## Exhibit I.Q.1 VENDOR PROFILE

VENDOR COMPANY INFORMATION			N	VENDOR	VENDOR RESOURCE COMPLETING QUESTIONNAIRE		
Vendor Name:				Name Of Vendor Assignee:			
Vendor Website:				Role Or Title:			
Vendor Address:				Phone Number:	EXT:		
City:	City: State: Zip:		Email Address:				
Instructions: Please answer the questions making entries in the Response area.							
	VENDOR SERVICE STATUS			- [	RESPONSE		
1	Is your organization currently providing services to NY State Insurance Fund (NYSIF), either actively or on an intermittent (ad-hoc) basis? Note: If no longer providing services in any capacity, please provide details of service termination, dates, etc. for review and consideration.						
	SERVICE OVERVIEW				RESPONSE		
2	Is there an executed contract between NYSIF and your organization?						
3	What is the current business relationship? (I.e. What services does your organization currently provide to NYSIF? (*Please be detailed*)						
4	Will the business relationship between NYSIF and your organization change within the next year? If so, please describe the changes.			e			
5	From what physical location(s) does your organization provide services to NYSIF? (Please include all locations providing services.)						
	DATA EXCHANGE				RESPONSE		
6	Does your organization receive data from NYSIF?						
(6a)	By what means is NYSIF data exchanged and in what direction; from NYSIF to your organization or both directions?						
7	Of the following, what types of data a		ed/processed by your orga	ization during the course of providir	ng services to NYSIF?		
(7a)	Protected Health Information ("PHI")?						
(7b)	Payment Card Information ("PCI")?						
(7c)	Personally Identifiable Information ("PII")?						
(7d)	Social Security Number ("SSN")?						
(7e)	Financial information, or information that could be covered under SOX?						
(7f)	Other, not included above?						
8	On average, what is the volume of NYSIF data transmitted, processed, received, etc. per month by your organization?						
9	On average, what is the volume of NYSIF data stored by your organization?						
10	In the past 12 months has your organi experienced a material breach or una describe situation, data exposed and t	uthorized disclosur					