIN-PN	16-1350392-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FALSO INDUSTRIES, INC.	**c** EIN-PN	16-1541638-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILIES FIRST IN ESSEX COUNTY, INC.	**c** EIN-PN	14-1763863-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILIES THRIVE INC.	**c** EIN-PN	16-1047933-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY AND CHILDREN'S SERVICE CAPITAL REGION	**c** EIN-PN	14-1338477-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY AND CHILDREN'S SERVICE OF ITHACA	**c** EIN-PN	15-0589039-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY CARE MEDICAL GROUP	**c** EIN-PN	16-1468762-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY CHIROPRACTIC PREVENTION CENTER	**c** EIN-PN	16-1476901-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY COUNSELING SERVICE OF NORTHERN NEW YORK, INC	**c** EIN-PN	15-0597601-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY COUNSELING SERVICES OF THE FINGER LAKES, INC	**c** EIN-PN	16-0864789-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY MEDICINE OF NNY	**c** EIN-PN	46-5572981-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY PRACTICE ASSOCIATES P.C.	**c** EIN-PN	16-1398558-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY SERVICE SOCIETY	**c** EIN-PN	16-0743189-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FAMILY SERVICES, INC.	**c** EIN-PN	43-2029834-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FANCHER CHAIR CO., INC.	**c** EIN-PN	16-0331370-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FASTLANE APPAREL AND ACCESSORIES	**c** EIN-PN	81-1233154-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FEINBERG DEVELOPMENT CORP.	**c** EIN-PN	16-1574330-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FENIMORE ART MUSEUM	**c** EIN-PN	15-0539110-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FENNELL SPRING COMPANY LLC	**c** EIN-PN	84-1726003-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FIBER INSTRUMENT SALES INC.	**c** EIN-PN	16-1340858-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FIBERCEL PACKAGING, LLC	**c** EIN-PN	83-0421725-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FICS INCORPORATED	**c** EIN-PN	54-2101249-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FINALLY OUR OWN, LLC	**c** EIN-PN	47-4214292-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FINCH ENTERPRISES	**c** EIN-PN	16-1481057-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FINGER LAKES EXTRUSION CORP.	**c** EIN-PN	16-1539424-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FINGER LAKES LIBRARY SYSTEM	**c** EIN-PN	15-0613223-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FINGER LAKES NY CHAPTER NECA	**c** EIN-PN	16-0841703-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FINGER LAKES RADIOLOGY LLC	**c** EIN-PN	06-1652961-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FIRST COLUMBIA, LLC	**c** EIN-PN	14-1800901-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FIRST NATIONAL BANK OF DRYDEN	**c** EIN-PN	15-0293643-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FISCHER FOODS OF NEW YORK INC.	**c** EIN-PN	13-3981325-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FISCHER INVESTMENT GROUP, INC.	**c** EIN-PN	16-1290741-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FISHER ASSOCIATES P.E., L.S., D.P.C.	**c** EIN-PN	16-1373998-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FISHER MEARS ASSOCIATES	**c** EIN-PN	14-1786477-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FITNESS FORUM SERVICES, LLC	**c** EIN-PN	16-1506400-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FITZPATRICK AND WELLER, INC.	**c** EIN-PN	06-0974148-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FLEX ELECTRIC LLC	**c** EIN-PN	47-2322631-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FLEX HOSE CO., INC.	**c** EIN-PN	16-0954697-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FLEXOVIT USA, INC.	**c** EIN-PN	16-1078605-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FLOWER CITY COLLISION INCORPORATED	**c** EIN-PN	85-1379451-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FLOWER CITY TISSUE MILLS CO.	**c** EIN-PN	16-0435240-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FOLAND SALES	**c** EIN-PN	15-0582218-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FOOD BANK OF CENTRAL NEW YORK	**c** EIN-PN	22-2816988-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FORD MASTEL, INC	**c** EIN-PN	16-0838959-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FORENSIC ECONOMICS INC.	**c** EIN-PN	16-1441992-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FORT ORANGE PRESS, INC.	**c** EIN-PN	14-0669730-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FOX RUN VINEYARDS INC.	**c** EIN-PN	16-1439616-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FRAGOMENI ASSOC. INC.	**c** EIN-PN	14-1653818-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FRAMING TECHNOLOGY INC	**c** EIN-PN	03-0457953-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FRANCIS HOUSE, INC,	**c** EIN-PN	16-1585910-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FRANCIS SMITH AND SONS, INC.	**c** EIN-PN	23-2043117-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FRANK H. HISCOCK LEGAL SOCIETY	**c** EIN-PN	15-0527253-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FRED H. MCGRATH AND SONS	**c** EIN-PN	13-1806952-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FREY AND CAMPBELL, INC.	**c** EIN-PN	16-0793475-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FREY THE WHEELMAN, INC. DBA FREY HEAVY DUTY	**c** EIN-PN	16-0440140-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FRIENDLY NEIGHBORHOOD BOOKKEEPING LLC	**c** EIN-PN	85-1899556-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FRONTIER GLASS INC.	**c** EIN-PN	16-1552411-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FRONTIER INDUSTRIAL CORP	**c** EIN-PN	16-1612649-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FS ENGINEERING	**c** EIN-PN	81-1659030-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FULKERSON SERVICES, INC.	**c** EIN-PN	16-1263274-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FULMONT COMMUNITY ACTION AGENCY, INC.	**c** EIN-PN	14-1493100-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FULTON HOUSING AUTHORITY	**c** EIN-PN	15-6000526-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FULTON MONTGOMERY REGIONAL CHAMBER OF COMMERCE	**c** EIN-PN	14-0697900-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FULTON TOOL COMPANY, INC.	**c** EIN-PN	16-1168920-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FUSED SOLUTIONS, LLC	**c** EIN-PN	45-0584272-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	FUSTCHARLES LLP	**c** EIN-PN	84-3873995-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	G AND E THERAPIES	**c** EIN-PN	16-1591693-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	G. THOMAS SLATTERY INC. DBA PUBLIC PARKING	**c** EIN-PN	60-1042659-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GAINES ELECTRICAL CONTRACTING	**c** EIN-PN	16-1077536-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GALLO AND IACOVANGELO, LLP	**c** EIN-PN	16-0977714-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GAMBLE DISTRIBUTORS, INC.	**c** EIN-PN	15-0611002-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GARDINER ANIMAL HOSPITAL	**c** EIN-PN	20-2442737-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GARTH FAGAN DANCE	**c** EIN-PN	23-7276763-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GARY R. ACKER INSURANCE	**c** EIN-PN	20-4346225-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GATEWAY CHEMICAL LTD	**c** EIN-PN	16-1449411-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEAR MOTIONS, INC.	**c** EIN-PN	04-2518333-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEHRING TRICOT CORPORATION	**c** EIN-PN	14-1401595-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GENESEE CAPITAL ADVISORS	**c** EIN-PN	46-2482362-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GENESEE VALLEY EQUINE CLINIC, LLC	**c** EIN-PN	16-1583009-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GENESEE VALLEY PUBLICATIONS, INC.	**c** EIN-PN	16-1428017-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GENESEE VALLEY REGIONAL MARKET AUTHORITY	**c** EIN-PN	16-6002938-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GENESIS VISION INC.	**c** EIN-PN	20-3252152-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GENTILE'S, INC.	**c** EIN-PN	14-1639363-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEOLOGIC NY, P.C.	**c** EIN-PN	16-1420642-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEORGE BRAUN OYSTER CO., INC.	**c** EIN-PN	11-2035535-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEORGE C MILLER BRICK COMPANY INCORPORATED	**c** EIN-PN	16-0804577-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEORGE EASTMAN MUSEUM	**c** EIN-PN	16-0743991-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEORGE M. CARROLL INC.	**c** EIN-PN	14-1515864-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEORGE WILCOX CO. INC.	**c** EIN-PN	16-0918347-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEOWEB3D, INC.	**c** EIN-PN	26-3002277-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GER AM PROPERTIES, INC.	**c** EIN-PN	14-1631087-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GERNATT ASPHALT PRODUCTS, INC.	**c** EIN-PN	16-0847121-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GEVA THEATRE CENTER	**c** EIN-PN	23-7202906-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GIDEON STONE DESIGN BUILD LLC DBA TRADE DESIGN BUILD DPC	**c** EIN-PN	47-2789378-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GIOVANNA PAINTING, INC	**c** EIN-PN	46-0910689-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GIROUX ORCHARDS, LLC	**c** EIN-PN	14-1538842-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GJV ENTERPRISES	**c** EIN-PN	16-1553767-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GLI DEX SALES CORP.	**c** EIN-PN	16-1173134-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GLIDER OIL COMPANY, INC.	**c** EIN-PN	15-0527618-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GLISSON'S AUTOMOTIVE	**c** EIN-PN	16-1017155-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GOETZMANN AND ASSOCIATES LLC	**c** EIN-PN	26-0132114-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GOLDEN SUN BUS SERVICE INC.	**c** EIN-PN	16-1072017-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GOMEZ AND SULLIVAN ENGINEERS, D. P. C	**c** EIN-PN	16-1432280-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GOOD GOLLY'S	**c** EIN-PN	01-0561475-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GOUVERNEUR SAVINGS AND LOAN	**c** EIN-PN	15-0321200-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GRANDEVILLE SENIOR LIVING COMMUNITY LLC	**c** EIN-PN	16-1033260-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GRANDVIEW ESTATES VETERINARY, PC	**c** EIN-PN	46-3764640-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GRANITE AND MARBLE WORKS, INC.	**c** EIN-PN	32-0058101-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GRANITE INTERNATIONAL, LLC	**c** EIN-PN	45-4121614-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GRAPHIC TECHNOLOGY, INC.	**c** EIN-PN	14-1566567-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GRAVINO AND BROWN PHYSICAL THERAPY, PLLC DBA ELITE PHYSICAL THERAPY	**c** EIN-PN	82-1957016-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GRAYWOOD COMPANIES, INC.	**c** EIN-PN	41-2163063-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GREANE TREE TECHNOLOGY GROUP, LLC	**c** EIN-PN	27-1186932-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GREAT LAKES BUILDING SYSTEMS, INC.	**c** EIN-PN	16-1602109-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GREATER BINGHAMTON CHAMBER OF COMMERCE	**c** EIN-PN	15-0245930-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GREATER ROCHESTER HEALTH FOUNDATION	**c** EIN-PN	13-4301222-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GREATER ROCHESTER HOUSING PARTNERSHIP, INC.	**c** EIN-PN	16-1399793-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GREATER ROCHESTER VISITORS ASSOCIATION, INC.	**c** EIN-PN	16-0611680-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GREATER WATERTOWN NORTH COUNTRY CHAMBER	**c** EIN-PN	15-0486030-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GREEN HILLS FARM STORE, INC.	**c** EIN-PN	15-0626235-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GRIFFISS UTILITY SERVICES CORPORATION	**c** EIN-PN	16-1592039-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GROSS POLOWY LLC	**c** EIN-PN	45-3998320-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GROSSMAN ST. AMOUR CPA'S PLLC	**c** EIN-PN	16-1614892-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	GURNEY, BECKER AND BOURNE, INC.	**c** EIN-PN	16-0465640-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	H AND C SUPPLY CORP.	**c** EIN-PN	16-0802335-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	H J BRANDELES CORP.	**c** EIN-PN	15-0586122-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	H. RISCH, INC.	**c** EIN-PN	16-0918280-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	H.B. DAVIS SEED COMPANY	**c** EIN-PN	40-1310361-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	H.E. TURNER AND CO., INC.	**c** EIN-PN	16-0666940-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HADLOCK PAINT COMPANY, INC.	**c** EIN-PN	16-0466640-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HAINES EQUIPMENT INC.	**c** EIN-PN	60-1056338-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HAMILTON COLLEGE	**c** EIN-PN	15-0532200-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HAMILTON STERN CONSTRUCTION	**c** EIN-PN	27-0931447-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HAMMOND AND IRVING, INC.	**c** EIN-PN	15-0331570-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HANNAY REELS, INC.	**c** EIN-PN	14-1270107-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HANSON WELL DRILLING AND PUMP CO., INC.	**c** EIN-PN	14-1493478-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HARMCO FASTENER COMPANY, INC.	**c** EIN-PN	16-0972265-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HARMONIA COLLABORATIVE CARE	**c** EIN-PN	16-1013562-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HARTMAN ENTERPRISES, INC.	**c** EIN-PN	16-1007091-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HARVEY RESEARCH, INC.	**c** EIN-PN	16-1475313-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HAUS CAPITAL CORPORATION	**c** EIN-PN	47-1622523-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HAVE, INC.	**c** EIN-PN	14-1657938-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HAWKINS AND HURLBUT SANITATION, INC.	**c** EIN-PN	03-0412353-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HAWTHORNE VALLEY ASSOCIATION INC	**c** EIN-PN	13-2722428-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HAYES CONSTRUCTION SERVICES CORP	**c** EIN-PN	47-1418013-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HCP ARCHITECTS, LLP	**c** EIN-PN	14-1815011-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HEADWATERS IRON WORKS LLC	**c** EIN-PN	92-3590558-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HEAT AND KOOL, INC.	**c** EIN-PN	27-4541062-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HELDEBERG BLUESTONE AND MARBLE	**c** EIN-PN	40-1409939-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HELENDALE DERMATOLOGY AND MEDICAL SPA, PLLC	**c** EIN-PN	42-1626824-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HENDERSON JOHNSON CO., INC.	**c** EIN-PN	15-0336240-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HEP SALES	**c** EIN-PN	16-0912572-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HERKIMER COUNTY COMMUNITY COLLEGE	**c** EIN-PN	16-0919625-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HERO DATA SERVICES	**c** EIN-PN	16-1455852-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HEVERON AND COMPANY CPAS, PLLC	**c** EIN-PN	27-1895149-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HFW INDUSTRIES, INC	**c** EIN-PN	16-0743570-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HIGH FALLS SELF STORAGE, LLC	**c** EIN-PN	52-2253437-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HIGH POINT FEDERAL CREDIT UNION	**c** EIN-PN	16-1022820-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HIGH PURITY TECHNOLOGY, INC.	**c** EIN-PN	14-1642206-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HIGHLAND HOLDINGS, LLC	**c** EIN-PN	52-2414777-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HIGHTOWER LAKEWATER SERVICES LLC.	**c** EIN-PN	82-1406624-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HIGHWAY DISPLAYS, INC.	**c** EIN-PN	14-0750590-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HMA CONTRACTING CORP.	**c** EIN-PN	14-1774813-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HOME FOR ELDERLY WOMEN OF MONTGOMERY CTY INC.	**c** EIN-PN	14-1364564-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HORTICULTURAL ASSOCIATES, INC.	**c** EIN-PN	13-3925739-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HOSPICE OF CENTRAL NEW YORK AND HOSPICE OF THE FINGER LAKES	**c** EIN-PN	16-1047041-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HOUSING AND HOMELESS COALITION OF CENTRAL NEW YORK, INC.	**c** EIN-PN	99-5105768-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HOWE BROTHERS INC.	**c** EIN-PN	14-1464958-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HS EDINGER AND SONS	**c** EIN-PN	16-1502557-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HSM PACKAGING	**c** EIN-PN	15-0508792-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HUBBARD TOOL AND DIE CORP.	**c** EIN-PN	15-0585821-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HUDSON VALLEY HOSPICE	**c** EIN-PN	14-1638619-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HUDSON VALLEY LIGHTING, INC.	**c** EIN-PN	14-1794056-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HUFF ICE CREAM INC.	**c** EIN-PN	16-1228034-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HUMAN RESOURCES HUTHER DOYLE MEMORIAL INSTITUTE	**c** EIN-PN	22-2238075-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HUMAN TECHNOLOGIES CORPORATION	**c** EIN-PN	15-0571056-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HUMANITARIAN ORGANIZATION FOR MULTICULTURAL EXPERIENCES	**c** EIN-PN	16-1425108-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HUNT ENGINEERS ETAL	**c** EIN-PN	16-1158004-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HUNTINGTON STUDY GROUP LTD DBA HUNTINGTON STUDY GROUP	**c** EIN-PN	45-5557987-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HURLBUT HEALTH CONSULTING LLC	**c** EIN-PN	82-2927589-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HURON TOOL AND CUTTER GRINDING	**c** EIN-PN	11-2015135-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	HYDE STONE MECHANICAL CONTRACTORS	**c** EIN-PN	16-1241563-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	I AND I ENTERPRISES INC DBA PLATOS CLOSET	**c** EIN-PN	74-3211795-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	I.A. TANGOREN, MD., PLLC.	**c** EIN-PN	16-1585327-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ICC COMMONWEALTH CORPORATION	**c** EIN-PN	16-0850893-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ICM CONTROLS CORP.	**c** EIN-PN	35-2173750-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	IEC HOLDEN CORPORATION	**c** EIN-PN	42-1772185-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	IMAGE PACKAGING OF HORWITZ, INC.	**c** EIN-PN	16-1410051-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	IMPERIAL OPTICAL INC.	**c** EIN-PN	14-1720934-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	IMPERIAL POOLS, INC.	**c** EIN-PN	14-1493361-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	IMPERIAL TRANSPORTATION SERVICE, INC.	**c** EIN-PN	16-1395505-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INDEPENDENT AANDT, LLC	**c** EIN-PN	33-5041286-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INDEPENDENT LIVING, INC.	**c** EIN-PN	22-2894558-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INDEPENDENT TELECOMMUNICATIONS CORPORATION	**c** EIN-PN	14-1726162-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INDIAN SPRINGS MANUFACTURING CO., INC.	**c** EIN-PN	15-0597640-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INDIAN VALLEY INDUSTRIES, INC.	**c** EIN-PN	15-0616984-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INDUSTRIAL PRECISION PRODUCTS INC.	**c** EIN-PN	15-0628031-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INFOCUS ADVISORS INC. DBA INFOCUS INSURANCE	**c** EIN-PN	20-8656032-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INFORMATION PACKAGING CORPORATION	**c** EIN-PN	16-1239388-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INFORMATION SYSTEMS STAFFING, INC.	**c** EIN-PN	22-3070584-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INNOVATIVE CONTRACTING SERVICES	**c** EIN-PN	27-4752781-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INSTALLATIONS UNLIMITED OF C.N.Y., INC.	**c** EIN-PN	16-1357193-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INSTANT DELIVERY, INC.	**c** EIN-PN	16-0962004-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INSURANCE CONSULTANTS OF ROCHESTER INC.	**c** EIN-PN	16-1584232-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INTELLASTAR, LLC	**c** EIN-PN	61-1735482-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	INTERNATIONAL DATA LINK, INC.	**c** EIN-PN	90-0840821-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	IRON HORSE TAX AND ACCOUNTING INC DBA TIM WEWER, EA, ABA	**c** EIN-PN	84-3985377-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ISLAND HEALTH AND FITNESS LLC	**c** EIN-PN	20-3036206-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ITHACA ALPHA HOUSE DBA CAYUGA ADDICTION	**c** EIN-PN	16-0991369-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ITHACA NEIGHBORHOOD HOUSING SERVICES	**c** EIN-PN	22-2141948-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	IZYK LANDSCAPING	**c** EIN-PN	81-3924061-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J AND B INSTALLATIONS, INC.	**c** EIN-PN	16-1160437-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J AND K PLUMBING AND HEATING CO., INC.	**c** EIN-PN	15-0582234-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J STEELE ENTERPRISE	**c** EIN-PN	45-2382487-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J. GRIPPE INDUSTRIAL SUPPLY	**c** EIN-PN	16-0902839-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J. W. BURNS AND CO., INC.	**c** EIN-PN	22-2134760-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J.C. SMITH, INC.	**c** EIN-PN	16-1065375-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J.E. MILLER, INC.	**c** EIN-PN	16-1066968-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J.N. WHITE ASSOCIATES, INC.	**c** EIN-PN	16-1068988-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J.T. MAURO COMPANY, INC.	**c** EIN-PN	16-1040853-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JACOBS AND FORWARD	**c** EIN-PN	16-1059622-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAKE HAFNER'S TAVERNS, INC.	**c** EIN-PN	16-1208401-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAMES H. MALOY INC.	**c** EIN-PN	14-0857690-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAMES HENRY DEVELOPMENT, LLC	**c** EIN-PN	37-1456588-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAMES P. REAGAN AGENCY, INC.	**c** EIN-PN	16-1150253-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAMES R. FRASH, CH SC DBA AMERIPRISE FINANCIAL SERVICES	**c** EIN-PN	20-0814133-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAMES ROBERTS	**c** EIN-PN	20-0432218-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAMES TORLISH PUMP SALES AND SERVICE	**c** EIN-PN	13-2547116-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAMESTOWN BUSINESS COLLEGE	**c** EIN-PN	16-1185240-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	J AND J SHEET METAL LLC	**c** EIN-PN	88-2740386-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JANE F. CLARK	**c** EIN-PN	13-3044132-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAQUITH INDUSTRIES, INC.	**c** EIN-PN	16-1077146-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JAVA FARM SUPPLY INC.	**c** EIN-PN	16-0913733-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JEFFERSON COMMUNITY COLLEGE	**c** EIN-PN	22-3065812-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JEFFORDS STEEL AND ENGINEERING COMPANY	**c** EIN-PN	14-1668302-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JERRY ROSEN INC.	**c** EIN-PN	10-2332279-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JESS F HOWES INC	**c** EIN-PN	16-1122192-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JEWISH COMMUNITY CENTER OF GREATER BUFFALO, INC.	**c** EIN-PN	16-0760887-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JEWISH COMMUNITY CENTER OF GREATER ROCHESTER	**c** EIN-PN	16-0743060-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JEWISH COMMUNITY CENTER OF SYRACUSE, INC.	**c** EIN-PN	15-0539101-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JEWISH COMMUNITY FEDERATION OF GREATER ROCHESTER	**c** EIN-PN	16-0868942-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JEWISH HOME OF CNY	**c** EIN-PN	15-0539103-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JK ACQUISITION, LLC DBA JK FINDINGS, INC.	**c** EIN-PN	84-3935908-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JK TOBIN CONSTRUCTION CO.	**c** EIN-PN	16-0869748-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JKIDZ, INC.	**c** EIN-PN	45-2529050-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JOHN ECKER, INC.	**c** EIN-PN	11-2246938-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JONMARK CORPORATION	**c** EIN-PN	16-1465590-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JOSEPH C. LU ENGINEERING, P.C.	**c** EIN-PN	16-1174578-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JOWONIO SCHOOL	**c** EIN-PN	16-0981162-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JPW STRUCTURAL CONTRACTING INC.	**c** EIN-PN	16-1557234-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	JUAN L. SOTOMAYOR, MD PC DBA ALLERGY AND ASTHMA DIAGNOSTIC OFFICE	**c** EIN-PN	16-1440058-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	K AND S CAR WASH INC	**c** EIN-PN	60-1230578-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	K D M DIE COMPANY INC	**c** EIN-PN	16-0929042-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KALL AND D'ARGENIO, LLP	**c** EIN-PN	22-3754633-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KAMMHOLZ LAW, PLLC	**c** EIN-PN	81-2675572-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KARPUS MANAGEMENT INC.	**c** EIN-PN	16-1290558-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KASSIS SUPERIOR SIGN CO. INC.	**c** EIN-PN	16-1410854-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KEEHFUS MANAGEMENT, LLC	**c** EIN-PN	20-5980555-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KEELER MOTOR CAR COMPANY	**c** EIN-PN	93-4084761-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KEHOE COMPONENT SALES DBA PACE ELECTRONICS	**c** EIN-PN	16-0910683-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KENWELL CORPORATION	**c** EIN-PN	16-0976111-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KINGSTON UROLOGICAL ASSOCIATES	**c** EIN-PN	20-2130525-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KLEPPER, HAHN AND HYATT ENGINEERS AND LANDSCAPE	**c** EIN-PN	16-1250313-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KLUYSKENS, GERARD COMPANY INC.	**c** EIN-PN	13-2575630-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KNICKERBOCKER BED COMPANY INC.	**c** EIN-PN	22-1042180-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KNOWLTON TECHNOLOGIES, LLC (002536)	**c** EIN-PN	47-1424475-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KOCH METAL SPINNING CO., INC.	**c** EIN-PN	16-1042532-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KPH HEALTHCARE SERVICES, INC.	**c** EIN-PN	15-0358720-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KREHER'S FARM FRESH EGGS LLC	**c** EIN-PN	20-1984708-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KRIS TECH WIRE COMPANY, INC.	**c** EIN-PN	16-1229121-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	KRISTT OFFICE EQUIPMENT CO.	**c** EIN-PN	14-1579953-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	L.M. SESSLER EXCAVATING AND WRECKING	**c** EIN-PN	60-1056968-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LACKAWANNA PRODUCTS CORP.	**c** EIN-PN	16-1190915-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LACLAIR LAW OFFICE, PC	**c** EIN-PN	51-0522184-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LACONIA NURSING HOME, INC.	**c** EIN-PN	13-3742398-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAKE GEORGE STEAMBOAT COMPANY, INC.	**c** EIN-PN	22-1476444-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAKE ONTARIO FRUIT INC	**c** EIN-PN	16-1168819-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAKE SIDE CONTRACTING CO. INC.	**c** EIN-PN	16-1373858-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAKESIDE ENT AND ALLERGY, LLC	**c** EIN-PN	48-1292058-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAKESIDE PETROLEUM SERVICE, LLC.	**c** EIN-PN	27-3277866-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAMB FARMS INC	**c** EIN-PN	16-1081703-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAN CO COMPANIES, INC.	**c** EIN-PN	16-1580369-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LANC AND TULLY ENGINEERING AND LAND SURVEYING P.C	**c** EIN-PN	14-1663117-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LANDFEAR AND BROPHY, INCORPORATED DBA L AND B WORLDWIDE	**c** EIN-PN	16-0960373-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LANGE'S PHARMACY	**c** EIN-PN	14-1602766-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LANSING ENGINEERING PC	**c** EIN-PN	14-1836913-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAPAGLIA GROUP, INC.	**c** EIN-PN	20-1235585-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAPP INSULATORS LLC	**c** EIN-PN	20-3600604-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	L'ARF, LLC	**c** EIN-PN	92-1260615-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LARSEN PE LS PC	**c** EIN-PN	16-1066373-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAS FLORES INC.	**c** EIN-PN	20-8228938-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LASALLE INSTITUTE	**c** EIN-PN	14-1338447-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LASERVIEW OF CNY	**c** EIN-PN	16-1486037-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LATINA BOULEVARD FOODS, LLC	**c** EIN-PN	27-3389362-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LATORRA, PAUL AND MCCANN	**c** EIN-PN	16-1428019-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAUB INTERNATIONAL, INC.	**c** EIN-PN	16-1117490-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAVORO GROUP	**c** EIN-PN	45-3834719-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAWSON SURVEYING AND MAPPING	**c** EIN-PN	16-1456567-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LAYER 3 TECHNOLOGIES INCORPORATED	**c** EIN-PN	03-0422047-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LCL SERVICES, LLC	**c** EIN-PN	45-1824155-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEADINGAGE NEW YORK	**c** EIN-PN	13-6260145-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEARNING DISABILITIES OF CENTRAL NEW YORK DBA LAUNCH CNY	**c** EIN-PN	16-1279753-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEATHERSTOCKING CORPORATION	**c** EIN-PN	13-5555342-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEBRUN MOTORS, INC.	**c** EIN-PN	16-0989841-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEGENDARY AUTO INTERIORS LTD.	**c** EIN-PN	16-1251110-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEGENDS PROCESSING CORP.	**c** EIN-PN	13-4177744-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEMERY GREISLER LLC	**c** EIN-PN	14-1811197-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEO J ROTH CORPORATION	**c** EIN-PN	16-0787630-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEPEL CORPORATION	**c** EIN-PN	11-1679451-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LESLIE D. WOODCOCK JR. MD, PLLC	**c** EIN-PN	20-4407401-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEWIS COUNTY OPPORTUNITIES, INC.	**c** EIN-PN	16-6066837-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LEXEL CORPORATION	**c** EIN-PN	11-2659092-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LIFE QUALITY MOTOR SALES INC.	**c** EIN-PN	11-2197907-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LILAND TRADE AND RADIATOR SERVICE, INC.	**c** EIN-PN	16-1198801-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LISTON MANUFACTURING INC.	**c** EIN-PN	16-0818167-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LOCKPORT APOTHECARY LLC	**c** EIN-PN	16-1556072-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LOFINK MOTOR COMPANY INC.	**c** EIN-PN	15-0388690-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LOGICAL IMAGES, INC.	**c** EIN-PN	16-1447213-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LOGICAL NET CORPORATION	**c** EIN-PN	14-1775199-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LONG ISLAND POWER AUTHORITY	**c** EIN-PN	11-2879306-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LOVELL SAFETY MANAGEMENT CO., LLC	**c** EIN-PN	30-2682163-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LOWVILLE FARMERS' CO OPERATIVE, INC.	**c** EIN-PN	15-0371100-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LOWVILLE PRODUCERS DAIRY COOPERATIVE	**c** EIN-PN	15-0371135-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LSI SOLUTIONS, INC	**c** EIN-PN	16-1300434-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LUCIDEON M AND P	**c** EIN-PN	14-1687292-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LUCKY 7 CONSTRUCTION GROUP, LLC	**c** EIN-PN	88-2108370-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LUMINITE PRODUCTS CORP.	**c** EIN-PN	16-0532390-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	LYNN D'ELIA TEMES AND STANCZYK	**c** EIN-PN	46-4811234-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	M.L. CACCAMISE ELECTRIC CORP.	**c** EIN-PN	16-1469532-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MACHNICK BUILDERS	**c** EIN-PN	14-1507591-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MACK STUDIOS, INC.	**c** EIN-PN	16-1188911-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MACVEAN, LEWIS, SHERWIN, MCDERMOTT, P.C.	**c** EIN-PN	14-1589169-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAGGIO LANDSCAPING INC.	**c** EIN-PN	16-1413276-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAGNETIC DIAGNOSTIC RESOURCES OF CNY, LLP	**c** EIN-PN	16-1338890-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAGTROL INC.	**c** EIN-PN	16-0779417-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAID OF THE MIST CORPORATION	**c** EIN-PN	16-0535345-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAIELLA ASSOCIATES, INC.	**c** EIN-PN	11-2573977-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAJESTIC MOLD AND TOOL, INC	**c** EIN-PN	16-1248984-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAKE A WISH FOUNDATION OF NORTHEAST NY	**c** EIN-PN	14-1703503-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MANLIUS PEBBLE HILL SCHOOL	**c** EIN-PN	16-0973557-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MANN'S JEWELERS INC.	**c** EIN-PN	16-0868746-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MANUFACTURERS ASSOCIATION OF CENTRAL NEW YORK	**c** EIN-PN	15-0375650-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAPLEBROOK SCHOOL	**c** EIN-PN	14-1377027-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MARTZ COMMUNICATIONS GROUP, INC.	**c** EIN-PN	34-1693459-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MARYKNOLL MISSION ASSOC OF THE FAITHFUL, INC.	**c** EIN-PN	13-3864513-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MASLINE ELECTRONICS, INC.	**c** EIN-PN	16-0774948-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MASON MARKETING LLC	**c** EIN-PN	90-0530900-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MASSENA TRANSPORT, LLC.	**c** EIN-PN	38-3790274-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MASTRO GRAPHIC ARTS, INC.	**c** EIN-PN	16-1110311-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MATERIAL HANDLING PRODUCTS	**c** EIN-PN	15-0549136-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MATSON AND KELLOGG BENEFITS GROUP, LLC	**c** EIN-PN	46-3846143-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MATT BREWING CO. INC.	**c** EIN-PN	16-1343803-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAYER HARDWARE INC.	**c** EIN-PN	16-1021631-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MAYO AND SON PAINTING LLC	**c** EIN-PN	84-4677821-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MCD METALS, LLC	**c** EIN-PN	46-4103142-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MCINTOSH BOX AND PALLET CO. INC.	**c** EIN-PN	16-0876891-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MCLAUD LAW P.C.	**c** EIN-PN	88-2819920-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MCMANUS AND CLARK, INC.	**c** EIN-PN	13-1889432-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MEDEXCEL USA, INC.	**c** EIN-PN	06-1324681-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MEDIA LOGIC	**c** EIN-PN	01-0751494-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MEDICAL IMAGING CENTER LLP	**c** EIN-PN	16-1225889-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MEDICAL MANAGEMENT RESOURCES, LLC	**c** EIN-PN	16-1278524-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MEGA TOOL AND MANUFACTURING CORPORATION	**c** EIN-PN	16-1471750-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MENDON PIPELINE INC.	**c** EIN-PN	06-1215987-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MENGEL, METZGER, BARR AND CO. LLP	**c** EIN-PN	16-1092347-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MENTAL HEALTH ASSOCIATION IN ESSEX COUNTY	**c** EIN-PN	14-1579531-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MENTAL HEALTH SERVICES ERIE NORTH WEST CORP 1	**c** EIN-PN	16-1037485-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MERCURY AIRCRAFT INC.	**c** EIN-PN	16-0550220-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MERIT PAGES, INC.	**c** EIN-PN	14-1667170-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MESICK COHEN WILSON BAKER ARCHITECTS	**c** EIN-PN	14-1779768-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	METAL CRAFT MARINE US, INC.	**c** EIN-PN	83-0483929-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	METALLIC LADDER MFG. CORP.	**c** EIN-PN	16-0767157-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	METIS CONSULTING GROUP, INC	**c** EIN-PN	16-1586541-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MEYERS ENVIRONMENTAL INC	**c** EIN-PN	16-0846565-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MGM ASSOCIATES OF ROCHESTER	**c** EIN-PN	22-3115607-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MHD EMPIRE SERVICE CORP.	**c** EIN-PN	16-1183108-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MHE ENGINEERING, D.P.C.	**c** EIN-PN	14-1660469-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MICATU INC	**c** EIN-PN	45-3043405-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MICHAEL SANTARIELLO AND ASSOCIATES, PLLC	**c** EIN-PN	83-2395798-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MICHAELS GROUP HOMES LLC	**c** EIN-PN	14-4165744-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MICRO INSTRUMENT CORP.	**c** EIN-PN	16-0818517-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MID ERIE MENTAL HEALTH SERVICES, INC. DBA ENDEAVOR HEALTH SERVICES	**c** EIN-PN	16-1017709-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MID HUDSON CIVIC CENTER, INC.	**c** EIN-PN	51-0151858-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MIDSTATE BAKERY DISTRIBUTORS, INC.	**c** EIN-PN	01-0577885-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MIDSTATE MUTUAL INSURANCE COMPANY	**c** EIN-PN	15-0304070-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MIDSTATE PRINTING, INC.	**c** EIN-PN	15-0386920-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MIDSTATE SPRING, INC.	**c** EIN-PN	15-0465789-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MILESTONE AND CO., LLC	**c** EIN-PN	46-4207680-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MILLER AND ASSOCIATES SOURCING SPECIALISTS, LLC	**c** EIN-PN	27-2809689-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MILLER FUNERAL AND CREMATION SERVICES, INC.	**c** EIN-PN	16-0910009-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MILLER, GESKO AND COMPANY, INC.	**c** EIN-PN	16-1248127-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MILLER, MANNIX, SCHACHNER AND HAFNER, LLC	**c** EIN-PN	14-1515023-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MINK REALTY ASSOCIATES, LLC	**c** EIN-PN	16-1271794-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MISCHLERS FLORIST INC.	**c** EIN-PN	16-0974265-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MITCHELL CONSTRUCTION CONTRACTORS, INC.	**c** EIN-PN	16-1383159-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MITY FORMS	**c** EIN-PN	51-0445012-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MJD ASSOCIATES OF CNY, INC.	**c** EIN-PN	16-1353609-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MJDNY LLC	**c** EIN-PN	90-0980089-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MMG AGENCY INC.	**c** EIN-PN	13-3170902-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MNS PRO COMPANIES INC	**c** EIN-PN	80-0826164-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MODULAR COMFORT SYSTEMS, INC.	**c** EIN-PN	16-0959472-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MOHAWK INSURANCE SERVICES, INC.	**c** EIN-PN	87-4113092-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MOHAWK VALLEY AMBULANCE CORPS. INC.	**c** EIN-PN	16-1134413-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MOHAWK VALLEY CAPITAL MANAGEMENT	**c** EIN-PN	20-1581826-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MOLLENBERG BETZ INC.	**c** EIN-PN	27-1878106-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MONEY FEDERAL CREDIT UNION	**c** EIN-PN	16-1104638-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MONROE COMMUNITY COLLEGE ASSOCIATION INC.	**c** EIN-PN	16-0863558-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MONROE COMMUNITY SPORTS CENTRE	**c** EIN-PN	16-1546226-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MONROE PIPING AND SHEET METAL, LLC.	**c** EIN-PN	16-1596759-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MONTANTE COMPANIES, LLC	**c** EIN-PN	82-3445199-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MONTREAL CONSTRUCTION COMPANY, INC.	**c** EIN-PN	16-1431641-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MOONEY MARKETING GROUP	**c** EIN-PN	27-0808181-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MORRISROE LYNN REAL PROPERTY SERVICES INC.	**c** EIN-PN	99-2199574-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MORSE MANUFACTURING CO., INC.	**c** EIN-PN	15-0392070-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MOSAIC ASSOCIATES ARCHITECTS, D.P.C.	**c** EIN-PN	84-2206123-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MOULTON'S AUTO AND TRUCK LLC	**c** EIN-PN	20-0881781-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MOUNT SAINT MARY COLLEGE	**c** EIN-PN	14-1468399-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MPI, INC	**c** EIN-PN	14-1500755-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MR. GRANT CONSTRUCTION INC.	**c** EIN-PN	16-1482653-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MS EQUIPMENT SALES INC.	**c** EIN-PN	16-1530350-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MSW ARS RESEARCH, INC.	**c** EIN-PN	11-2161408-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MTI INSTRUMENTS, INC.	**c** EIN-PN	14-1821089-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MULLEN INDUSTRIAL HANDLING, INC.	**c** EIN-PN	16-0928473-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MURNANE BUILDING CONTRACTORS, INC.	**c** EIN-PN	14-1512223-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MURPHY EXCAVATING CORPORATION	**c** EIN-PN	16-0929577-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MY T ACRES, INC.	**c** EIN-PN	16-0832721-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	MYSTIC STAMP COMPANY, INC.	**c** EIN-PN	16-1023818-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	N.Y.S. ACADEMY OF FAMILY PHYSICIANS	**c** EIN-PN	15-0524107-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NAMANCO PRODUCTIONS	**c** EIN-PN	13-2646345-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NARDIN ACADEMY	**c** EIN-PN	16-0838979-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NATIONAL BASEBALL HALL OF FAME	**c** EIN-PN	15-0572877-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NATIONAL CARPET OUTLET	**c** EIN-PN	01-0581118-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NATIONAL DISTRIBUTION INC.	**c** EIN-PN	11-2642091-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NATIONAL EMPLOYER'S COUNCIL, INC.	**c** EIN-PN	16-1184643-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NATIONAL FIRE ADJUSTMENT CO. INC.	**c** EIN-PN	16-0978385-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NATIONWIDE CIRCUITS INC.	**c** EIN-PN	16-1061135-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NECO PETROLEUM, LLC	**c** EIN-PN	83-0457971-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEIGHBORS OF WATERTOWN, INC.	**c** EIN-PN	23-7154645-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NETH AND SON, INC.	**c** EIN-PN	16-1010131-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEW JUSTICE CONFLICT RESOLUTION SERVICES	**c** EIN-PN	22-2330747-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEW MONARCH MACHINE TOOL, INC.	**c** EIN-PN	16-1580394-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEW YORK BUS SALES, LLC	**c** EIN-PN	27-0063570-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEW YORK FARM BUREAU	**c** EIN-PN	15-0539109-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEW YORK POWER AUTHORITY	**c** EIN-PN	13-1850882-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEW YORK STATE INDUSTRIES FOR THE DISABLED, INC.	**c** EIN-PN	13-2841179-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEW YORK STATE MOTOR TRUCK ASSOCIATION, INC.	**c** EIN-PN	13-2605838-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEWGEN LOGISTICS LLC	**c** EIN-PN	87-2713226-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEWMAN AND LICKSTEIN	**c** EIN-PN	16-1255342-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NEXT GENERATION SOLAR LLC	**c** EIN-PN	82-4146427-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NIAGARA COOLER, INC.	**c** EIN-PN	16-1286510-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NIAGARA FALLS COACH LINES, INC.	**c** EIN-PN	60-0920222-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NIAGARA FALLS COUNTRY CLUB	**c** EIN-PN	16-0569900-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NIAGARA FRONTIER TRANSPORTATION AUTHORITY	**c** EIN-PN	16-6008834-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NIAGARA NATIONAL INC.	**c** EIN-PN	16-0763917-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NICHOLAS INC.	**c** EIN-PN	14-1487543-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NIEDAX MONOSYSTEMS, INC.	**c** EIN-PN	85-3786407-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NOCO ENERGY CORP	**c** EIN-PN	16-0727383-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTH AMERICAN FLIGHT SERVICES, INC.	**c** EIN-PN	14-1821451-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTH COUNTRY COMMUNITY COLLEGE	**c** EIN-PN	14-1497536-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTH COUNTRY FAMILY HEALTH CENTER	**c** EIN-PN	16-1030802-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTH COUNTRY LIFE FLIGHT INC.	**c** EIN-PN	14-1726113-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTH COUNTRY SAVINGS BANK	**c** EIN-PN	15-0436610-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTH POINT TECHNOLOGY, LLC.	**c** EIN-PN	06-1644513-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHEAST IS LLC	**c** EIN-PN	82-5423749-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHEAST ORGANIC FARMING ASSOCIATION OF NEW YORK DBA NOFA NY	**c** EIN-PN	03-0259137-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHEAST TRANSFORMER SERVICES, LLC.	**c** EIN-PN	26-2717587-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHEASTERN DENTAL LABORATORY	**c** EIN-PN	14-1440373-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHERN AUTOMOTIVE GROUP INC.	**c** EIN-PN	16-1335543-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHERN EAGLE BEVERAGES, INC.	**c** EIN-PN	16-0928533-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHERN GLASS CO., INC.	**c** EIN-PN	16-1134337-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHERN LIGHTS HOME HEALTH CARE PARTNERSHIP	**c** EIN-PN	46-2500951-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHERN MACHINING INC.	**c** EIN-PN	16-1457413-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHERN NEW YORK COMMUNITY FOUNDATION, INC.	**c** EIN-PN	15-6020989-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHSIDE BAPTIST CHURCH	**c** EIN-PN	16-1550426-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NORTHWOOD SCHOOL	**c** EIN-PN	14-1401103-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NOVEM GROUP	**c** EIN-PN	45-2656077-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NUNN AND HARPER FUNERAL HOME	**c** EIN-PN	16-0870718-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NUWEST LOGISTICS, LLC	**c** EIN-PN	58-1877387-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	NYACK RIDGE REHABILITATION AND NURSING CENTER	**c** EIN-PN	81-4543707-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OAKGROVE CONSTRUCTION INC.	**c** EIN-PN	16-0846585-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OCEAN STEEL CORPORATION	**c** EIN-PN	47-0938246-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OD GREENE LUMBER COMPANY, INC.	**c** EIN-PN	16-1073779-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OLDHAM GRYSKA PARTNERSHIP	**c** EIN-PN	26-1564027-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OLED TECHNOLOGIES, LLC DBA OLEDWORKS	**c** EIN-PN	45-2992119-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OLIVER GEAR	**c** EIN-PN	16-0577460-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OLYMPIC REGIONAL DEVELOPMENT AUTHORITY	**c** EIN-PN	14-1634669-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OMEGA CONSOLIDATED CORPORATION	**c** EIN-PN	16-1160607-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ON POINT FOR COLLEGE, INC.	**c** EIN-PN	16-1569356-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ONEIDA AIR SYSTEMS	**c** EIN-PN	16-1446928-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ONEIDA HERKIMER SOLID WASTE AUTHORITY	**c** EIN-PN	16-1359107-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ONEIDA MOLDED PLASTIC, LLC	**c** EIN-PN	20-4292150-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ONONDAGA COUNTY CHAPTER NYSARC INC.	**c** EIN-PN	15-0561718-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ONONDAGA GOLF AND COUNTRY CLUB	**c** EIN-PN	15-0406690-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ONTARIO INSURANCE COMPANY	**c** EIN-PN	15-0754216-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OPERATION BRAIN FREEZE DBA DQ CHILL AND GRILL	**c** EIN-PN	32-0361420-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OPHTHALMIC PLASTIC SURGERY, PLLC	**c** EIN-PN	73-1631292-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ORANGE COUNTY COMMUNITY COLLEGE	**c** EIN-PN	14-6004242-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ORIGINAL WORKS YOURS, INC.	**c** EIN-PN	14-1722233-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ORISKANY MANUFACTURING, LLC	**c** EIN-PN	26-0004875-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OSWEGO BEVERAGE COMPANY LLC DBA EAGLE BEVERAGE	**c** EIN-PN	90-1019634-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OSWEGO COUNTY AMBULANCE AND HEARSE SERVICE, INC	**c** EIN-PN	15-0616994-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OUR LADY OF LOURDES HOSPITALITY	**c** EIN-PN	76-0721842-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OUTSERV INC.	**c** EIN-PN	16-1579004-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	OWASCO BEVERAGE, INC.	**c** EIN-PN	16-1595805-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	P. TOOL AND DIE CO., INC.	**c** EIN-PN	16-0907951-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	P.J. HYDE AND SON, INC.	**c** EIN-PN	14-1583098-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PACKAGED AIR CONDITIONING SERVICE CORP.	**c** EIN-PN	16-1004538-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PAIN CENTERS OF AMERICA, LLC	**c** EIN-PN	46-1503788-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PAIR GAIN COMMUNICATIONS, INC.	**c** EIN-PN	16-1388193-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PAPPAS, COX, KIMPEL, DODD AND LEVINE, P.C.	**c** EIN-PN	16-1094425-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PAR K ENTERPRISES	**c** EIN-PN	16-1133055-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PARAGON SUPPLY, INC.	**c** EIN-PN	15-0410920-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PARAJAX INC.	**c** EIN-PN	14-1752587-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PARK AVENUE SALON AND DAYSPA	**c** EIN-PN	26-1507386-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PARK ENTERPRISES OF ROCHESTER	**c** EIN-PN	16-1386617-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PARK STRATEGIES, LLC	**c** EIN-PN	52-2138418-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PASSONNO PAINTS	**c** EIN-PN	14-1289454-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PATHFINDER INDUSTRIES, INC.	**c** EIN-PN	16-0985472-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PATHOLOGY ASSOCIATES OF SYRACUSE, P.C.	**c** EIN-PN	16-1037385-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PATRICIA ELECTRIC INC.	**c** EIN-PN	16-1192609-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PATTERSONVILLE TELEPHONE COMPANY	**c** EIN-PN	14-0958410-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PAUL F VITALE, INC	**c** EIN-PN	16-1039962-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PAUL SMITH'S COLLEGE	**c** EIN-PN	15-0533545-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PCS PLUMBING AND HEATING, INC.	**c** EIN-PN	20-8901034-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PDF LOGISTICS INC.	**c** EIN-PN	87-4323295-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PEDIATRIC CARDIOLOGY ASSOCIATES, LLC.	**c** EIN-PN	16-1512234-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PENASACK MACHINE, INC.	**c** EIN-PN	16-0924528-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PENFIELD PRESBYTERIAN EARLY LEARNING CENTER	**c** EIN-PN	16-0913765-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PENNY LANE PRINTING	**c** EIN-PN	16-0874431-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PEPSI COLA OGDENSBURG BOTTLERS	**c** EIN-PN	15-0611554-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PETER M. HOBAICA LLC	**c** EIN-PN	16-1590337-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PETTIS POOLS AND PATIO	**c** EIN-PN	16-0915438-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PFISTERER NORTH AMERICA INC.	**c** EIN-PN	46-3162213-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PHARMADVA, LLC.	**c** EIN-PN	27-0835944-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PHELPS CEMENT PRODUCTS, INC.	**c** EIN-PN	16-0764360-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PHETERSON SPATORICO, LLP	**c** EIN-PN	16-1586993-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PHOENIX METAL FABRICATING INC.	**c** EIN-PN	83-4286787-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PHOTON GEAR INC.	**c** EIN-PN	16-1582729-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PICKLE NORTH, INC	**c** EIN-PN	83-2010260-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PICOTTE MANAGEMENT CO., INC.	**c** EIN-PN	14-1699829-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PIEHLER MOTORSPORTS LLC.	**c** EIN-PN	26-3777990-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PIONEER BANK, NATIONAL ASSOCIATION	**c** EIN-PN	14-0970570-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PJ EQUITIES LLP	**c** EIN-PN	16-1040657-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PLATTSBURGH HOUSING AUTHORITY	**c** EIN-PN	14-6004149-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	POOLER ENTERPRISES, INC.	**c** EIN-PN	16-1323978-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	POOLEY INC.	**c** EIN-PN	16-0814751-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PORT OF OSWEGO AUTHORITY	**c** EIN-PN	15-6009176-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PORTER'S CONCRETE SERVICES, INC.	**c** EIN-PN	16-1123368-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	POWER LINE CONSTRUCTORS INC.	**c** EIN-PN	15-0627279-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PRACTICE RESOURCES, LLC	**c** EIN-PN	16-1506532-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PRE TRIAL SERVICES CORP OF MONROE CO. BAR	**c** EIN-PN	16-0976225-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PRECISION GRINDING AND MANUFACTURING CORP.	**c** EIN-PN	16-0924683-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PRECISION PHOTO FAB INC DBA SWITZER	**c** EIN-PN	16-1312618-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PRECISIONMATICS CO, INC	**c** EIN-PN	16-0974357-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PREMIER GOURMET CORP.	**c** EIN-PN	32-0355336-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PREMIER MEDICAL GROUP OF THE HUDSON VALLEY	**c** EIN-PN	14-1536357-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PRESENTATION CONCEPTS CORPORATION	**c** EIN-PN	16-1535373-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PRESTIGE WINE CORP	**c** EIN-PN	61-1408166-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PRIDE PLUMBING SERVICES, INC.	**c** EIN-PN	46-5377566-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PRIME WINE CORP	**c** EIN-PN	16-0959760-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PROFESSIONAL BENEFITS MANAGEMENT	**c** EIN-PN	81-5055717-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PROJECTS TO EMPOWER AND ORGANIZE THE PSYCHIATRICALLY LABELED, INC.	**c** EIN-PN	14-1737675-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PROLITERACY WORLDWIDE	**c** EIN-PN	16-6076384-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PROVISICS	**c** EIN-PN	27-5248429-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PULASKI MEDICAL URGENT CARE PC	**c** EIN-PN	81-1171122-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PULLANO, MASTRELLA AND LAMB, INC	**c** EIN-PN	11-3455196-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PULLMAN MANUFACTURING CORPORATION	**c** EIN-PN	16-0596880-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PURPLEWIRE, LLC	**c** EIN-PN	22-3755668-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	PUTNAM COUNTY NATIONAL BANK	**c** EIN-PN	14-0984850-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	QES SOLUTIONS INC.	**c** EIN-PN	16-1556056-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	QPK DESIGN	**c** EIN-PN	15-0618183-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	QUACKENBUSH CO.	**c** EIN-PN	16-0739130-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	QUANTERION SOLUTIONS, INC.	**c** EIN-PN	16-1579942-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	QUERMBACK ELECTRIC, INC.	**c** EIN-PN	16-0598830-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	QUICK CUT GASKET AND RUBBER CORP.	**c** EIN-PN	16-0989515-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	R. DESO, INC.	**c** EIN-PN	14-1500874-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	R. J. WILLIAMS, INC.	**c** EIN-PN	16-0978663-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	R.B. WOODCRAFT, INC.	**c** EIN-PN	30-0014693-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	R.J. MURRAY COMPANY	**c** EIN-PN	14-0908743-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	R.J. SHAW, INC.	**c** EIN-PN	16-1117594-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	R.P.S. HOLDINGS INC.	**c** EIN-PN	16-1472085-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RACANELLI REALTY SERVICES INC.	**c** EIN-PN	11-3221779-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RAGO FOUNDATIONS LLC	**c** EIN-PN	11-1530448-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RALPH C. SHELDON FOUNDATION, INC.	**c** EIN-PN	16-6030502-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RALPH W. EARL COMPANY, INC.	**c** EIN-PN	16-1061128-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RALPH'S COLLISION, INC.	**c** EIN-PN	16-0450477-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RAM FABRICATING, LLC	**c** EIN-PN	27-1216224-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RAM TECH ENGINEERS, PC	**c** EIN-PN	16-1361735-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RAMAR STEEL COMPANIES	**c** EIN-PN	16-1577842-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RAMSEY CONSTRUCTORS, INC.	**c** EIN-PN	16-1499836-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RAPID RESPONSE MONITORING SERVICES	**c** EIN-PN	16-1432416-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RBT CPA'S, LLP	**c** EIN-PN	14-1604297-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RCCS OPERATIONS LLC DBA SODUS COLD STORAGE	**c** EIN-PN	92-3788822-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RCI OPERATING CO., LLC.	**c** EIN-PN	61-2022260-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	REAGAN COMPANIES ASSET MANAGEMENT, INC.	**c** EIN-PN	45-4960567-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	REDCOM LABORATORIES, INC.	**c** EIN-PN	16-1107330-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	REFRIGERATED TRANSPORT ELECTRONICS	**c** EIN-PN	60-1173080-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	REFUGEE AND IMMIGRANT SELF EMPOWERMENT, INC.	**c** EIN-PN	20-2873332-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	REINHARDT CORPORATION	**c** EIN-PN	16-1246148-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	REL COMM INC	**c** EIN-PN	16-1308853-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RELCO SYSTEMS, INC.	**c** EIN-PN	16-1004166-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RENSSELAER CHAMBER OF COMMERCE	**c** EIN-PN	14-1127090-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RESEARCH AND MARKETING STRATEGIES, INC	**c** EIN-PN	04-3664724-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RESTAURANT PROFIT SYSTEMS, INC.	**c** EIN-PN	16-1223754-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RETINA VITREOUS SURGEONS OF CENTRAL NY, P.C.	**c** EIN-PN	16-0993668-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	REYMORE CHEVROLET	**c** EIN-PN	15-0595510-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RICCELLI TRUCKING, INC.	**c** EIN-PN	16-1485674-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RICHARDS AND WEST INC.	**c** EIN-PN	16-1184130-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RICHARDS LOGGING LLC	**c** EIN-PN	04-3589709-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RICHMOR AVIATION INC.	**c** EIN-PN	14-1498578-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RIEHLMAN, SHAFER AND SHAW	**c** EIN-PN	16-1077577-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RIVER RIDGE OPERATING LLC DBA RIVER RIDGE LIVING CENTER	**c** EIN-PN	46-2046038-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RIVERSIDE CHEMICAL COMPANY, INC.	**c** EIN-PN	16-0609600-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROACH, BROWN, MCCARTHY AND GRUBER, P.C.	**c** EIN-PN	16-1011511-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROACH, LENNON AND BROWN, PLLC	**c** EIN-PN	83-1188475-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROBERT M. SUTHERLAND, P.C.	**c** EIN-PN	14-1576986-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROCHESTER 100, INC.	**c** EIN-PN	16-0865423-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROCHESTER AND MONROE COUNTY EMPLOYEE'S FCU	**c** EIN-PN	16-0612620-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROCHESTER AUTOMATED SYSTEMS	**c** EIN-PN	16-1585193-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROCHESTER COMMUNITY BASEBALL	**c** EIN-PN	16-0808368-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROCHESTER COMMUNITY TV, INC.	**c** EIN-PN	16-1419225-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROCHESTER HOUSING DEVELOPMENT FUND CORP.	**c** EIN-PN	16-1607165-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROCHESTER MUSEUM AND SCIENCE CENTER	**c** EIN-PN	16-0794131-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROCHESTER PRESBYTERIAN HOME	**c** EIN-PN	16-0743142-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROCHESTER RIGGING, INC.	**c** EIN-PN	93-1675059-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROLEN JINXIN TECHNOLOGIES NORTH AMERICA, LLC	**c** EIN-PN	32-0511425-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROLLFORM OF JAMESTOWN, INC.	**c** EIN-PN	16-1286526-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROMAN CATHOLIC DIOCESE OF ALBANY	**c** EIN-PN	14-1347456-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROME SPECIALTY CO., INC.	**c** EIN-PN	16-1148714-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROSELAND'S ATLAS LLC	**c** EIN-PN	99-0629225-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROSENTHAL, KOOSHOIAN AND LENNON LLP	**c** EIN-PN	16-1160740-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROSWELL PARK ALLIANCE FOUNDATION	**c** EIN-PN	16-1391608-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROTONDO TRUCKING AND WAREHOUSING CO., INC.	**c** EIN-PN	15-0615106-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ROUTE 37 BUILDING SUPPLY, INC.	**c** EIN-PN	16-1201603-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RQC LTD DBA REMBRANDT CHARMS	**c** EIN-PN	16-1053699-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RUDDS SPRAY SERVICE INC	**c** EIN-PN	16-1122857-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RUDY SCHMID INC.	**c** EIN-PN	16-0963411-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	RUMETCO SALES INC.	**c** EIN-PN	16-0983584-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	S AND W COMPANY LLC	**c** EIN-PN	16-1475599-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SALCA TRUCKING INC.	**c** EIN-PN	11-2035490-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SAM HART, INC.	**c** EIN-PN	16-0911238-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SAMARITAN CENTER INC.	**c** EIN-PN	16-1328786-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SANDVIK AND ASSOCIATES, INC.	**c** EIN-PN	20-3973353-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SANFORD INDUSTRIAL CONTRACTORS INC.	**c** EIN-PN	45-2261259-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SARATOGA CASINO HOTEL	**c** EIN-PN	14-1688208-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SARATOGA CLINICAL RESEARCH	**c** EIN-PN	54-2194372-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SAVEAROUND PARTNER SOLUTIONS INC.	**c** EIN-PN	45-5540111-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCANLON HOME CARE SERVICE	**c** EIN-PN	16-1274161-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCHAFFER DARPINO RUGS	**c** EIN-PN	03-0594134-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCHALLERS DRIVE IN INC.	**c** EIN-PN	16-0837327-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCHEFF INVESTMENT GROUP	**c** EIN-PN	20-2003614-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCHMITT SALES, LLC	**c** EIN-PN	84-3755582-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCHOHARIE COUNTY COMMUNITY ACTION PROGRAM INC	**c** EIN-PN	14-1490674-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCHUELE PAINT COMPANY, INC.	**c** EIN-PN	16-0627220-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCHUMAN B LINE MOVING AND STORAGE, LLC	**c** EIN-PN	45-5575772-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCIENCE STREET LABS, INC.	**c** EIN-PN	81-0724792-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SCOLARO FETTER GRIZANTI AND MCGOUGH, P.C.	**c** EIN-PN	16-1119912-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SEACOMM FEDERAL CREDIT UNION	**c** EIN-PN	14-6036899-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SEATING, INC.	**c** EIN-PN	16-1344044-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SEAWAY INSURANCE BROKERAGE	**c** EIN-PN	16-1220863-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SECUREIT TACTICAL, INC.	**c** EIN-PN	26-1821768-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SEIBOLD SECURITY INC.	**c** EIN-PN	16-1121332-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SEIBOLD SECURITY OF FL, INC.	**c** EIN-PN	46-3992235-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SENECA GAMING AUTHORITY	**c** EIN-PN	16-0786768-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SENIOR CITIZEN CENTER OF SARATOGA, INC.	**c** EIN-PN	14-1458762-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SENTINEL MEDIA CO., INC.	**c** EIN-PN	88-2868808-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SERVU FEDERAL CREDIT UNION	**c** EIN-PN	16-6041830-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SESSLER BUILDING MATERIALS INC. DBA BARNES AND CONE	**c** EIN-PN	32-2180657-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SHAWNDRA PRODUCTS, INC.	**c** EIN-PN	16-1182255-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SHERMAN FURNITURE, INC.	**c** EIN-PN	14-1466186-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SHERMAN, SPERO, SAFARINO CO., CPAS, P.C.	**c** EIN-PN	47-2401657-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SHIELD MFG. INC.	**c** EIN-PN	16-0709553-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SHIPMAN PRINTING INDUSTRIES INC.	**c** EIN-PN	16-1577557-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SILICON CARBIDE PRODUCTS LLC	**c** EIN-PN	82-3526810-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SILVER DOLLAR OPTICAL CORPORATION	**c** EIN-PN	26-1508799-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SILVER FOX SENIOR SOCIAL CLUB	**c** EIN-PN	20-8670847-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SILVERNAIL ENGINEERING, PLLC.	**c** EIN-PN	81-3307908-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SIMPORE, INC.	**c** EIN-PN	20-8219774-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SIMUTECH GROUP, INC.	**c** EIN-PN	16-1578599-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SIRNESS SERVICES, INC.	**c** EIN-PN	16-1129429-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SIRNESS VENDING SERVICES	**c** EIN-PN	16-1343506-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SIUBHAN K BONGIOVANNI DVM PC	**c** EIN-PN	33-1042559-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SIXT GERHARD AND ASSOCIATES CPA'S, PLLC.	**c** EIN-PN	84-3726891-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SKANEATELES JEWELRY, INC.	**c** EIN-PN	16-1278696-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SKY COMMUNICATIONS INC. SKY TESTING INC.	**c** EIN-PN	16-1599397-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SKYLIGHT SIGNS, INC.	**c** EIN-PN	14-1882137-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SLACK CHEMICAL CO., INC.	**c** EIN-PN	15-0503203-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SLIC NETWORK SOLUTIONS, INC	**c** EIN-PN	14-1807447-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SLOTH ELECTRIC, INC	**c** EIN-PN	32-0099212-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOLID SEALING TECHNOLOGY, INC.	**c** EIN-PN	20-0539521-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOLSTICE RESIDENTIAL GROUP, LLC	**c** EIN-PN	13-2547859-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOLVAY SUPER SAVER	**c** EIN-PN	80-0762365-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOMMER ASSOCIATES, LLC	**c** EIN-PN	13-3096751-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SONNET SOFTWARE, INC	**c** EIN-PN	16-1351404-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOPHITEC	**c** EIN-PN	16-1471500-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOUTH SHORE REHABILITATION AND NURSING CENTER	**c** EIN-PN	11-2527597-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOUTHERN TIER FABRICATORS	**c** EIN-PN	16-1183828-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOUTHERN TIER INSULATIONS	**c** EIN-PN	16-1102760-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOUTHERN TIER ZOOLOGICAL SOCIETY, INC.	**c** EIN-PN	16-6071439-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOUTHSIDE TRAILER SERVICE, INC.	**c** EIN-PN	16-1021936-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SOVENA USA, INC.	**c** EIN-PN	16-1397516-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SPALL MANAGEMENT CORP	**c** EIN-PN	26-3219836-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SPECIALIZED EARLY CHILDHOOD CENTER OF WNY	**c** EIN-PN	16-1206389-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SPECTRUM EYECARE	**c** EIN-PN	16-1364552-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SPOLETA CONSTRUCTION CORP.	**c** EIN-PN	16-0879308-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SPORTSFIELD SPECIALTIES, INC.	**c** EIN-PN	16-1546924-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SPRAGUE AND JACKSON	**c** EIN-PN	16-1428840-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SPRAGUE AND KILLEEN INC.	**c** EIN-PN	14-1429060-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SPRING STREET TAX RESOURCES ,LLC.	**c** EIN-PN	88-0583367-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SQUARE DEAL DISCOUNT LIQUORS	**c** EIN-PN	20-0795842-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ST ANN TRANSPORTATION, INC.	**c** EIN-PN	14-1639478-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ST. BARTHOLOMEW'S CHRISTIAN CHURCH	**c** EIN-PN	26-3313104-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ST. FRANCIS HIGH SCHOOL	**c** EIN-PN	16-0846639-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ST. JOSEPH'S NEIGHBORHOOD CENTER	**c** EIN-PN	46-1176792-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ST. LAWRENCE FEDERAL CREDIT UNION	**c** EIN-PN	15-0578797-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ST. LAWRENCE VALLEY EDUCATIONAL TELEVISION COUNCIL, INC.	**c** EIN-PN	15-0611509-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ST. PAUL'S EPISCOPAL CHURCH	**c** EIN-PN	16-0743122-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ST. PETER AND PAUL'S CEMETERY	**c** EIN-PN	16-0738257-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ST. PIUS X CHURCH FCU	**c** EIN-PN	16-1040794-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STAMM LAW FIRM	**c** EIN-PN	16-1237289-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STANLEY STEEL SERVICE CORPORATION	**c** EIN-PN	16-0800229-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STAN'S SEA FOOD, INC.	**c** EIN-PN	16-0963583-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STAR GAS PRODUCTS INC.	**c** EIN-PN	14-1793765-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STAR GAS PRODUCTS, INC.	**c** EIN-PN	14-1581672-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STCR BUSINESS SYSTEMS INC. DBA RAVYX	**c** EIN-PN	16-0921200-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STEELWAYS HOLDINGS GROUP, INC.	**c** EIN-PN	26-1488796-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STEINGART ASSOCIATES, INC.	**c** EIN-PN	14-1467253-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STELLA ORTON HOME CARE AGENCY	**c** EIN-PN	13-3137595-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STELLAR ROOFING INC	**c** EIN-PN	86-1179138-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STEUBEN COUNTY CONFERENCE AND VISITORS BUREAU	**c** EIN-PN	16-1464229-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STEVER LOCKE INDUSTRIES	**c** EIN-PN	83-2108052-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STONY MANUFACTURING INC.	**c** EIN-PN	16-0929221-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STRATEGIC FINANCIAL SERVICES	**c** EIN-PN	16-1334685-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STREETER ASSOCIATES, INC.	**c** EIN-PN	16-0733449-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STRUCTURE WORKS CONSTRUCTION	**c** EIN-PN	47-5382987-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	STUDENT MANAGEMENT COOPERATIVE CORPORATION	**c** EIN-PN	16-0985067-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SUBURBAN CARDIOLOGY, PC	**c** EIN-PN	16-1545899-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SUCCESSFUL PRACTICES NETWORK	**c** EIN-PN	56-2374724-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SUICIDE PREVENTION AND CRISIS SERVICES	**c** EIN-PN	16-0992587-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SULLIVAN KEENAN OLIVER LLP	**c** EIN-PN	11-3720927-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SUN LINE SUN ROOFS INC.	**c** EIN-PN	11-3358487-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SUNDENSITY	**c** EIN-PN	81-2133262-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SUNNYCREST, INC.	**c** EIN-PN	16-0974639-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SUPERIOR PLUMBING AND HEATING	**c** EIN-PN	16-1231790-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SUPERIOR TECHNOLOGY, INC.	**c** EIN-PN	16-1336440-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SUPPORT MINISTRIES	**c** EIN-PN	22-2940575-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SURE TEMP CO., INC.	**c** EIN-PN	16-1174274-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SURMOTECH, LLC	**c** EIN-PN	90-1024594-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SWIFT GLASS COMPANY, INC.	**c** EIN-PN	16-0707040-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SYRACUSE BANANA WHOLESALE LLC	**c** EIN-PN	41-2919255-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SYRACUSE BLUEPRINT COMPANY, INC.	**c** EIN-PN	15-0515395-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SYRACUSE COOPERATIVE FEDERAL CREDIT UNION	**c** EIN-PN	22-2395897-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SYRACUSE FIRE DEPARTMENT EMPLOYEES FCU	**c** EIN-PN	15-0538318-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SYRACUSE HAULERS WASTE REMOVAL, INC	**c** EIN-PN	16-1451841-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SYRACUSE MODEL NEIGHBORHOOD FACILITY, INC.	**c** EIN-PN	23-7376077-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SYRACUSE THERMAL PRODUCTS, INC.	**c** EIN-PN	15-0627128-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	SYRACUSE URBAN PARTNERSHIP INC.	**c** EIN-PN	82-5069452-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	T AND M AUTO PARTS INC.	**c** EIN-PN	11-2280876-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	T. SHAW, INC.	**c** EIN-PN	16-1594805-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	T.R. GOLDSMITH AND SON, INC.	**c** EIN-PN	16-0750517-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TABNER, RYAN AND KENIRY, LLP	**c** EIN-PN	14-1402805-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TADCON ELECTRIC, LLC.	**c** EIN-PN	84-4391134-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TADDEO AND SHAHAN, LLP	**c** EIN-PN	16-1597170-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TARBELL MANAGEMENT GROUP LLC	**c** EIN-PN	27-3567818-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TDC NNY INC.	**c** EIN-PN	14-1463640-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TDH REFRIGERATION, INC.	**c** EIN-PN	16-1086893-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TECTRAN MFG., INC.	**c** EIN-PN	20-0322673-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TELE DATA COM, INC.	**c** EIN-PN	16-1215259-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TELEPHONE SERVICES, INC	**c** EIN-PN	04-3462035-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TEMPLE B'RITH KODESH	**c** EIN-PN	16-0743199-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TEN MILE RIVER PRESERVE, INC.	**c** EIN-PN	83-0407511-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TERPENING TRUCKING CORP.	**c** EIN-PN	15-0467780-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TERPHANE LLC	**c** EIN-PN	16-1550495-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE AFFINITY GROUP, LLC	**c** EIN-PN	13-4232719-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE ARC JEFFERSON ST. LAWRENCE NEW YORK	**c** EIN-PN	16-1134631-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE ARC NEW YORK	**c** EIN-PN	13-5678837-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE ARC OF MONROE COUNTY	**c** EIN-PN	16-0835172-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE BARDEN AND ROBESON CORPORATION	**c** EIN-PN	16-0342190-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE BREWSTER INN	**c** EIN-PN	15-0590281-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE BUSINESS COUNCIL OF NYS, INC.	**c** EIN-PN	14-1401680-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE BUSINESS COUNCIL OF NYS, INC.	**c** EIN-PN	14-6034807-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE CENTER FOR HANDICAPPED CHILDREN INC.	**c** EIN-PN	16-1023103-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE CENTER FOR YOUTH SERVICES, INC.	**c** EIN-PN	16-0992259-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE CICERO LAW FIRM LLP	**c** EIN-PN	47-5075663-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE CLARK FOUNDATION	**c** EIN-PN	13-5616578-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE CLARK SPORTS CENTER	**c** EIN-PN	13-5616528-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE CORPORATION OF YADDO	**c** EIN-PN	14-1343055-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE DALE ASSOCIATION, INC.	**c** EIN-PN	16-0863230-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE DALEY GROUP INC	**c** EIN-PN	82-2941796-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE DAVID HOCHSTEIN MEMORIAL MUSIC SCHOOL	**c** EIN-PN	16-0768758-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE FELTNER GROUP	**c** EIN-PN	16-1344671-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE FORT MILLER GROUP, INC.	**c** EIN-PN	14-1459087-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE GINGERBREAD HOUSE PRESCHOOL AND CHILDCARE	**c** EIN-PN	16-1285001-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE GOW SCHOOL	**c** EIN-PN	16-1034793-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE GUYSON CORPORATION OF THE U.S.A.	**c** EIN-PN	14-1569786-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE HARLEY SCHOOL	**c** EIN-PN	16-0755783-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE HARVA COMPANY INC.	**c** EIN-PN	14-1744688-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE LAWMAN GROUP	**c** EIN-PN	16-1100145-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE LINKS CLUB, INC.	**c** EIN-PN	13-5679670-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE MARRONE LAW FIRM PC	**c** EIN-PN	42-2588679-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE MJA COMPANY	**c** EIN-PN	16-1328418-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE MOORE INSURANCE AGENCY INC.	**c** EIN-PN	14-1769942-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE MYTEE AUTOMOTIVE SERVICE, INC.	**c** EIN-PN	16-0819732-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE POMPEY CLUB	**c** EIN-PN	16-1205965-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE PRENTICE GROUP OF NY INC.	**c** EIN-PN	46-4007932-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE SOURCE OF GOLD AND SILVER OF ROCHESTER LTD	**c** EIN-PN	16-1158906-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE TENNIS CLUB OF ROCHESTER	**c** EIN-PN	16-0695322-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE TREE DOCTOR	**c** EIN-PN	16-1426996-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE TULLY HILL CORPORATION	**c** EIN-PN	16-1351562-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE WLADIS LAW FIRM, P.C.	**c** EIN-PN	20-0940870-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE ZELLER GROUP	**c** EIN-PN	20-0867511-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THEODORE LAVIGNA INSURANCE AGENCY INC.	**c** EIN-PN	14-1592516-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THERM INCORPORATED	**c** EIN-PN	15-0468315-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THOMAS EXCAVATING, LLC	**c** EIN-PN	16-1551882-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THOMAS P MCCUE IV DDS OC	**c** EIN-PN	45-2919712-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THOUSAND ISLAND PARK CORPORATION	**c** EIN-PN	15-0488440-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THOUSAND ISLANDS AGENCY, INC.	**c** EIN-PN	16-1520706-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THOUSAND ISLANDS BRIDGE AUTHORITY	**c** EIN-PN	15-6001231-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THRIVE WELLNESS AND RECOVERY INC.	**c** EIN-PN	16-1012469-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THRU WAY AUTOGLASS DISTRIBUTORS	**c** EIN-PN	15-0592522-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THRUWAY STONE	**c** EIN-PN	87-3929469-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TILE AND CARPET TOWN	**c** EIN-PN	16-1067487-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TINKER FOUNDATION, INC.	**c** EIN-PN	51-0175449-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TOKENIZE, INC.	**c** EIN-PN	47-3272389-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TOOLROOM EXPRESS, INC. DBA FOURSQUARE TRE	**c** EIN-PN	16-1386063-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TOTAL RECALL MESSAGE CENTER, INC.	**c** EIN-PN	16-1402840-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TOTALKARE OF AMERICA, INC.	**c** EIN-PN	16-1374311-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TOWNSEND LEATHER COMPANY INC.	**c** EIN-PN	14-1819836-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRADE TRANS CORPORATION	**c** EIN-PN	22-2580900-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRADITIONS AT THE LINKS, LLC	**c** EIN-PN	16-1602455-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRAUB FUNERAL HOME, INC	**c** EIN-PN	15-0615397-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRAYER PRODUCTS, INC.	**c** EIN-PN	16-0665120-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRESPASZ LAW OFFICES, LLP	**c** EIN-PN	16-1562248-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRI CITY RENTALS	**c** EIN-PN	14-1665596-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRI COLE MANAGEMENT INC	**c** EIN-PN	45-5281424-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRI COUNTY HEATING AND COOLING	**c** EIN-PN	16-1268758-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRI LAKES HOME MEDICAL EQUIPMENT	**c** EIN-PN	40-1721041-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRI TANK CORPORATION	**c** EIN-PN	16-1157532-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRI TOWER TELECOM CORPORATION	**c** EIN-PN	27-1399495-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRIDENT PRECISION MANUFACTURING, INC	**c** EIN-PN	16-1154981-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRINITY ALLIANCE OF THE CAPITAL REGION, INC.	**c** EIN-PN	14-1340122-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRIPLE T TIRE, INC	**c** EIN-PN	27-0546814-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRIPLEX INDUSTRIES, INC	**c** EIN-PN	16-1164699-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TROCAIRE COLLEGE	**c** EIN-PN	16-0909446-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TROY BOILER WORKS, INC.	**c** EIN-PN	14-1494252-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRS HEATING AND AIR CONDITIONING CO INC	**c** EIN-PN	16-1307427-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRUAX AND HOVEY LTD.	**c** EIN-PN	16-0919563-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRUDEAU INSTITUTE INCORPORATED	**c** EIN-PN	14-1401413-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRUNORTHERN FEDERAL CREDIT UNION	**c** EIN-PN	14-1596147-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TRUTH COLLECTIVE, LLC	**c** EIN-PN	46-1546569-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TSCHOPP SUPPLY COMPANY, INC.	**c** EIN-PN	16-1176177-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TUG HILL MECHANICAL, INC.	**c** EIN-PN	26-2290137-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TULLY BUILDING SUPPLY, INC.	**c** EIN-PN	15-0473290-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TWENTY FIRST CENTURY PRESS, INC.	**c** EIN-PN	16-1555737-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TWIN CITIES FOOD CENTER, INC.	**c** EIN-PN	16-0811685-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TWO CHEFS AT THE FALLS, LLC	**c** EIN-PN	93-4334854-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TWO PLUS FOUR MANAGEMENT COMPANY, INC.	**c** EIN-PN	16-1307444-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	TYRO AUTOMOTIVE	**c** EIN-PN	27-2905829-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UDIG NY, INC.	**c** EIN-PN	23-7062996-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ULSTER FEDERAL CREDIT UNION	**c** EIN-PN	23-7447488-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNDERBERG AND KESSLER, LLP	**c** EIN-PN	16-0869081-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNICELL BODY COMPANY, INC.	**c** EIN-PN	16-0868266-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNIDEX CORPORATION OF WNY, INC.	**c** EIN-PN	16-1407174-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNITED CONTINENTAL CORPORATION	**c** EIN-PN	13-5457860-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNITED DIVIDERS, INC.	**c** EIN-PN	16-0923535-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNITED HELPERS MANAGEMENT CO., INC.	**c** EIN-PN	22-2428919-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNITED WAY OF CENTRAL NEW YORK, INC.	**c** EIN-PN	15-0532073-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNITED WAY OF THE SOUTHERN TIER	**c** EIN-PN	16-1451041-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNITED WIRE TECHNOLOGIES, INC.	**c** EIN-PN	16-1468456-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNIVERSITY EYE SPECIALISTS, P.C.	**c** EIN-PN	16-1178293-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNIVERSITY HEIGHTS ASSOCIATION, INC.	**c** EIN-PN	14-1781912-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UNIVERSITY OF NY REGENTS RESEARCH FUND	**c** EIN-PN	14-1599643-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UPSTATE MEDICAL DIAGNOSTIC RADIOLOGY MEDICAL NUCLEAR HEALTH PHYSICS PC	**c** EIN-PN	27-2503396-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UPSTATE NEW YORK COMMUNITY PARTNERS	**c** EIN-PN	47-2616775-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UPSTATE PRINTING, INC.	**c** EIN-PN	16-1507336-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	UPTURN INDUSTRIES, INC.	**c** EIN-PN	16-1202749-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	URBAN LEAGUE OF ROCHESTER, N.Y., INC.	**c** EIN-PN	16-0906150-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	US AIRPORTS FLIGHT SUPPORT, LLC	**c** EIN-PN	16-1529747-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	V FRAAS USA INC.	**c** EIN-PN	13-3148995-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VALIANT RETIRE INC.	**c** EIN-PN	87-1649469-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VALVETECH, INC.	**c** EIN-PN	16-1313126-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VAN PUTTE SEED CO. INC.	**c** EIN-PN	16-1081930-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VANSANTIS DEVELOPMENT, INC.	**c** EIN-PN	16-1455580-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VELMEX, INC.	**c** EIN-PN	16-0924244-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VERBAN PROPERTIES	**c** EIN-PN	13-2501956-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VERTUS CHARTER SCHOOL	**c** EIN-PN	46-4366962-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VETERANS AND COMMUNITY HOUSING COALITION	**c** EIN-PN	11-4266839-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VIA VISUALLY IMPAIRED ADVANCEMENT	**c** EIN-PN	16-0743930-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VICTORY PROMOTIONS, INC.	**c** EIN-PN	16-1605768-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VIOMERSE, INC.	**c** EIN-PN	47-3521561-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VOLKERT PRECISION TECH.	**c** EIN-PN	11-2858985-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VOLLAND ELECTRIC EQUIPMENT CORP.	**c** EIN-PN	16-0676916-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VOLLAND ELECTRIC EQUIPMENT CORPORATION	**c** EIN-PN	16-0675916-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VOLPI MANUFACTURING, INC.	**c** EIN-PN	16-1123086-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VOLUNTEER TRANSPORTATION CENTER, INC.	**c** EIN-PN	16-1469952-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VOLUNTEERS OF AMERICA OF WESTERN NEW YORK	**c** EIN-PN	16-6011713-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	VTC SPECIALTIES INC. DBA VISUAL TECHNOLOGIES	**c** EIN-PN	56-2357679-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	W.A. BAUM COMPANY, INC.	**c** EIN-PN	11-1695303-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	W.D. BACH EXCAVATING AND CONSULTING, LLC	**c** EIN-PN	22-3749632-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	W.H. GREENE AND ASSOCIATES, INC.	**c** EIN-PN	16-1292476-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WAFMCS LLC	**c** EIN-PN	82-4309286-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WAITE MOTOR SALES, INC	**c** EIN-PN	15-0549685-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WALDEN SAVINGS BANK	**c** EIN-PN	14-1155830-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WALKER BUSINESS AND STAFFING SERVICES, INC.	**c** EIN-PN	16-1512685-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WALLDROFF FARM EQUIPMENT, INC.	**c** EIN-PN	16-1037694-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WALTER J. KENT, INC.	**c** EIN-PN	56-2289950-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WALTER R. TUCKER EZ RED COMPANY	**c** EIN-PN	16-1011585-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WARREN FANE TRUCKING, INC.	**c** EIN-PN	14-1718729-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WARREN M. GILDERSLEEVE, INC.	**c** EIN-PN	14-0693430-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WARREN W. FANE, INC.	**c** EIN-PN	14-1663427-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WASHINGTON STREET MANAGEMENT, LLC.	**c** EIN-PN	47-1734609-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WATERLOO CONTAINERS INC.	**c** EIN-PN	15-0621182-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WATERTOWN FAMILY YMCA	**c** EIN-PN	15-0559207-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WATERTOWN HOUSING AUTHORITY	**c** EIN-PN	15-0550210-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WATERTOWN INTERNISTS PC	**c** EIN-PN	16-1445819-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WATERTOWN SAVINGS BANK	**c** EIN-PN	15-0486160-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WATERTOWN URBAN MISSION	**c** EIN-PN	16-0957201-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WAYFARE SPORTS FLOORS	**c** EIN-PN	85-0620746-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WAYNE COOPERATIVE INSURANCE CO.	**c** EIN-PN	15-0306780-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WEBSTER BIBLE CHURCH	**c** EIN-PN	16-0991357-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WEBSTER MEDICAL GROUP INCORPORATED	**c** EIN-PN	16-1362056-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WEGERSKI LAW FIRM	**c** EIN-PN	16-1228915-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WEITSMAN SHREDDING LLC	**c** EIN-PN	27-3814705-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WELDON AND TRIMPER LAW FIRM	**c** EIN-PN	22-3694698-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WELLESLEY ISLAND BUILDING SUPPLY, INC.	**c** EIN-PN	06-1140141-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WELLIVER MCGUIRE INC	**c** EIN-PN	16-1303633-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WEM HOLDINGS, INC.	**c** EIN-PN	81-4430313-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WENDELL CASTLE, INC.	**c** EIN-PN	16-1118375-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WEST ASC, LLC CAMILLUS SURGERY CENTER	**c** EIN-PN	27-3166743-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WEST GENERAL CONTRACTORS LLC	**c** EIN-PN	27-2645827-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WEST POINT ASSOCIATION OF GRADUATES	**c** EIN-PN	14-1260763-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WEST WISE SUPERMARKET INC.	**c** EIN-PN	16-1072820-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WESTCHESTER MODULAR HOMES INC.	**c** EIN-PN	06-1162854-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WESTERN NEW YORK BLOODCARE, INC.	**c** EIN-PN	16-0965865-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WESTERN NEW YORK ENERGY, LLC.	**c** EIN-PN	05-0593588-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WESTROCK INDUSTRIES, INC.	**c** EIN-PN	13-2607393-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WESTSIDE PODIATRY CENTER	**c** EIN-PN	04-3612226-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WHALEN DAVEY AND LOONEY CPA, LLP	**c** EIN-PN	15-0614604-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WHELAN AND CURRY CONSTRUCTION SERVICES, INC.	**c** EIN-PN	16-1427318-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WHITE MANAGEMENT CORP.	**c** EIN-PN	16-1003072-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WHITES LUMBER INC.	**c** EIN-PN	16-1614288-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WHITTAKERS TROPHY AUTO SALES, LLC	**c** EIN-PN	56-2399433-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WHO'S WE? LLC	**c** EIN-PN	20-5652749-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WHYFFS, LLC DBA FEEHAN FINANCIAL SERVICES	**c** EIN-PN	26-3514007-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WILBEDONE DBA STONE CENTRAL	**c** EIN-PN	16-1327433-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WILLIAM A. SMITH AND SON INC.	**c** EIN-PN	14-1433702-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WILLIAM H. LANE, INC.	**c** EIN-PN	16-0925555-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WILLIAM S. HEIN AND CO	**c** EIN-PN	16-0878492-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WILLOW DOMESTIC VIOLENCE CENTER OF GREATER ROCHESTER	**c** EIN-PN	16-1099257-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WINTER SPORTS RETAILERS INC.	**c** EIN-PN	99-0726059-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WISE COMPONENTS INC.	**c** EIN-PN	13-2895657-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WNY PEDIATRIC GASTROENTEROLOGY PLLC	**c** EIN-PN	46-4206293-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WOODARD'S CONCRETE PRODUCTS	**c** EIN-PN	14-1489334-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WOODBROOK ASSISTED LIVING	**c** EIN-PN	16-0766337-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WORD OF LIFE FELLOWSHIP, INC.	**c** EIN-PN	13-5648615-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WORKER JUSTICE CENTER OF NEW YORK, INC.	**c** EIN-PN	16-1155130-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	WORKFORCE DEVELOPMENT INSTITUTE	**c** EIN-PN	56-2420045-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	XENIOS, LLC	**c** EIN-PN	27-1162535-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	XLI MANUFACTURING, LLC	**c** EIN-PN	83-2389660-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	XTO, INC.	**c** EIN-PN	16-1115084-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	YANDO'S STORE, INC.	**c** EIN-PN	16-0869542-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	Z AXIS, INC.	**c** EIN-PN	16-1359534-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ZAHM AND NAGEL COMPANY	**c** EIN-PN	16-0784028-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ZEISER WILBERT VAULT	**c** EIN-PN	16-0782625-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ZERODRAFT OF CNY, INC.	**c** EIN-PN	56-2425591-501

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	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ZERODRAFT RESIDENTIAL INC.	**c** EIN-PN	83-1167388-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ZIP PRODUCTS, INC.	**c** EIN-PN	16-1550384-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ZIRCAR REFRACTORY COMPOSITES, INC.	**c** EIN-PN	06-1573703-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ZIRCAR ZIRCONIA, INC.	**c** EIN-PN	06-1573237-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	ZOOLOGICAL SOCIETY OF BUFFALO, INC.	**c** EIN-PN	16-0911204-501
a Plan name	THE BUSINESS COUNCIL OF NEW YORK STATE, INC. INSURANCE FUND		
b Name of plan sponsor	THE YWCA OF WESTERN NEW YORK, INC.	**c** EIN-PN	16-0743243-501
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	1a	1232993	1097279
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	456936	436569
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4429334	5375295
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	239331	91688

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	28174	46904
1f Total assets (add all amounts in lines 1a through 1e)	1f	6386768	7047735
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	3243389	3475011
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	248614	281084
1k Total liabilities (add all amounts in lines 1g through1j)	1k	3492003	3756095
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2894765	3291640

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)	114047	
(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)		114047
(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)		
(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		3000027
d Total income. Add all **income** amounts in column (b) and enter total	2d		3114074
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)		
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)	1335935	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	10500	
(4) IQPA audit fees	2i(4)	31700	
(5) Investment advisory and investment management fees	2i(5)	27473	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	11055	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	44630	
(11) Other expenses	2i(11)	1255906	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2717199
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2717199
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		396875
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) [X] 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)** [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	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.)	**4j**		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?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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, 2025 and 2024

The Business Council of New York State, Inc. Insurance Fund

Financial Statements
December 31, 2025 and 2024

Contents

Page

Independent Auditor's Report 1-3

Financial Statements

Balance Sheets 4

Statements of Income 5

Statements of Cash Flows 6

Notes to Financial Statements 7-12

Supplementary Information

Schedules of Operating Expenses 13

Schedule of Assets (Held at End of Year) 14

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, 2025 and 2024, 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, 2025 and 2024, 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, 2025 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
July 28, 2026

The Business Council of New York State, Inc. Insurance Fund

Balance Sheets

	December 31, 2025	December 31, 2024
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 5,929,182	$ 5,138,412
Certificate of deposit	543,392	523,915
Accounts receivable, net	436,569	456,936
Prepaid expenses	27,488	82,831
Total current assets	6,936,631	6,202,094
FIXED ASSETS		
Office equipment	14,170	14,170
Computer equipment	78,497	56,380
Computer software	136,751	136,751
Furniture and fixtures	43,735	43,735
	273,153	251,036
Less accumulated depreciation	226,249	222,862
	46,904	28,174
DEFERRED TAX ASSET	64,200	156,500
	$ 7,047,735	**$ 6,386,768**
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Premiums payable	$ 3,475,011	$ 3,243,389
Accrued expenses	75,868	64,991
Accrued liabilities, related parties	205,216	183,623
Total current liabilities	3,756,095	3,492,003
NET ASSETS	3,291,640	2,894,765
	$ 7,047,735	**$ 6,386,768**

See accompanying Notes to Financial Statements.

The Business Council of New York State, Inc. Insurance Fund

Statements of Income

	Years Ended December 31,	
	2025	2024
INCOME		
Administrative fee income	$ 3,000,027	$ 2,842,532
EXPENSES		
Direct expenses	162,516	138,493
Administrative fee expenses, Agency Services	1,069,119	1,012,658
Administrative fee expenses, other	1,337,274	1,369,983
	2,568,909	2,521,134
INTEREST INCOME	114,047	108,273
Income before provision for income taxes	**545,165**	**429,671**
PROVISION FOR INCOME TAXES	148,290	113,031
Net income	**396,875**	**316,640**
NET ASSETS, ***beginning of year***	2,894,765	2,578,125
NET ASSETS, ***end of year***	**$ 3,291,640**	**$ 2,894,765**

See accompanying Notes to Financial Statements.

The Business Council of New York State, Inc. Insurance Fund

Statements of Cash Flows

	Years Ended December 31,	
	2025	**2024**
CASH FLOWS PROVIDED (USED) BY OPERATING ACTIVITIES		
Net income	$ 396,875	$ 316,640
Adjustments to reconcile net income to net cash provided (used) by operating activities		
Depreciation	3,387	2,601
Deferred income taxes	92,300	111,200
Decrease (increase) in		
Accounts receivable	20,367	(167,981)
Prepaid expenses	55,343	1,456
Increase (decrease) in		
Premiums payable	231,622	438,319
Accrued expenses	10,877	46,333
Experience-rated contract liability	-	(418,000)
Accrued liabilities, related parties	21,593	(41,547)
	832,364	289,021
CASH FLOWS USED BY INVESTING ACTIVITIES		
Purchase of fixed assets	(22,117)	(30,186)
Certificate of deposit reinvested interest	(19,477)	(16,504)
	(41,594)	(46,690)
Net increase in cash and cash equivalents	**790,770**	**242,331**
CASH AND CASH EQUIVALENTS, ***beginning of year***	5,138,412	4,896,081
CASH AND CASH EQUIVALENTS, ***end of year***	**$ 5,929,182**	**$ 5,138,412**

See accompanying Notes to Financial Statements.

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.

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

f. Allowance for Credit Losses

During the year ended December 31, 2025, the Insurance Fund adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2025-05, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets*. The Insurance Fund elected to apply the practical expedient permitted under the ASU for estimating expected credit losses on accounts receivable and contract assets. Under this practical expedient, the Insurance Fund assumes that current conditions as of the balance sheet date do not change over the remaining life of the asset. The Insurance Fund also elected the accounting policy option to consider post-balance sheet cash collections when evaluating the allowance. The Insurance Fund considered collections through May 2026 when performing this evaluation

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, 2025 and 2024, 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, 2025 and 2024, 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.

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

i. Revenue Recognition (Continued)

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, 2024 was $288,955.

j. 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, 2025 or 2024.

k. Subsequent Events

The Insurance Fund has evaluated subsequent events for potential recognition or disclosure through July 28, 2026, the date the financial statements were available to be issued.

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 $1,337,274 and $1,369,983 for the years ended December 31, 2025 and 2024, respectively.

   Accrued administrative fee expenses due to the Council totaled $120,398 and $105,374 at December 31, 2025 and 2024, 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 $152,828 and $247,353 for the years ended December 31, 2025 and 2024, respectively. Subsequent to January 1, 2026, the Board of Directors of the Council elected to terminate the Plan.

Note 2. Related-Party Transactions (Continued)

Administrative Services Agreement (Continued)

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 $35,095 and $36,200 for the years ended December 31, 2025 and 2024, respectively. The Insurance Funds' portion of the profit sharing contributions was $154 for the year ended December 31, 2025. There were no profit sharing contributions for the year ended December 31, 2024.

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 $1,069,119 and $1,012,658 for the years ended December 31, 2025 and 2024, respectively. At December 31, 2025 and 2024, the Insurance Fund had accrued expenses due to the Service Corporation of $84,818 and $78,249, 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 $122,671 and $121,772 for the years ended December 31, 2025 and 2024, respectively.

Note 3. Provision for Income Taxes

Details of the Insurance Fund's provision for income taxes are as follows:

	Years Ended December 31,	
	2025	2024
Current		
Federal	$ 50,051	$ 331
State	5,939	1,500
	55,990	1,831
Deferred		
Federal	62,800	83,900
State	29,500	27,300
	92,300	111,200
Provision for income taxes	$ 148,290	$ 113,031

See Independent Auditor's Report.

Note 3. Provision for Income Taxes (Continued)

Details of the Insurance Fund's net deferred income tax asset are as follows:

	December 31, 2025	December 31, 2024
Deferred tax asset		
Net operating loss	$ 71,100	$ 155,800
Bad debt	1,300	1,300
	72,400	157,100
Deferred tax liability		
Depreciation	(8,200)	(600)
Total	$ 64,200	$ 156,500

The actual tax expense for the years ended December 31, 2025 and 2024 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, 2025, the Insurance Fund has net operating carryforwards for state income tax purposes of approximately $1,093,000, which are available to offset future state taxable income. State loss carryforwards as of December 31, 2025 have the following expiration dates:

December 31, 2039	$ 761,000
December 31, 2040	57,000
December 31, 2042	218,000
December 31, 2043	57,000

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	
	2025	2024
Life	35%	34%
Disability	42%	40%
Dental	23%	22%

The Business Council of New York State, Inc. Insurance Fund

Supplementary Information
Schedules of Operating Expenses

	Years Ended December 31,	
	2025	2024
DIRECT EXPENSES		
Audit and accounting fees	$ 40,150	$ 39,474
Consultant fees	35,821	16,500
Investment fees	27,473	25,466
Depreciation	3,387	2,601
Legal fees	11,055	10,355
Trustee and advisory fees	44,630	44,097
	162,516	138,493
ADMINISTRATIVE FEE EXPENSES, AGENCY SERVICES		
Salaries	550,489	503,586
Payroll taxes	49,739	45,415
Pension plan benefits	85,930	126,699
Other employee benefits	64,745	50,257
Equipment maintenance and rental	20,190	17,905
Facility management	351	4,725
Marketing and education	80,699	81,140
Office supplies	26,895	15,350
Periodicals and dues	300	300
Postage and mailing	803	697
Printing and photocopying	985	1,682
Professional fees	24,857	20,862
Rent and utilities	37,185	30,798
Sales incentives	85,170	73,775
Telephone	7,072	5,918
Travel and meetings	33,709	33,549
	1,069,119	1,012,658
ADMINISTRATIVE FEE EXPENSES, OTHER		
Salaries	785,446	802,706
Payroll taxes	57,625	59,916
Pension plan benefits	102,147	156,854
Other employee benefits	160,660	133,414
Equipment maintenance and rental	3,760	3,624
Facility management	507	11,012
Insurance, directors and officers	13,192	23,640
Marketing and education	2,682	6,148
Office supplies	60,055	24,171
Periodicals and dues	765	1,594
Postage and mailing	2,345	3,299
Printing and photocopying	395	798
Professional fees	47,382	37,359
Rent and utilities	85,486	90,974
Telephone	6,033	5,704
Travel and meetings	8,794	8,770
	1,337,274	1,369,983
	$ 2,568,909	**$ 2,521,134**

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, 2025

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 - 0.94%	$ 801,741	$ 801,741
	JPMorgan Chase Bank, N.A.	Repurchase Agreement - 3.62%	2,212,310	2,212,310
	MountainOne Bank	Money Market Fund - 1.14%	1,057,793	1,057,793
	MountainOne Bank	Certificate of Deposit - 3.50%	543,392	543,392
	Trustco Bank	Money Market Fund - 0.36%	310,334	310,334
	Berkshire Bank	Money Market Fund - 0.30%	449,725	449,725
				$ 5,375,295

See Independent Auditor's Report.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.

Albany, NY 12211-2344

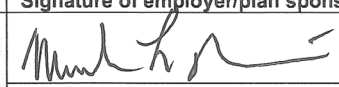
2b Employer Identification Number (EIN) 14-6034807

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		10/7/26	MARK L. NAVIN
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	152602
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)**	151254
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	150644
b	Retired or separated participants receiving benefits	**6b**	1348
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	151992
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 Characteristic Codes in the instructions:

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

4B 4D 4E 4F 4H 4L

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [ ] Trust
- (4) [ ] 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) [ ] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 9
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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, 2025

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 - 0.94%	$ 801,741	$ 801,741
	JPMorgan Chase Bank, N.A.	Repurchase Agreement - 3.62%	2,212,310	2,212,310
	MountainOne Bank	Money Market Fund - 1.14%	1,057,793	1,057,793
	MountainOne Bank	Certificate of Deposit - 3.50%	543,392	543,392
	Trustco Bank	Money Market Fund - 0.36%	310,334	310,334
	Berkshire Bank	Money Market Fund - 0.30%	449,725	449,725
				$ 5,375,295

See Independent Auditor's Report.