# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
NYLIC RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 01/01/1982

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
NEW YORK LIFE INSURANCE COMPANY

ATTN BENEFITS COMPLIANCE

51 MADISON AVENUE
NEW YORK, NY 10010

**2b** Employer Identification Number (EIN)
13-5582869

**2c** Sponsor's telephone number
212-576-7000

**2d** Business code (see instructions)
524140

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2011 | MARIA J. MAUCERI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2011 | MARIA J. MAUCERI |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")

MARIA J. MAUCERI
NEW YORK LIFE INSURANCE COMPANY
51 MADISON AVENUE
NEW YORK, NY 10010

**3b** Administrator's EIN: 55-0860767

**3c** Administrator's telephone number: 212-576-7000

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 20266 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 11022 |
| **b** | Retired or separated participants receiving benefits | **6b** | 5167 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 3353 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 19542 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 998 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 20540 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 0 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2500 |
| **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:

1A 3H 1G 1E 3F

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

**9a** Plan funding arrangement (check all that apply)

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
NYLIC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500.
NEW YORK LIFE INSURANCE COMPANY

**D** Employer Identification Number (EIN)
13-5582869

## 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
NEW YORK LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-5582869 | 66915 | GA - 30847 | 20540 | 01/01/2010 | 12/31/2010 |

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

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

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

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

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

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

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

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

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

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

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

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

| **(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 | 554716796 |
| 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 | 471291627 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 290000000 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 28487119 | | |
| | (4) Transferred from separate account | 7c(4) | 41693476 | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 360180595 |
| **d** | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 831472222 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 88545660 | | |
| | (2) Administration charge made by carrier | 7e(2) | 69154 | | |
| | (3) Transferred to separate account | 7e(3) | 184933493 | | |
| | (4) Other (specify below) | 7e(4) | 3207119 | | |
| | ▶ ADMIN & OTHER EXPENSE | | | | |
| | (5) Total deductions | | | 7e(5) | 276755426 |
| **f** | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 554716796 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
NYLIC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500.
NEW YORK LIFE INSURANCE COMPANY

**D** Employer Identification Number (EIN)
13-5582869

## 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
NEW YORK LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-5582869 | 66915 | GA - 31244 | 20540 | 01/01/2010 | 12/31/2010 |

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

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

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

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

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

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

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

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

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

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

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

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

| **(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** | 1245389682 |

**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 **b** and **c(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 **e(5)** from **d**) | | | **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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

## Part IV Provision of Information

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

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

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan
NYLIC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NEW YORK LIFE INSURANCE COMPANY

**D** Employer Identification Number (EIN)
13-5582869

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2010

**2** Assets:

| | | | |
|---|---|---|---|
| **a** | Market value | **2a** | 1674593460 |
| **b** | Actuarial value | **2b** | 1726574505 |

**3** Funding target/participant count breakdown

| | | | **(1)** Number of participants | **(2)** Funding Target |
|---|---|---|---|---|
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 5820 | 641325636 |
| **b** | For terminated vested participants | **3b** | 3572 | 126266552 |
| **c** | For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 5478126 |
| | **(2)** Vested benefits | **3c(2)** | | 803722147 |
| | **(3)** Total active | **3c(3)** | 10874 | 809200273 |
| **d** | Total | **3d** | 20266 | 1576792461 |

**4** If the plan is at-risk, check the box and complete items (a) and (b) [ ]

| | | | |
|---|---|---|---|
| **a** | Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** | Effective interest rate | **5** | 6.67 % |
| **6** | Target normal cost | **6** | 34932004 |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN HERE**

Signature of actuary

09/23/2011
Date

WILLIAM G. YOUNG
Type or print name of actuary

11-03948
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

203-852-1100
Telephone number (including area code)

45 GLOVER AVENUE
NORWALK, CT 06850-1203
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 148305542 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 25500185 | |
| 9 | Amount remaining (Item 7 minus item 8) | 122805357 | 0 |
| 10 | Interest on item 9 using prior year's actual return of 17.04 % | 20926033 | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 249484044 |
| | b Interest on (a) using prior year's effective rate of 8.21 % | | 22734307 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 272218351 |
| | d Portion of (c) to be added to prefunding balance | | 272218351 |
| 12 | Reduction in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12) | 143731390 | 272218351 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 83.11 % |
| 15 | Adjusted funding target attainment percentage | 15 | 109.49 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 96.21 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 0 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contribution from prior years. | 19a | |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

## Part V Assumptions used to determine funding target and target normal cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 5.03 % | 6.73 % | 6.82 % | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No

**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

## Part VII Reconciliation of unpaid minimum required contributions for prior years

**28** Unpaid minimum required contribution for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... **29**

**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... **30** 0

## Part VIII Minimum required contribution for current year

**31** Target normal cost, adjusted, if applicable (see instructions)..... **31** 34932004

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment ..... | 0 | 0 |
| **b** Waiver amortization installment..... | 0 | 0 |

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 34932004

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement ..... | 34932004 | 0 | 34932004 |

**36** Additional cash requirement (item 34 minus item 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37**

**38** Interest-adjusted excess contributions for current year (see instructions)..... **38** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39** 0

**40** Unpaid minimum required contribution for all years ..... **40** 0

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| NYLIC RETIREMENT PLAN | | 005 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| NEW YORK LIFE INSURANCE COMPANY | 13-5582869 | |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

**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)

NYLCAP MANAGER LLC

13-4091043

| (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? |
|---|---|---|---|---|---|---|
| 28 | AFFILIATE | 1736146 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NEW YORK LIFE INSURANCE COMPANY

13-5582869

| (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? |
|---|---|---|---|---|---|---|
| 13 28 | EMPLOYER | 124010 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

LCG ASSOCATES INC.

75-1680350

| (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 | NONE | 140134 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

HEWITT ASSOCIATES

36-2235791

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 | NONE | 809755 | Yes [ ] No [X] | 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

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
NYLIC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
NEW YORK LIFE INSURANCE COMPANY

**D** Employer Identification Number (EIN)
13-5582869

## 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: INTERNATIONAL EQUITY ACCOUNT 11A

**b** Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 13-5582869-156 | P | 260817500 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE EQUITY SEPARATE ACCOUNT 39

**b** Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 13-5582869-178 | P | 205134686 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXED EQUITY ACCOUNT

**b** Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 13-5582869-155 | P | 316342629 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REIT ACCOUNT SA41-001

**b** Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 13-5582869-181 | P | 155582290 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP CORE ACCOUNT SA34002

**b** Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 13-5582869-158 | P | 83550278 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD ACCOUNT SA40-001

**b** Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 13-5582869-179 | P | 46130029 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD ACCOUNT SA40-002

**b** Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 13-5582869-180 | P | 50727016 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP ENH. INDEX ACCOUNT SA42

**b** Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

| **c** EIN-PN 13-5582869-195 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127105254 |
|---|---|---|

**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)

(Complete as many entries as needed to report all participating plans)

**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 |
|---|---|

**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 |
|---|---|

**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

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
NYLIC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
NEW YORK LIFE INSURANCE COMPANY

**D** Employer Identification Number (EIN)
13-5582869

## 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 | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 290000000 | 0 |
| **(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) | | |
| **(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) | 948296142 | 1245389682 |
| **(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) | 471291627 | 554716796 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 1709587769 | 1800106478 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1709587769 | 1800106478 |

## 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) | | |
| | **(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) | | |
| | **(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) | 28487119 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 28487119 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (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) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 153853523 |
| (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 | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 182340642 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 88545660 | |
| (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) | | 88545660 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 1876280 | |
| (4) Other | 2i(4) | 1399993 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 3276273 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 91821933 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 90518709 |
| **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) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP (2) EIN: 13-4008327

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 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 | X | | 50000000 |
| **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 | | X | |
| **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 | | X | |
| **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 | | X | |
| **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 | | X | |
| **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 | | X | |
| **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 | | X | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
NYLIC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
NEW YORK LIFE INSURANCE COMPANY

**D** Employer Identification Number (EIN)
13-5582869

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-5582869

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3** 11

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☒ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: 44% Investment-Grade Debt: 30% High-Yield Debt: 5% Real Estate: 9% Other: 12%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**NEW YORK LIFE INSURANCE COMPANY**

**NYLIC RETIREMENT PLAN**

**FINANCIAL STATEMENTS**

**AND SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2010 AND 2009**

**NEW YORK LIFE INSURANCE COMPANY**
**NYLIC RETIREMENT PLAN**

**INDEX TO FINANCIAL STATEMENTS**
**AND SUPPLEMENTAL SCHEDULES**


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* *Other schedules required by Section 2520.01-10 are omitted because they are not applicable.*

pwc

**Report of Independent Auditors**

To the Participants and Administrator of
New York Life Insurance Company
Nylic Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of New York Life Insurance Company Nylic Retirement Plan (the "Plan") at December 31, 2010 and December 31, 2009 and for the years then ended, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

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

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

PricewaterhouseCoopers LLP

New York, New York
October 14, 2011

**NEW YORK LIFE INSURANCE COMPANY**
**NYLIC RETIREMENT PLAN**

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, 2010 | December 31, 2009 |
|---|---|---|
| | (in thousands) | |
| Investments in insurance company group annuity contracts: | | |
| Immediate participation guarantee contract at contract value[1] | $ 534,164 | $ 451,910 |
| Pooled separate accounts at fair value | 1,245,390 | 948,296 |
| Total insurance company group annuity contracts | 1,779,554 | 1,400,206 |
| Net assets held in a 401(h) account (See Note 1D) | 20,553 | 19,382 |
| Company contribution receivable (See Note 5) | - | 290,000 |
| Total | 1,800,107 | 1,709,588 |
| Amounts related to obligation of 401(h) account (See Note 1D) | (20,553) | (19,382) |
| Net assets available for benefits | $ 1,779,554 | $ 1,690,206 |

[1]Represents restricted assets (see Note 3).

See accompanying notes to financial statements.

**NEW YORK LIFE INSURANCE COMPANY**
**NYLIC RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

| | Years Ended December 31, | |
|---|---|---|
| | 2010 | 2009 |
| | (in thousands) | |
| Additions to net assets attributed to: | | |
| Company contribution (See Note 5) | $ - | $ 290,000 |
| Investment income: | | |
| Interest | 27,313 | 28,628 |
| Net appreciation in fair value of pooled separate accounts | 153,854 | 182,313 |
| Investment expenses | (1,876) | (1,891) |
| Net Investment Income | 179,291 | 209,050 |
| Total Additions | 179,291 | 499,050 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | (88,546) | (81,450) |
| Administrative expenses | (1,397) | (767) |
| Total Deductions | (89,943) | (82,217) |
| Net increase in assets available for benefits | 89,348 | 416,833 |
| Net assets available for benefits: | | |
| Beginning of year | 1,690,206 | 1,273,373 |
| End of year | $ 1,779,554 | $ 1,690,206 |

See accompanying notes to financial statements.

**NEW YORK LIFE INSURANCE COMPANY**
**NYLIC RETIREMENT PLAN**

## STATEMENT OF ACCUMULATED BENEFITS
**(in thousands)**

| | | January 1, 2010 |
|---|---|---|
| Actuarial present value of accumulated benefits: | | |
| Vested benefits: | | |
| Participants currently receiving payments | $ | 575,398 |
| Other participants | | 1,043,962 |
| Total vested benefits | | 1,619,360 |
| Non-vested benefits | | 13,902 |
| Total actuarial present value of accumulated benefits | $ | 1,633,262 |

See accompanying notes to financial statements.

## STATEMENT OF CHANGES IN ACCUMULATED BENEFITS
**(in thousands)**

| | | Year Beginning January 1, 2010 |
|---|---|---|
| Actuarial present value of accumulated benefits at beginning of prior year (January 1, 2009, at 6.90% discount rate) | $ | 1,484,069 |
| Increase/(decrease) during the year attributable to: | | |
| Change in actuarial assumptions (See Note 2F) | | 91,774 |
| Benefits accumulated | | 39,231 |
| Increase for interest due to the decrease in the discount period | | 99,638 |
| Benefits paid | | (81,450) |
| Net decrease | | 149,193 |
| Actuarial present value of accumulated benefits at beginning of current year (January 1, 2010, at 6.25% discount rate) | $ | 1,633,262 |

See accompanying notes to financial statements.

**NEW YORK LIFE INSURANCE COMPANY**
**NYLIC RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2010 AND 2009**

## NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Nylic Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document and summary plan description for a more complete description of the Plan's provisions.

### A. General

The Plan is a qualified defined benefit pension plan covering substantially all eligible agents under contract with New York Life Insurance Company (the "Company") or its domestic life insurance subsidiaries on or after the effective date of the Plan, January 1, 1982. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Internal Revenue Code of 1986, as amended ("Code").

### B. Pension Benefits

Plan participants are entitled to annual pension benefits beginning at normal retirement date, which is the later of the last day of the month in which age 65 is attained or the completion of 5 years of vesting service. The benefit generally is the sum of the agent's Frozen Accrued Benefit, if applicable, and his/her Earnings-Related Benefit Accruals ("ERBAs"). The Frozen Accrued Benefit is the amount accrued as of December 31, 1990, for service, if any, on or prior to that date under the production-related benefit formula. For periods of service after December 31, 1990, the agent's ERBAs are calculated by multiplying the sum of his/her Pensionable Earnings credited after 1990 by 2.75%. The Plan also provides benefits to certain eligible participants whose retirement benefit under the Plan is less than their Senior NYLIC Income (i.e., compensation under certain agents' contracts for agents who have completed 20 Nylic years) so that their total retirement benefit under the Plan, subject to applicable Code limits, is equal to their Senior NYLIC Income.

The Plan permits early retirement if the agent has completed at least 20 years of vesting service. In addition, the Plan provides for a deferred vested benefit for participants who do not qualify for a normal or early retirement benefit, but have completed at least 5 years of vesting service at termination. Agents may elect to receive their pension benefits on a single life basis, a 50% joint and survivor basis, or effective as of January 1, 2009, a 75% joint and survivor basis. Single sum cash payments were made in cases where the commuted value of retirement income payments was $1,000 or less.

### C. Death and Disability Benefits

The Plan provides for a pre-retirement survivor annuity payable to a participant's surviving spouse in the event of the death of an active agent who has completed at least 5 years of vesting service, and a survivor annuity payable to the surviving spouse of a participant who dies while receiving benefits in the form of a joint and survivor annuity.

Participants with 10 years of vesting service who become totally and permanently disabled may retire at any time and are eligible to receive a disability retirement benefit after the disability has existed continuously for 30 days.

**D. 401(h) Account**

On January 1, 1990, the Plan established an account under Section 401(h) of the Code to prefund postretirement health care benefits for agents. In accordance with Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retired agents and their beneficiaries.

The related obligations for health benefits under the Section 401(h) account are not included in this Plan's obligations in the Statements of Accumulated Benefits, but are reported as obligations in the financial statements of the Group Plan for New York Life Agents. These assets are held in an immediate participation guarantee contract issued by the Company. Employer contributions or qualified transfers to the 401(h) account are determined annually at the discretion of the Plan sponsor.

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

| | December 31, 2010 | December 31, 2009 |
|---|---|---|
| | (in thousands) | |
| Net assets available for benefits per the financial statements | $ 1,779,554 | $ 1,690,206 |
| Net assets held in 401(h) account included as assets on Form 5500 | 20,553 | 19,382 |
| Net assets available for benefits per Form 5500 | $ 1,800,107 | $ 1,709,588 |

The following tables present a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500:

| | Year Ended December 31, 2010 (in thousands) | | |
|---|---|---|---|
| | Amounts per Financial Statements | 401(h) Account | Amounts per Form 5500 |
| Interest income | $ 27,313 | $ 1,174 | $ 28,487 |
| Investment and administrative expenses | $ (3,273) | $ (3) | $ (3,276) |

| | Year Ended December 31, 2009 (in thousands) | | |
|---|---|---|---|
| | Amounts per Financial Statements | 401(h) Account | Amounts per Form 5500 |
| Interest income | $ 28,628 | $ 1,135 | $ 29,763 |
| Investment and administrative expenses | $ (2,658) | $ (3) | $ (2,661) |

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### A. Method of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

### B. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America ("GAAP") requires management to make estimates and assumptions, including estimates that affect the actuarial present value of accumulated benefits, which adjust for the time value of money and the probability of payment, at the date of the financial statements. Actual results could differ from those estimates. The method for developing the actuarial present value of accumulated benefits for agents is described in Note 2F – Actuarial Present Value of Accumulated Benefits.

### C. Valuation of Investments

Under Department of Labor instructions for the filing of Form 5500 and GAAP, immediate participation guarantee ("IPG") contracts entered into before March 20, 1992 may be valued at fair value or at amounts reported by the insurance company, that is contract value. The Company has elected to use contract value as the basis for valuing the Plan's IPG contract, which was executed on April 30, 1982. Contract value represents contributions made under the contract, plus interest earned, less funds used to pay benefits to participants and their beneficiaries and expenses. The valuation of investments in separate accounts, excluding the Private Equity separate account described below, is based on the aggregate net asset value ("NAV") of the units held at the valuation date, which represents fair value.

ASU 2009-12 allows companies to determine the fair value of such investments using NAV as a practical expedient, without further adjustments, if the fair value of the investment is not readily determinable and the investee entity issues financial statements in accordance with measurement principles for investment companies. If it is probable that the investment will be sold at a price other than NAV, the use of this practical expedient is prohibited.

The Plan's Private Equity separate account includes all cash transactions (e.g. contributions, distributions, income and gain distributions) plus mark to market adjustments based on the year-end audited financial statements for the partnerships/LLCs owned by the separate account.

Purchases and sales of investments are recorded on a trade-date basis.

### D. Income recognition

Net increases or decreases in the market value of invested assets include realized gains or losses on investments sold and unrealized gains or losses on investments held during the year. Interest income is recorded on the accrual basis.

### E. Benefits

Benefit payments to participants are recorded upon distribution.

### F. Actuarial Present Value of Accumulated Benefits

Accumulated benefits represent the future periodic payments that are attributable to the service rendered by agents. Under the Plan's provisions, accumulated benefits include benefits expected to be paid to (a) retired or terminated agents or their beneficiaries, (b) beneficiaries of agents who have died, and (c) active

agents or their beneficiaries. With respect to service credited, the accumulated benefits under the Plan are based on the agent's sales production and persistency of that production during their period of credited service through December 31, 1990. For credited service after December 31, 1990, benefits are based on pensionable earnings.

For certain eligible participants, if their benefit under the Plan is less than their Senior NYLIC Income, their total retirement benefit under the Plan, subject to applicable Code limits, is equal to their Senior NYLIC Income.

The actuarial present value of accumulated benefits is determined by Hewitt Associates, LLC, the Plan's actuary. The actuarial present value of accumulated benefits is the amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money and the probability of payment. The significant actuarial assumptions used in the valuation as of January 1, 2010 were (a) life expectancy (RP-2000 Combined Healthy Participant Table projected to 2010 using the sex-distinct RP-2000 Scale AA table for healthy participants and the Revenue Ruling 96-7 mortality table for disability after December 31, 1994 for disabled participants), (b) retirement rates (rates vary by age), (c) disability rates (15% of the 1987 Commissioners Group Disability Table), (d) turnover rates (rates vary by contract year until age 65), and (e) the valuation interest rate. The significant actuarial assumptions used in the valuation as of January 1, 2010 changed from those used as of January 1, 2009 as described below.

The healthy mortality assumption changed from the RP-2000 Combined Healthy Participant Table projected to 2009 and then projected an additional 7 years for annuitants and 15 years for non-annuitants using the sex-distinct RP-2000 Scale AA table for 2009 to the RP-2000 Combined Healthy Participant Table projected to 2010 using the sex-distinct RP-2000 Scale AA table for 2010. The valuation interest rate used to determine the actuarial present value of accumulated benefits was changed from 6.90% for 2009 to 6.25% for 2010. These assumption changes resulted in an increase of approximately $91,774 thousand in the present value of accumulated benefits.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

**G. Administration**

The Plan Administrator is responsible for administration of the Plan. The Plan pays certain expenses of service providers unrelated to the Company and certain direct expenses incurred by the Company with respect to the Plan. The group annuity contract issued with respect to the general account provides for the payment of an annual administration charge, based on a percentage of assets maintained in the fixed account under the contract. The group annuity contract issued with respect to the separate accounts provides for the payment of annual fees for the management of each separate account.

Separate account unit values are reduced by the management fees attributable to such separate account, except that the management fees for the Private Equity Separate Accounts are direct payments to the manager. The Company pays all remaining administrative expenses of the Plan.

**H. New Accounting Pronouncements**

In January 2010, the Financial Accounting Standards Board ("FASB") issued guidance that requires new disclosures related to fair value measurements and clarifies existing disclosure requirements about the level of disaggregation, inputs and valuation techniques used to measure fair value for each class of assets

and liabilities. It also requires entities to disclose separately significant transfers in and/or out of Levels 1 and 2, and describe the reasons for the transfers. The guidance also requires disclosures about purchases, sales, issuances and settlements in the reconciliation for Level 3 fair value measurements. This guidance is effective January 1, 2010, except for the portion requiring gross presentation of purchase, sales, issuance and settlements, which became effective January 1, 2011. The Company adopted the effective portions of this guidance on January 1, 2010.

In September 2009, the FASB issued new accounting guidance for the fair value measurement of investments in certain entities that calculate NAV per share, including certain alternative investments such as hedge funds and private equity funds (please see Note 2C for details). This guidance also requires additional disclosures for each major category of alternative investments. The Plan's adoption of this guidance effective December 31, 2009 did not have a material impact on the Plan's financial statements.

In June 2009, the FASB issued authoritative guidance for, and on July 1, 2009 launched, the FASB's Accounting Standards Codification as the source of authoritative GAAP to be applied by nongovernmental entities. The Codification is not intended to change GAAP but is a new structure which takes accounting pronouncements and organizes them by accounting topic. This guidance is effective for financial statements issued for interim and annual periods ending after September 15, 2009. The Plan's adoption of this guidance impacts the way the Plan references GAAP accounting standards in the financial statements but has no impact on the financial statements.

In May 2009, the FASB issued authoritative guidance for subsequent events, which establishes general standards of accounting for and disclosure of events that occur after the balance sheet date but before the financial statements are issued. The Plan's adoption of this guidance, effective with the annual reporting period ended December 31, 2009, did not have a material effect on the Plan's financial statements. The required disclosure of the date through which subsequent events have been evaluated is provided in Note 11 – Subsequent Events.

In April 2009, the FASB revised the authoritative guidance for fair value measurements and disclosures to provide guidance on (i) estimating the fair value of an asset or liability if there was a significant decrease in the volume and level of trading activity for these assets or liabilities and (ii) identifying transactions that are not orderly. Further, this new guidance requires additional disclosures about fair value measurements. This guidance is effective for interim and annual reporting periods ending after June 15, 2009 with early adoption permitted for periods ending after March 15, 2009. The adoption of this guidance did not have a material impact on the Plan's financial statements.

**NOTE 3 - PLAN INVESTMENTS**

The Plan currently invests in two group annuity contracts issued to the Trustees of the Nylic Retirement Plan Trust ("Contractholder") by the Company: one contract is an IPG contract relating to the Company's general account ("GA Contract"), and the other relates to pooled separate accounts ("SA Contract").

All of the Plan's investments are held in the Nylic Retirement Plan Trust. The Company is the issuer of the GA and SA Contracts, and New York Life Investment Management LLC ("New York Life Investments"), an indirect wholly owned subsidiary of the Company, is the investment manager with MacKay Shields LLC and NYLCAP Manager LLC (indirect wholly owned subsidiaries of the Company) as sub-advisors of some of the pooled separate accounts under the SA Contract.

*Immediate Participation Guarantee Contract:*

The GA Contract is a general account contract, under which a fixed dollar account ("FDA") is maintained that reflects the investment experience of the segment of the Company's general account to which the GA Contract and contracts in its class are assigned, in accordance with the Company's Investment Year Method ("IYM"). The basic principle of the IYM is that the assets purchased by the segment in a calendar year with available net cash flow are accounted for as a separate investment fund. The GA contract is not to be assigned to a third party.

The FDA is credited with contributions, interest, amounts transferred in from other Group Annuity Contract(s) and dividends, if any, and charged with expenses, amounts transferred to other Group Annuity Contract(s), pension benefits, non-pension benefits, amounts withdrawn on discontinuance, and investment selection charges ("ISCs").

As of the last day of each calendar year, the Company, as insurer, credits interest to the FDA by applying a net annual rate of interest (equal to the rate of net investment income earned during the calendar year for the GA Contract, determined in accordance with the Company's IYM) to the average balance in the FDA. The interest rate earned by the Plan in 2010 and 2009 was 6.06% and 6.22%, respectively.

Whenever a payment is to be made from the FDA pursuant to the GA Contract's transfer, non-pension benefit or the discontinuance provisions, the Company, as insurer, determines the ISC, if any, which is to be withdrawn from the FDA. An ISC will apply when the new investment earnings rate exceeds the contract earnings. In 2010 and 2009, there were no ISCs.

In the event the Contractholder elects to discontinue the GA Contract, the Company will determine the amount required to purchase annuities for pensioners and terminated plan participants as of the date of discontinuance on the actuarial basis provided for in the GA Contract, and will withdraw that amount from the FDA. If the amount required exceeds the FDA, then an additional contribution from the Company, as Plan sponsor, in the form of a transfer from the SA Contract will be due. If the amount required is less than the FDA, the remaining balance may be paid out in a single sum, subject to an ISC or an investment selection credit, or in installment payments over 5 years without an ISC.

*Group Annuity Contract for Pooled Separate Accounts:*

The SA Contract is a multiple separate account contract that provides for the investment of funds in a series of non-guaranteed pooled separate accounts ("Separate Accounts"). The only other contract participating in these separate accounts is a contract issued to the Trustees of the New York Life Insurance Company Pension Plan. Under the SA Contract, the Contractholder bears all investment risk and has no guarantees as to principal and interest. There are also limited guarantees with respect to mortality and expense.

Contractual accounts are maintained under the SA Contract, each of which reflects the investment experience of the Company's corresponding Separate Account. The dollar value of any contractual account as of any day will be equal to the number of units in such account at the end of the day multiplied by the unit value for that day. The dollar amount of a credit or withdrawals from any contractual account as of any day will be converted into a number of units by dividing the dollar amount by the unit value for the day.

Credits to or charges against each separate account are made in connection with each contract participating in that separate account. The investment experience of each separate account is recorded by means of an accounting system involving units and unit values. Units are the measure used to determine the amount in each of the contractual accounts that participate in the corresponding separate account.

The Contractholder may, for any reason, terminate the SA Contract as of any business day, in which that day will be the Termination Date. The dollar value of the balance in each of the contractual accounts as of the Termination Date (or the valuation date next following the Termination Date where the assets are not valued on a daily basis) will be transferred to the Contractholder or to another funding medium designated by the Contractholder in a single sum.

The following table details the Plan's assets:

| | December 31, | |
|---|---|---|
| | 2010 | 2009 |
| | (in thousands) | |
| Investments at Fair Value | | |
| Immediate Participation Guarantee Contract (at Contract Value) ** | $ 554,717 * | $ 471,292 * |
| Group Annuity Contract for Pooled Separate Accounts: | | |
| Indexed Equity Account 10A | 316,343 * | 114,670 * |
| International Equity Account 11A | 260,818 * | 249,114 * |
| Private Equity Account SA39 | 205,135 * | 197,407 * |
| REIT Account SA41-001 | 155,582 * | 121,537 * |
| Large Cap Enhanced Index Account SA42 | 127,105 * | 112,187 * |
| Small Cap Core Account SA34002 | 83,550 | 68,222 |
| High Yield Account SA40-002 | 50,727 | 44,351 |
| High Yield Account SA40-001 | 46,130 | 40,808 |
| Total Pooled Separate Accounts | 1,245,390 | 948,296 |
| Net Assets | 1,800,107 | 1,419,588 |
| Company contribution receivable | - | 290,000 |
| Net assets held in a 401(h) account | (20,553) | (19,382) |
| Net assets available for benefits | $ 1,779,554 | $ 1,690,206 |

** Represents 5% or more of the Plan's net assets.*
*** Includes 401(h) account.*

The following table details the appreciation of the Plan's investments.

| | Years Ended December 31, | |
|---|---|---|
| | 2010 | 2009 |
| | (in thousands) | |
| Investment income on Immediate Participation Guarantee Contract | $ 27,313 | $ 28,628 |
| Increase in fair value of Pooled Separate Accounts (See Note 3) | 153,854 | 182,313 |
| Total increase | $ 181,167 | $ 210,941 |

**NOTE 4 - FEDERAL INCOME TAXES**

The Company received a favorable letter of determination, dated August 31, 2005, from the Internal Revenue Service that the Plan meets the qualification requirements of Section 401(a) of the Code and that its trust is exempt from federal income tax under Section 501(a) of the Code. Although the Plan has been amended since receiving the determination letter, the Company believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code. Accordingly, no provision for income taxes is made in the accompanying financial statements.
On January 29, 2010, the Plan was submitted to the Internal Revenue Service for a favorable determination letter that the Plan, as amended and restated through December 16, 2009, continues to meet the qualification requirements of Section 401(a) of the Code and that its trust is exempt from federal income tax under Section 501(a) of the Code. As part of this submission, the Plan was restated to incorporate changes since the Plan's previous determination letter, including legal changes to comply with regulatory and legislative requirements and Plan amendments.

**NOTE 5 - FUNDING POLICY**

The Plan is funded solely by Company contributions. The Company's funding policy is to make annual contributions that are no less than the minimum amount needed to comply with the requirements of ERISA as amended by the Pension Protection Act of 2006 and the Code ("minimum funding requirements"), and no greater than the maximum amount deductible for federal income tax purposes. In 2010, no contributions were required to comply with the minimum funding requirements, and the Company made no voluntary contributions to the Plan for the 2010 Plan year. On September 14, 2010, the Company made a voluntary contribution to the Plan of $290,000 thousand, which is reflected as a receivable on the Statements of Net Assets Available for Plan Benefits for the 2009 Plan year.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

**NOTE 6 - PLAN TERMINATION**

In the event of the termination of the Plan, the Plan provides that the rights of affected participants to the benefits accrued to the date of termination would be non-forfeitable, but there would be no recourse for these non-forfeitable benefits other than from the Plan's assets or the Pension Benefit Guaranty Corporation ("PBGC").

In the event of Plan termination, the Plan funds would be allocated on the basis of actuarial valuation in the following order prescribed by ERISA:

1. To retired participants, beneficiaries of deceased participants or spouses who were receiving benefits 3 years before the Plan termination date; participants who would have received a benefit 3 years before the Plan termination date if they had retired before that 3-year period; and spouses or beneficiaries of deceased participants who were receiving benefits 3 years prior to the Plan termination date or who would have been receiving benefits if the deceased participants had retired before such date.

2. To retired participants, spouses or beneficiaries of deceased participants receiving a benefit and each participant eligible to retire on the Plan termination date based on his or her priority benefit credits.

3. To each participant, or former participant not eligible to retire who has met the eligibility requirements for, or is entitled to receive, a deferred vested retirement allowance based on his or her priority benefit credits.

4. To retired participants, spouses or beneficiaries of deceased participants receiving a benefit, and each participant eligible to retire on the Plan termination date based on benefit credits not included above.

5. To each participant or former participant not eligible to retire but eligible to receive a deferred benefit based on benefit credits not included above.

6. To other participants not included in paragraphs 1 through 5 above on the Plan termination date.

If sufficient funds are not available under any paragraph, payments will be reduced on a pro rata basis. If sufficient funds are not available under paragraphs 4, 5 or 6 above, the funds available under these paragraphs will be allocated without regard to any benefits resulting from any Plan amendments, which became effective within 60 months before the Plan termination date and then based on the benefits resulting from each successive amendment.

In the event of Plan termination, a participant's benefit would be based on his or her priority benefit credits, as referred to in paragraphs 2 and 3. The participants will be notified by the Company of the amount and how it was calculated under the Plan.

If there are more funds than necessary to satisfy all Plan liabilities, the excess will be paid to the Company.

The Plan Administrator may require that any benefits be withdrawn in cash, as an immediate or deferred annuity or other periodic payments as determined by the Plan Administrator.

Vested benefits under this Plan are insured by the PBGC, a U.S. government agency, if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if benefits have been increased within the five years before Plan termination, the whole amount of the Plan's vested benefits or the benefit increase may not be guaranteed to the full extent as would have been paid under the Plan. In addition, there is a ceiling on the amount of monthly benefit that the PBGC guarantees, which is adjusted periodically.

**NOTE 7 – RISKS AND UNCERTAINTIES**

The pooled separate accounts under the Plan's SA Contract invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Actuarial present values of accumulated benefits are reported based on certain actuarial assumptions, which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it

is at least reasonably possible that changes in these estimates and assumptions could occur in the near term and could be material to the financial statements.

## NOTE 8 – CERTIFIED INFORMATION

The Company, as the issuer of the GA Contract and the SA Contract, has certified that the following information stated below and included in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits is complete and accurate in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

| | December 31, 2010 | December 31, 2009 |
|---|---|---|
| | (in thousands) | |
| Investment in insurance company group annuity contracts: | | |
| Immediate participation guarantee contract | $ 554,717 * | $ 471,292 * |
| Pooled separate accounts | 1,245,390 | 948,296 |
| Company contribution receivable | - | 290,000 |
| Total assets for the plan year | $ 1,800,107 | $ 1,709,588 |
| Interest credited on immediate participation guarantee contract | $ 27,313 | $ 28,628 |
| Appreciation in fair value of pooled separate accounts (See Note 3) | $ 153,854 | $ 182,313 |

* Includes assets held under a 401(h) account.

## NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

The Plan currently invests in two group annuity contracts issued by the Company: the GA Contract (an IPG contract relating to the Company's general account) and the SA Contract (relating to pooled separate accounts). The GA Contract provides for the payment of an annual administration charge to the Company, based on a percentage of assets maintained in the fixed account under the contract. Under the SA Contract, the separate accounts are, in whole or in part, managed by the Company and/or New York Life Investments (or a New York Life Investments affiliate), an indirect wholly owned subsidiary of the Company that receives fees for such services. The SA Contract provides for the payment of annual fees for the management of each separate account. Separate account unit values are reduced by the management fees attributable to such separate account, except that the management fees for the Private Equity Separate Account are direct payments to the manager. Both the Company and New York Life Investments are parties-in-interest as defined by ERISA.

## NOTE 10 – FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The authoritative guidance around fair value establishes a framework for measuring fair value that includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are based on the inputs to the valuation as follows:

Level 1 Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market. Active markets are defined as a market in which many transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active, or other model driven inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 inputs include quoted market prices in active markets for similar assets and liabilities, quoted market prices in markets that are not active for identical or similar assets or liabilities, and other market observable inputs. Valuations are generally obtained from third-party pricing services for identical or comparable assets or liabilities or through the use of valuation methodologies using observable market inputs.

Level 3 Instruments whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect management's own assumptions in pricing the asset or liability. Pricing may also be based upon broker quotes that do not represent an offer to transact. Prices are determined using valuation methodologies such as option pricing models, discounted cash flow models and other similar techniques. Non−binding broker quotes, which are utilized when pricing service information is not available, are reviewed for reasonableness based on the Company's understanding of the market, and are generally considered Level 3. To the extent the internally developed valuations use significant unobservable inputs, they are classified as Level 3.

Inputs used to measure the fair value of an asset or liability may fall into different levels of the fair value hierarchy. The Plan determines the level in which the fair value falls based upon the lowest level input that is significant to the determination of fair value. For most assets or liabilities that are classified into level 3, both observable and unobservable inputs are used in the determination of fair value. The following tables present the fair value of Plan assets (in thousands):

| | 2010 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Private equity separate account | $ - | $ - | $ 205,135 | $ 205,135 |
| Other pooled separate accounts: | | | | |
| Indexed fund | - | 316,343 | - | 316,343 |
| International fund | - | 260,818 | - | 260,818 |
| Equity funds | - | 210,655 | - | 210,655 |
| REIT fund | - | 155,582 | - | 155,582 |
| High yield funds | - | 96,857 | - | 96,857 |
| Total other pooled separate accounts | - | 1,040,255 | - | 1,040,255 |
| Total assets accounted for at fair value on a recurring basis | $ - | $ 1,040,255 | $ 205,135 | $ 1,245,390 |

| | 2009 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Private equity separate account | $ - | $ - | $ 197,407 | $ 197,407 |
| Other pooled separate accounts: | | | | |
| International fund | - | 249,114 | - | 249,114 |
| Equity funds | - | 180,409 | - | 180,409 |
| REIT fund | - | 121,537 | - | 121,537 |
| Indexed fund | - | 114,670 | - | 114,670 |
| High yield funds | - | 85,159 | - | 85,159 |
| Total other pooled separate accounts | - | 750,889 | - | 750,889 |
| Total assets accounted for at fair value on a recurring basis | $ - | $ 750,889 | $ 197,407 | $ 948,296 |

The SA contract is a multiple separate account contract that provides for the investment of funds in a series of non-guaranteed pooled separate accounts. Under the SA contract, the Plan bears all investment risk. The investments in the group annuity contract for pooled separate accounts, excluding the Private Equity separate account, are fair valued using the number of units in each separate account at the end of the reporting period multiplied by the unit value at the end of the reporting period. These assets are categorized as level 2 within the fair value hierarchy. The value of the investments in the Private Equity separate account includes all cash transactions (e.g. contributions, distributions, income and gain distributions) plus mark to market adjustments based on the year-end audited financial statements for the partnerships/LLCs owned by the separate account. The Private Equity separate account is categorized as level 3 within the fair value hierarchy.

The table below presents a reconciliation of all level 3 assets and liabilities for the years ended December 31, 2010 and 2009 (in thousands):

| | December 31, | |
|---|---|---|
| | 2010 | 2009 |
| Fair value, beginning of year | $ 197,407 | $ 168,689 |
| Realized and unrealized gains relating to instruments still held at the reporting date | 31,488 | 25,922 |
| Purchases, sales, issuances and settlements (net) | (23,760) | 2,796 |
| Fair value, end of year | $ 205,135 | $ 197,407 |

**Transfers between levels**

Transfers between levels may occur due to changes in valuation sources, or changes in the availability of market observable inputs, which generally are caused by changes in market conditions such as liquidity, trading volume or bid−ask spreads. The Company's policy is to report the transfer as if it occurred at the beginning of the period.

*Transfers between Levels 1 and 2*

During the years ended December 31, 2010 and 2009, there were no transfers between Levels 1 and 2.

*Transfers into and out of Level 3*

The Company's basis for transferring assets and liabilities into and or out of Level 3 is based on the changes in the observability of data.

Transfers into Level 3 would be the result of unobservable inputs utilized within valuation methodologies and the use of broker quotes (that could not be validated) when previously, information from third party pricing services (that could be validated) was utilized. Transfers out of level 3 are due to significant increases in market activity and significant inputs becoming observable.

During the years ended December 31, 2010 and 2009, there were no transfers into or out of Level 3.

The following tables present the fair value and unfunded commitments of the Plan's assets for the years ended December 31, 2010 and 2009 ($ in thousands):

| | 2010 | | | | | |
|---|---|---|---|---|---|---|
| | **Fair Value** | **Unfunded Commitments** | **Remaining Life** | **Redemption Frequency** (if currently eligible) | **Trade to Settlement Terms** | **Redemption Notice Period** |
| Indexed fund | $ 316,343 | $ - | | daily, pending market conditions | 1-3 Days | N/A |
| International fund | 260,818 | - | | daily, pending market conditions | 1-3 Days | N/A |
| Equity funds | 210,655 | - | | daily, pending market conditions | 1-3 Days | N/A |
| Private equity separate account | 205,135 | 33,584 | 1 to 7 years | N/A | N/A | N/A |
| REIT fund | 155,582 | - | | daily, pending market conditions | 1-3 Days | N/A |
| High yield funds | 96,857 | - | | daily, pending market conditions | 1-3 Days | N/A |
| Total | $ 1,245,390 | $ 33,584 | | | | |

| | 2009 | | | | | |
|---|---|---|---|---|---|---|
| | **Fair Value** | **Unfunded Commitments** | **Remaining Life** | **Redemption Frequency** (if currently eligible) | **Trade to Settlement Terms** | **Redemption Notice Period** |
| International fund | $ 249,114 | $ - | | daily, pending market conditions | 1-3 Days | N/A |
| Private equity separate account | 197,407 | 49,158 | 1 to 8 years | N/A | N/A | N/A |
| Equity funds | 180,409 | - | | daily, pending market conditions | 1-3 Days | N/A |
| REIT fund | 121,537 | - | | daily, pending market conditions | 1-3 Days | N/A |
| Indexed fund | 114,670 | - | | daily, pending market conditions | 1-3 Days | N/A |
| High yield funds | 85,159 | - | | daily, pending market conditions | 1-3 Days | N/A |
| Total | $ 948,296 | $ 49,158 | | | | |

**NOTE 11 – SUBSEQUENT EVENTS**

Effective as of May 19, 2011, the Plan was amended to: (i) provide that the automatic form of payment for married participants is a 75% joint and survivor annuity (rather than a 50% joint and survivor annuity); (ii) provide that the pre-retirement survivor annuity is 75% of the participant's accrued vested benefit (rather than 50%); and (iii) eliminate the small benefit lump sum cash-out provision. As a result of these changes, the actuarial present value of accumulated benefits at January 1, 2009 increased by $4,452 thousand.

The Company has evaluated subsequent events through October 14, 2011, the date these financial statements were available to be issued.

**NEW YORK LIFE INSURANCE COMPANY**
**NYLIC RETIREMENT PLAN**

**FORM 5500, SCHEDULE H Attachment, Line 4i - SCHEDULE OF ASSETS**
**(HELD AT DECEMBER 31, 2010)**

| Identity of Issue | Description of investment | Cost (in thousands) | Current value (in thousands) |
|---|---|---|---|
| New York Life Insurance Co.* | Immediate Participation Guarantee Contract | $ 554,717 | $ 554,717 |
| New York Life Insurance Co.* | Group Annuity Contract for Pooled Separate Accounts: | | |
| | Indexed Equity Account 10A | 265,993 | 316,343 |
| | Private Equity Account SA 39 | 168,041 | 205,135 |
| | International Equity Account 11A | 144,299 | 260,818 |
| | Large Cap Enhanced Index Account SA42 | 113,738 | 127,105 |
| | REIT Account SA41-001 | 93,546 | 155,582 |
| | Small Cap Core Account SA34002 | 46,126 | 83,550 |
| | High Yield Account SA40-002 | 31,761 | 50,727 |
| | High Yield Account SA 40-001 | 29,265 | 46,130 |
| | Total Pooled Separate Accounts | 892,769 | 1,245,390 |
| | Assets held at end of plan year | $ 1,447,486 | 1,800,107 |

* *Party-in-interest*

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

**NEW YORK LIFE INSURANCE COMPANY**
**NYLIC RETIREMENT PLAN**

**FORM 5500, SCHEDULE H Attachment, Line 4j**
**SCHEDULE OF REPORTABLE TRANSACTIONS**
**AT DECEMBER 31, 2010**

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| **New York Life Ins. Co. Separate Accounts** | Private Equity Separate Accounts | | $ 44,145,753 | $ 28,785,290 | $ 44,145,753 | 15,360,463 |
| | **TOTALS** | | $ 44,145,753 | $ 28,785,290 | $ 44,145,753 | $ 15,360,463 |
| **General Account** | **TOTALS** | | $ 184,933,493 | $ 184,933,493 | $ 184,933,493 | $ - |
| | **TOTAL SALES** | | $ 229,079,246 | $ 213,718,783 | $ 229,079,246 | $ 15,360,463 |
| **New York Life Ins. Co. Separate Accounts** | Index Equity Account | 167,000,000 | | | 167,000,000 | |
| | Private Equity Separate Accounts | 20,442,346 | | | 20,442,346 | |
| | **TOTALS** | $ 187,442,346 | | | $ 187,442,346 | |
| **General Account** | **TOTALS** | $ 41,693,476 | | | $ 41,693,476 | |
| | **TOTAL PURCHASES** | $ 229,135,822 | | | $ 229,135,822 | |

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

# Schedule SB Attachment (Form 5500)—2010 Plan Year
# Nylic Retirement Plan
# EIN: 13-5582869 PN: 005

## Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a) Age | (b) Rate | (c) Weight | (d) Product (a) × (b) × (c) |
|---|---|---|---|
| 45.5 | 1% | 1.0000 | 0.46 |
| 46.5 | 1% | 0.9900 | 0.46 |
| 47.5 | 1% | 0.9801 | 0.47 |
| 48.5 | 1% | 0.9703 | 0.47 |
| 49.5 | 1% | 0.9606 | 0.48 |
| 50.5 | 2% | 0.9510 | 0.96 |
| 51.5 | 2% | 0.9320 | 0.96 |
| 52.5 | 2% | 0.9133 | 0.96 |
| 53.5 | 2% | 0.8951 | 0.96 |
| 54.5 | 2% | 0.8772 | 0.96 |
| 55.5 | 5% | 0.8596 | 2.39 |
| 56.5 | 5% | 0.8166 | 2.31 |
| 57.5 | 5% | 0.7758 | 2.23 |
| 58.5 | 5% | 0.7370 | 2.16 |
| 59.5 | 5% | 0.7002 | 2.08 |
| 60.5 | 10% | 0.6652 | 4.02 |
| 61.5 | 10% | 0.5986 | 3.68 |
| 62.5 | 15% | 0.5388 | 5.05 |
| 63.5 | 15% | 0.4580 | 4.36 |
| 64.5 | 20% | 0.3893 | 5.02 |
| 65.5 | 20% | 0.3114 | 4.08 |
| 66.5 | 20% | 0.2491 | 3.31 |
| 67.5 | 20% | 0.1993 | 2.69 |
| 68.5 | 20% | 0.1594 | 2.18 |
| 69.5 | 20% | 0.1276 | 1.77 |
| 70.5 | 20% | 0.1020 | 1.44 |
| 71.5 | 20% | 0.0816 | 1.17 |
| 72.5 | 20% | 0.0653 | 0.95 |
| 73.5 | 20% | 0.0522 | 0.77 |
| 74.5 | 20% | 0.0418 | 0.62 |
| 75.5 | 20% | 0.0334 | 0.50 |
| 76.5 | 20% | 0.0268 | 0.41 |
| 77.5 | 20% | 0.0214 | 0.33 |
| 78.5 | 20% | 0.0171 | 0.27 |
| 79.5 | 20% | 0.0137 | 0.22 |
| 80 | 100% | 0.0110 | 0.88 |
| | | Weighted Average | 62.03 |

# Schedule SB Attachment (Form 5500)—2010 Plan Year
# Nylic Retirement Plan
# EIN: 13-5582869 PN: 005

## Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates

Based on segment rates with a four-month lookback (as of September 2009).

| | |
|---|---|
| 1st Segment Rate | 5.03%. |
| 2nd Segment Rate | 6.73%. |
| 3rd Segment Rate | 6.82%. |

Pensionable Earnings Increase Rates

| Contract Year | Rate |
|---|---|
| <1 | 15.00% |
| 1 | 13.00% |
| 2 | 10.00% |
| 3 | 8.00% |
| 4 | 7.00% |
| 5 | 5.00% |
| 6–25 | 4.50% |
| 26–35 | 4.00% |
| 36+ | 0.00% |

Withdrawal Rates

Rates vary by contract year until age 65. Agents age 65 and later with less than five years of service are assumed to terminate at the same rate as a retirement eligible agent of the same age. See Table A.

Retirement Rates

Rates vary by age. See Table B.

Retirement Age for Vested Terminated

40% are assumed to retire at age 65.
60% are assumed to retire at age 55.

Mortality Rates

Healthy

2010 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e).

Disabled

Revenue Ruling 96-7 Mortality Table for Disability After December 31, 1994.

Disability Rates

15% of the 1987 Commissioners Group Disability Table with a waiting period of six months. See Table C.

Valuation Compensation

Determined by applying the Pensionable Earnings Increase Rates to a three-year average of Pensionable Earnings.

## Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

| | |
|---|---|
| Annuity Option | 80% of married male agents and 80% of married female agents are assumed to choose a 75% Joint and Survivor Annuity.<br><br>100% of single agents choose a single Life Annuity. |
| Surviving Spouse Benefit | It is assumed that 80% of males and 40% of females have an eligible spouse, and that males are three years older than their spouses. |
| Benefit and Compensation Limits | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $195,000 and the 401(a)(17) compensation limit of $245,000. |
| Valuation of Plan Assets | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% or more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| Trust Expenses Included in Target Normal Cost | Expenses are assumed to be equal to the average of the prior two years' actual administrative expenses paid from the trust (without PBGC premiums), plus the expected PBGC premiums for the current year, rounded to the nearest $10,000 (equal to $700,000 for the 2010 plan year). |
| Expected Return on Assets | |
| 2008 Plan Year | 6.43%. |
| 2009 Plan Year | 6.69%. |
| Actuarial Method | Standard Unit Credit Cost Method. |
| Valuation Date | January 1, 2010. |

# Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

**Assumptions Specific to the Valuation of the BOBW Formula Benefits**

Current Year Nylic Count Insurance

Nylic Count Insurance for the current Nylic Year is estimated by taking the average of an Agent's production in each of the second, third, and fourth prior Nylic Years to the current Nylic Year and then projecting forward to the current year using the production increase rates.

Production Increase Rates

Rates vary by contract year. See Table D.

Persistency of Nylic Count Insurance

Based on the average persistency of each Agent's production in the last ten Nylic Years relative to the Linton A Policy Lapse rates. The Linton A Policy Lapse Rate for Policy Year 1 is ignored as Nylic Count Insurance by definition does not lapse during the first policy year.

The Linton A Policy Lapse rates are as follows:

| Policy Year | Policy Lapse Year Rate | Policy Year | Policy Lapse Year Rate |
|---|---|---|---|
| 1 | N/A | 6 | 4.4% |
| 2 | 6.5% | 7 | 4.1% |
| 3 | 5.6% | 8 | 3.8% |
| 4 | 5.0% | 9 | 3.7% |
| 5 | 4.7% | 10 | 3.6% |

Persistency of Universal Life Nylic Count Insurance

Based on the average persistency of each Agent's production in the last ten Nylic Years relative to the Baseline Universal Life Persistency Rates. The Baseline Universal Life Persistency Rate for the Nylic Year of Sale is ignored as Universal Life Nylic Count Insurance by definition does not lapse during the first year.

The Baseline Universal Life Persistency Rates are as follows:

| Nylic Year Since Sale | Baseline Universal Life Persistency Rates |
|---|---|
| 0 | N/A |
| 1 | 45.0% |
| 2 | 40.0% |
| 3 | 35.5% |
| 4 | 31.5% |
| 5 | 28.0% |
| 6 | 25.0% |
| 7 | 22.5% |
| 8 | 20.5% |
| 9 | 19.0% |

# Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

**Assumptions Specific to the Valuation of the BOBW Formula Benefits**

| | |
|---|---|
| Benefits Valued | Liabilities for benefits under the Disability Income, Periodic Premium Annuity and Group Plus product lines were deemed immaterial by New York Life Insurance Company and were ignored for purposes of this valuation. All benefits were valued as if calculated under a QN6 contract. |

# Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

## Table A

**Probability of Withdrawal**

| Contract Year | Rate | Contract Year | Rate |
|---|---|---|---|
| 0 | 55.0% | 10 | 8.0% |
| 1 | 40.0% | 11 | 6.0% |
| 2 | 25.0% | 12 | 6.0% |
| 3 | 22.0% | 13 | 6.0% |
| 4 | 20.0% | 14 | 4.0% |
| 5 | 15.0% | 15 | 4.0% |
| 6 | 13.0% | 16 | 4.0% |
| 7 | 10.0% | 17 | 3.0% |
| 8 | 9.0% | 18 | 2.0% |
| 9 | 8.0% | 19+ | 1.0% |

## Table B

**Probability of Retirement**

| Age | Rate |
|---|---|
| <45 | 0.0% |
| 45–49 | 1.0% |
| 50–54 | 2.0% |
| 55–59 | 5.0% |
| 60 | 10.0% |
| 61 | 10.0% |
| 62 | 15.0% |
| 63 | 15.0% |
| 64–79 | 20.0% |
| 80 | 100.0% |

# Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

## Table C

**15% of the 1987 Commissioners Group Disability Table With a Waiting Period of Six Months**

| Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|
| **Age** | **Rate** | **Age** | **Rate** | **Age** | **Rate** | **Age** | **Rate** |
| 16 | 0.0117% | 41 | 0.0276% | 16 | 0.0147% | 41 | 0.0429% |
| 17 | 0.0117% | 42 | 0.0303% | 17 | 0.0147% | 42 | 0.0458% |
| 18 | 0.0117% | 43 | 0.0336% | 18 | 0.0147% | 43 | 0.0492% |
| 19 | 0.0117% | 44 | 0.0374% | 19 | 0.0147% | 44 | 0.0534% |
| 20 | 0.0117% | 45 | 0.0420% | 20 | 0.0147% | 45 | 0.0581% |
| 21 | 0.0119% | 46 | 0.0473% | 21 | 0.0149% | 46 | 0.0635% |
| 22 | 0.0120% | 47 | 0.0534% | 22 | 0.0150% | 47 | 0.0695% |
| 23 | 0.0122% | 48 | 0.0605% | 23 | 0.0152% | 48 | 0.0762% |
| 24 | 0.0125% | 49 | 0.0683% | 24 | 0.0155% | 49 | 0.0836% |
| 25 | 0.0128% | 50 | 0.0773% | 25 | 0.0161% | 50 | 0.0915% |
| 26 | 0.0131% | 51 | 0.0875% | 26 | 0.0167% | 51 | 0.0999% |
| 27 | 0.0134% | 52 | 0.0993% | 27 | 0.0174% | 52 | 0.1092% |
| 28 | 0.0137% | 53 | 0.1131% | 28 | 0.0183% | 53 | 0.1191% |
| 29 | 0.0141% | 54 | 0.1287% | 29 | 0.0192% | 54 | 0.1299% |
| 30 | 0.0146% | 55 | 0.1454% | 30 | 0.0204% | 55 | 0.1410% |
| 31 | 0.0152% | 56 | 0.1622% | 31 | 0.0218% | 56 | 0.1514% |
| 32 | 0.0158% | 57 | 0.1781% | 32 | 0.0233% | 57 | 0.1602% |
| 33 | 0.0165% | 58 | 0.1931% | 33 | 0.0254% | 58 | 0.1677% |
| 34 | 0.0173% | 59 | 0.2079% | 34 | 0.0276% | 59 | 0.1742% |
| 35 | 0.0182% | 60 | 0.2223% | 35 | 0.0300% | 60 | 0.1797% |
| 36 | 0.0194% | 61 | 0.2366% | 36 | 0.0324% | 61 | 0.1844% |
| 37 | 0.0206% | 62 | 0.2507% | 37 | 0.0348% | 62 | 0.1880% |
| 38 | 0.0219% | 63 | 0.2646% | 38 | 0.0368% | 63 | 0.1907% |
| 39 | 0.0234% | 64 | 0.2784% | 39 | 0.0386% | 64 | 0.1926% |
| 40 | 0.0254% | 65+ | 0.0000% | 40 | 0.0405% | 65+ | 0.0000% |

# Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table D

**Production Increases for Nylic-Eligibles**

| Contract Year | Entry Age | | | | Contract Year | Entry Age | | | |
|---|---|---|---|---|---|---|---|---|---|
| | -24 | 25 – 34 | 35 – 44 | 45+ | | -24 | 25 – 34 | 35 – 44 | 45+ |
| 1 | 17% | 9% | 7% | 6% | 26 | 2% | 2% | -2% | -22% |
| 2 | 16% | 9% | 7% | 6% | 27 | 2% | 2% | -2% | -32% |
| 3 | 15% | 9% | 7% | 6% | 28 | 2% | 2% | -3% | -54% |
| 4 | 14% | 9% | 7% | 6% | 29 | 2% | 1% | -4% | -88% |
| 5 | 13% | 9% | 7% | 6% | 30 | 2% | 1% | -4% | -88% |
| 6 | 13% | 9% | 7% | 6% | 31 | 2% | 1% | -6% | -88% |
| 7 | 12% | 9% | 7% | 6% | 32 | 2% | 1% | -7% | -88% |
| 8 | 12% | 9% | 7% | 6% | 33 | 1% | 1% | -8% | -88% |
| 9 | 11% | 8% | 7% | 6% | 34 | 1% | 0% | -11% | -88% |
| 10 | 10% | 8% | 6% | 5% | 35 | 1% | 0% | -14% | -88% |
| 11 | 10% | 7% | 6% | 4% | 36 | 1% | 0% | -19% | -88% |
| 12 | 9% | 7% | 5% | 3% | 37 | 1% | -1% | -27% | -88% |
| 13 | 8% | 6% | 5% | 2% | 38 | 0% | -1% | -44% | -88% |
| 14 | 8% | 6% | 4% | 1% | 39 | 0% | -1% | -70% | -88% |
| 15 | 7% | 5% | 4% | 0% | 40 | 0% | -2% | -70% | -88% |
| 16 | 6% | 5% | 3% | -1% | 41 | -1% | -3% | -70% | -88% |
| 17 | 6% | 4% | 3% | -2% | 42 | -1% | -3% | -70% | -88% |
| 18 | 5% | 4% | 2% | -3% | 43 | -1% | -4% | -70% | -88% |
| 19 | 4% | 3% | 2% | -4% | 44 | -2% | -5% | -70% | -88% |
| 20 | 4% | 3% | 1% | -5% | 45 | -2% | -7% | -70% | -88% |
| 21 | 3% | 2% | 1% | -6% | 46 | -3% | -9% | -70% | -88% |
| 22 | 3% | 2% | 0% | -7% | 47 | -4% | -12% | -70% | -88% |
| 23 | 3% | 2% | 0% | -9% | 48 | -5% | -16% | -70% | -88% |
| 24 | 3% | 2% | -1% | -12% | 49 | -6% | -25% | -70% | -88% |
| 25 | 2% | 2% | -1% | -16% | 50 | -6% | -25% | -70% | -88% |

# Schedule SB Attachment (Form 5500)—2010 Plan Year
# Nylic Retirement Plan
# EIN: 13-5582869  PN: 005

## Schedule SB, line 25—Change in Funding Method

The following changes were made to the methods used in the funding valuation:

- A change in the interest rate assumption from the full yield curve with a two-month lookback (October 2008 yield curve) to segment rates of 5.03%, 6.73%, and 6.82%

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

# Schedule SB Attachment (Form 5500)—2010 Plan Year
# Nylic Retirement Plan
# EIN: 13-5582869 PN: 005

## Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2010

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | 387<br>$4,427 | 129<br>$13,413 | 1 | | | | | | | |
| 25-29 | 579<br>$5,092 | 513<br>$15,882 | 70<br>$42,864 | | | | | | | |
| 30-34 | 418<br>$6,423 | 449<br>$17,993 | 239<br>$43,914 | 18 | | | | | | |
| 35-39 | 384<br>$6,224 | 393<br>$20,822 | 180<br>$43,874 | 94<br>$55,414 | 14 | | | | | |
| 40-44 | 348<br>$6,506 | 344<br>$17,588 | 178<br>$41,280 | 86<br>$45,327 | 69<br>$71,660 | 32<br>$90,008 | | | | |
| 45-49 | 293<br>$6,657 | 361<br>$16,854 | 168<br>$39,941 | 125<br>$53,395 | 82<br>$73,917 | 158<br>$67,645 | 34<br>$80,762 | | | |
| 50-54 | 277<br>$4,684 | 298<br>$16,215 | 180<br>$30,773 | 118<br>$50,895 | 118<br>$59,351 | 158<br>$63,177 | 127<br>$69,328 | 29<br>$99,572 | | |
| 55-59 | 208<br>$4,329 | 234<br>$12,609 | 140<br>$36,702 | 103<br>$50,319 | 123<br>$51,356 | 160<br>$63,144 | 137<br>$62,390 | 120<br>$80,926 | 43<br>$109,086 | |
| 60-64 | 92<br>$4,168 | 163<br>$12,885 | 95<br>$29,775 | 77<br>$40,516 | 88<br>$46,257 | 116<br>$53,927 | 95<br>$59,153 | 107<br>$68,361 | 105<br>$97,837 | 21<br>$118,719 |
| 65-69 | 28<br>$2,513 | 29<br>$11,619 | 27<br>$20,197 | 16 | 41<br>$49,970 | 52<br>$39,086 | 47<br>$42,545 | 39<br>$63,716 | 50<br>$95,732 | 41<br>$116,249 |
| 70+ | 8 | 8 | 4 | 3 | 13 | 15 | 30<br>$35,540 | 24<br>$29,497 | 28<br>$39,116 | 85<br>$57,402 |

N-10266

# Schedule SB Attachment (Form 5500)—2010 Plan Year
# Nylic Retirement Plan
# EIN: 13-5582869 PN: 005

## Schedule SB, Part V—Summary of Plan Provisions

| | |
|---|---|
| Eligible Agent | An Agent with respect to whom a contract or agreement is in effect that the Company determines makes an Agent eligible for benefits under the Plan. |
| Eligibility for Participation | An Eligible Agent becomes a Participant on the effective date of his Agent Contract.<br><br>The following are not eligible to participate:<br>▪ Agents who elected not to be Participants when the Plan was introduced in 1982;<br>▪ Agents who are not Eligible Agents;<br>▪ Canadian residents;<br>▪ Common law Employees other than Training Allowance Subsidy Agents; and<br>▪ Nonresident aliens with no U.S. source income. |
| Eligibility for Best of Both Worlds' ("BOBW") Formula | Any Participating Agent who was operating under a Nylic Contract or receiving Nylic Income on December 31, 1990 who is a resident of the United States and who began his Nylic Contract at least five years prior to his Normal Retirement Date. |

**The Following Provisions Apply to Participants Who Are Not Eligible for the BOBW Formula**

Normal Retirement

| | |
|---|---|
| Eligibility | The earlier of age 65 with five years of Vesting Service or age 65 and five years as a Participant. |
| Benefit | Accrued Benefit. |

Early Retirement

| | |
|---|---|
| Eligibility | Twenty years of Vesting Service. |
| Benefit | Accrued Benefit as of early retirement date reduced for early retirement.<br><br>The reduction is 6% for each of the first five years prior to Normal Retirement Date; 4% for each of the next five years; 2% for each of the next five years; and 1% for each year thereafter. |

## Schedule SB, Part V—Summary of Plan Provisions

| | |
|---|---|
| Late Retirement | |
| Eligibility | Retirement after Normal Retirement Date. |
| Benefit | Accrued Benefit based on Pensionable Earnings as of the actual date of retirement. |
| Disability Retirement | |
| Eligibility | Ten years of Vesting Service and totally and permanently disabled such that the participant is thereby prevented from engaging in any occupation or business for remuneration or profit for which the participant may be reasonably fitted by education, training or experience. |
| Benefit | Same as Early Retirement Benefit payable as a 75% Joint & Survivor Annuity for married participants and as a Life Annuity for unmarried participants. |
| Vested Termination Benefit | |
| Eligibility | Five years of Vesting Service. |
| Benefit | Accrued Benefit payable at Normal Retirement Age or payable when the Participant would have had twenty years of Vesting Service had he continued as an active Participant. The Accrued Benefit is reduced for commencement before Normal Retirement Age the same as for the Early Retirement Benefit. |
| Preretirement Surviving Spouse Benefit | |
| Eligibility | All Vested Participants married at least six months. |
| Benefit | Benefit as if Participant terminated on his date of death, survived to the benefit commencement date elected by the surviving spouse, commenced a 75% Joint & Survivor Annuity, and then died. The spouse can commence her benefit on the earlier of the date the participant would have attained twenty Years of Vesting Service (immediately if the Participant had twenty Years of Vesting Service at death) and the Participant's Normal Retirement Date. |

# Schedule SB, Part V—Summary of Plan Provisions

**The Following Provisions Apply to Agents Who Are Eligible for the BOBW Formula**

Normal Retirement

| | |
|---|---|
| Eligibility | The earlier of age 65 with five years of Vesting Service or age 65 and five years as a Participant. |
| Benefit | Accrued Benefit. |

Early Retirement

| | |
|---|---|
| Eligibility for Benefit 1 | Twenty years of Vesting Service. |
| Benefit 1 | Accrued Benefit as of early retirement date reduced for early retirement.<br><br>*For the CAVG Portion:*<br>The reduction is 6% for each of the first five years prior to Normal Retirement Date; 4% for each of the next five years; 2% for each of the next five years; and 1% for each year thereafter.<br><br>The reduction does not apply to the Frozen Accrued Benefit of Participants who had twenty Nylic Years on December 31, 1990.<br><br>*For the BOBW Portion:*<br>The reduction is 6% for each of the first five years prior to Old Plan Normal Retirement Date; 4% for each of the next five years; 2% for each of the next five years; and 1% for each year thereafter. |
| Eligibility for Benefit 2 | Twenty Nylic Years. |
| Benefit 2 | The greatest of:<br>(1) The BOBW Formula Amount;<br>(2) The benefit determined under Early Retirement Benefit 1 above; and<br>(3) The benefit calculated using the Accrued Benefit BOBW Portion formula determined as of December 31, 1990. If an Agent had completed twenty Nylic Years as of December 31, 1990, the calculated benefit is reduced for commencement before the Old Plan Normal Retirement Date at the same rate as for the Early Retirement Benefit 1. |

## Schedule SB, Part V—Summary of Plan Provisions

| | |
|---|---|
| **Late Retirement** | |
| Eligibility | Retirement after Normal Retirement Date. |
| Benefit | The greater of:<br>▪ The BOBW Formula Amount at the date of actual retirement; and<br>▪ The Accrued Benefit at the actual date of retirement. |
| **Disability Retirement** | |
| Eligibility for Benefit 1 | Ten years of Vesting Service and totally and permanently disabled such that the participant is thereby prevented from engaging in any occupation or business for remuneration or profit for which the participant may be reasonably fitted by education, training or experience. |
| Benefit 1 | Same as Early Retirement Benefit 1, payable as a 75% Joint and Survivor Annuity for married participants and as a Life Annuity for unmarried participants. |
| Eligibility for Benefit 2 | Twenty Nylic Years. |
| Benefit 2 | The greater of:<br>▪ The BOBW Formula Amount; and<br>▪ The benefit determined under Disability Retirement Benefit 1 above.<br>If the BOBW Formula Amount wins, there can be up to two quinquennial increases in retirement income after retirement, based on NCI sold before retirement.<br>Benefit is payable as a 75% Joint and Survivor Annuity for married participants and as a Life Annuity for unmarried participants. |
| **Vested Termination Benefit** | |
| Eligibility | Five years of Vesting Service. |
| **Vested Termination Benefit** | |
| Benefit | Accrued Benefit payable at Normal Retirement Age or payable when the Participant would have had twenty years of Vesting Service had he continued as an active Participant.<br>The CAVG Portion of the Accrued Benefit is reduced for commencement before Normal Retirement Age at the same rate as for the Early Retirement Benefit.<br>The BOBW Portion of the Accrued Benefit is reduced for commencement before the Old Plan Normal Retirement Date at the same rate as for the Early Retirement Benefit. |

## Schedule SB, Part V—Summary of Plan Provisions

| | |
|---|---|
| Preretirement Surviving Spouse Benefit | |
| Eligibility | All Vested Participants married at least six months. |
| Benefit | Benefit as if Participant terminated on his date of death, survived to the benefit commencement date elected by the surviving spouse, commenced a 75% Joint and Survivor Annuity, and then died. The spouse can commence her benefit on the earlier of the date the participant would have attained twenty Years of Vesting Service (immediately if the Participant had twenty Years of Vesting Service at death) and the Participant's Normal Retirement Date. |
| Benefit Payment Forms | |
| Automatic Forms | ▪ Single: Life Annuity.<br>▪ Married: 75% Joint and Survivor Annuity. |
| Optional Forms | ▪ Life Annuity (for married participants).<br>▪ 50% Joint and Survivor Annuity (for married participants). |
| Employee Contributions | None. |
| Post-Termination COLA | Agents who retired prior to October 12, 2005 receive Post-termination COLAs to the IRC section 415 limits. |

## Schedule SB, Part V—Summary of Plan Provisions

Definitions

| | |
|---|---|
| Accrued Benefit | The sum of (A) and (B), where (A) and (B) are as follows:<br>(A) Frozen Accrued Benefit; and<br>(B) 2.75% × Pensionable Earnings after December 31, 1990.<br><br>For Agents eligible for the BOBW Formula, the accrued benefit is the greater of the benefit computed above ("CAVG Portion") and the benefit computed by multiplying (a) times (b) where (a) and (b) are as follows ("BOBW Portion"):<br>(a) The amount of the Participant's Old Formula Normal Retirement Date benefit as computed under Appendix B of the Plan Document if (1) the participant had retired on his or her Normal Retirement Date, (2) the Participant had continued to be credited with periods of service for benefit accrual and (3) in each future Nylic Year he or she produced new Nylic Count Insurance, Target Life Count Insurance, or VLI Nylic Count Insurance at the same rate achieved during the immediately preceding 120 months, and experienced the same level of persistency as the Participant had achieved during all complete Nylic Years within such 120-month period.<br>(b) A fraction, the numerator of which is the Participant's period of service for benefit accrual and the denominator of which is the period of service for benefit accrual that the Participant would have completed if he or she had continued in the service of the Company as an Agent to his or her Old Plan Normal Retirement Date. |
| Frozen Accrued Benefit | The Frozen Accrued Benefit is the amount which the participant accrued as of December 31, 1990 for service, if any, on or prior to that date. |
| BOBW Formula Amount | Senior Nylic Formula Amount determined separately for each product line. |

# Schedule SB, Part V—Summary of Plan Provisions

Definitions

| | |
|---|---|
| Pensionable Earnings | Earnings from the following lines of business:<br>▪ Traditional Ordinary Life Insurance;<br>▪ Universal Life;<br>▪ Disability Income; and<br>▪ Periodic Premium Annuity and Group Plus products.<br>Pensionable Earnings includes the Agent's elective contributions to the Agents' Progress-Sharing Investment Plan, contributions to the Deferred First Year Commission Plan attributable to the lines of business included in Pensionable Earnings, and Senior Nylic income. Pensionable Earnings does not include any Training Allowance or Expense Allowance the Agent may receive.<br>Pensionable Earnings shall not be less than zero and shall not exceed the IRC Section 401(a)(17) limitation. |
| Normal Retirement Date (NRD) | The earlier of age 65 with five years of Vesting Service or age 65 and five years as a Participant. |
| Old Plan Normal Retirement Date | The Nylic Anniversary immediately preceding an Agent's 65th birthday. |
| Vesting Service | For periods on or after January 1, 1982, a period of 12 months in active Agent or Employee status. For periods before January 1, 1982, a period of 12 months in active Agent status. |
| Nylic Year | Each period of 12-consecutive months of operation under an Agent's contract that makes an Agent eligible for a Nylic Contract. |
| Service for Benefit Accrual | A period of Vesting Service during which the Participant is an Agent eligible to hold a Nylic contract. |
| Quinquennial Nylic Anniversary | The last day of the 20th Nylic Year and the last day of each additional period of five Nylic Years. |
| Product Lines | ▪ Traditional Ordinary Life Insurance;<br>▪ Universal Life;<br>▪ Disability Income;<br>▪ Periodic Premium Annuity; and<br>▪ Group Plus Products. |

## Schedule SB, Part V—Summary of Plan Provisions

Definitions

| | |
|---|---|
| Nylic Count Insurance (NCI)—Product Lines Other Than Universal Life | Permanent insurance sold during a Nylic Year for which one year's premium is paid and which remains in force at the end of one year. |
| Universal Life Nylic Count Insurance (ULNCI) | $1,000 for each $18 of first year Universal Life premium paid for policies which remain in force at the end of one year. |
| Renewal Premiums | All renewal premiums paid to, received by, and recorded prior to the end of the specified Nylic Year, on policies in force at the end of that Nylic Year. |
| Universal Life Persisting Insurance | $775 times the sum of all Universal Life Renewal Premiums divided by the number of months the policy has been in effect. |
| Senior Nylic Formula Amount—Product Lines Other Than Universal Life | For Agents with a QN6 type of contract (generally Agents who began operating under a Nylic Contract on or after March 1, 1964), the Senior Nylic Formula Amount is determined as follows:<br>Monthly income based on NCI obtained in first 20 Nylic Years<br>= [$1.10 × 1/3 (A+B+C)] ÷ $1,000<br>A = 1/15 of NCI obtained in Nylic Years 1-15 persisting to end of the 4th Nylic Year following the year obtained.<br>B = 1/15 of NCI obtained in Nylic Years 1-15 persisting to end of the 9th Nylic Year following the year obtained (or at the end of the 20th Nylic Year, if sooner).<br>C = 1/5 of NCI obtained in Nylic Years 16-20 multiplied by a persisting ratio equal to the proportion of NCI obtained in Nylic Years 11 to 19 persisting to the end of the 20th Nylic Year. |

## Schedule SB, Part V—Summary of Plan Provisions

Definitions

| | |
|---|---|
| Senior Nylic Formula Amount—Product Lines Other Than Universal Life | Monthly income based on each subsequent completed quinquennial period<br><br>= Monthly Income Rate × [Income Base] ÷ $1,000<br><br>Where the Monthly Income Rate is $.50, $.60, $.70, $.75, $.80, $.85, and $.90, for the quinquennial periods ending in the 25th, 30th, 35th, 40th, 45th, 50th, and 55th Nylic Years, respectively; and the Income Base is one-tenth of the NCI obtained in the last ten Nylic Years multiplied by a persistency ratio equal to the proportion of NCI obtained during the first nine of those Nylic Years persisting to the end of the ten-year period.<br><br>For Agents with other types of contracts, the Formula Amount is generally based on different Nylic Years for NCI, different persistency factors, and different monthly income rates. |
| Senior Nylic Formula Amount—Universal Life | For Agents with a QN6 type of contract (generally Agents who began operating under a Nylic Contract on or after March 1, 1964), the Senior Nylic Formula Amount is obtained as follows:<br><br>Monthly income based on NCI obtained in first 20 Nylic Years<br><br>= [$1.10 × 1/3 (A'+B'+C')] ÷ $1,000<br><br>A'= 1/15 of ULNCI obtained in Nylic Years 1-15 that was Universal Life Persisting Insurance at the end of the 4th Nylic Year following the year obtained.<br><br>B'= 1/15 of ULNCI obtained in Nylic Years 1-15 that was Universal Life Persisting Insurance at the end of the 9th Nylic Year following the year obtained (or at the end of the 20th Nylic Year, if sooner).<br><br>C'= 1/5 of ULNCI obtained in Nylic Years 16-19 that was Universal Life Persisting Insurance at the end of the 20th Nylic Year. |

## Schedule SB, Part V—Summary of Plan Provisions

Definitions

| | |
|---|---|
| Senior Nylic Formula Amount—Universal Life | Monthly income based on each subsequent completed quinquennial period<br><br>= Monthly Income Rate × [Universal Life Income Base] ÷ $1,000<br><br>The Monthly Income Rate is $.50, $.60, $.70, $.75, $.80, and $.85, for the quinquennial periods ending in the 25th, 30th, 35th, 40th, 45th, and 50th Nylic Years respectively; and the Universal Life Income Base is one-tenth of the ULNCI obtained in the last ten Nylic Years multiplied by a persistency ratio equal to the proportion of ULNCI obtained during the first nine of those Nylic Years persisting to the end of the ten-year period.<br><br>Additional monthly income attributable to ULNCI may be obtained in each of the three Nylic Years following the completion of the 21st Nylic year and in each of the three Nylic Years following each quinquennial period thereafter[1]. |

### Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2010 by New York Life Insurance Company. Asset information and the dates and amounts of contributions are based on information supplied by New York Life Insurance Company;
- Lines 2a and 2b do not include the section 401(h) assets of $19,381,528 as of January 1, 2010; and
- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

[1] See Target Life Nylic Contract for description of these additions.

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan: Nylic Retirement Plan

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: New York Life Insurance Company

**D** Employer Identification Number (EIN): 13-5582869

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 1 Day 1 Year 2010

**2** Assets:

| | | | |
|---|---|---|---|
| a | Market value | 2a | 1,674,593,460 |
| b | Actuarial value | 2b | 1,726,574,505 |

**3** Funding target/participant count breakdown

| | | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|---|
| a | For retired participants and beneficiaries receiving payment | 3a | 5,820 | 641,325,636 |
| b | For terminated vested participants | 3b | 3,572 | 126,266,552 |
| c | For active participants: | | | |
| | (1) Non-vested benefits | 3c(1) | | 5,478,126 |
| | (2) Vested benefits | 3c(2) | | 803,722,147 |
| | (3) Total active | 3c(3) | 10,874 | 809,200,273 |
| d | Total | 3d | 20,266 | 1,576,792,461 |

**4** If the plan is at-risk, check the box and complete items (a) and (b) [ ]

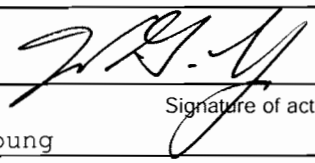
| | | | |
|---|---|---|---|
| a | Funding target disregarding prescribed at-risk assumptions | 4a | |
| b | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | 4b | |

| | | | |
|---|---|---|---|
| 5 | Effective interest rate | 5 | 6.67 % |
| 6 | Target normal cost | 6 | 34,932,004 |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN HERE**



Signature of actuary

09/23/2011
Date

William G. Young
Type or print name of actuary

11-03948
Most recent enrollment number

Hewitt Associates LLC
Firm name

(203)852-1100
Telephone number (including area code)

45 Glover Avenue

Norwalk CT 06850-1203
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 148,305,542 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 25,500,185 | 0 |
| 9 | Amount remaining (Item 7 minus item 8) | 122,805,357 | 0 |
| 10 | Interest on item 9 using prior year's actual return of 17.04 % | 20,926,033 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Excess contributions (Item 38 from prior year) | | 249,484,044 |
| b | Interest on (a) using prior year's effective rate of 8.21 % | | 22,734,307 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 272,218,351 |
| d | Portion of (c) to be added to prefunding balance | | 272,218,351 |
| 12 | Reduction in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) | 143,731,390 | 272,218,351 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 83.11 % |
| 15 | Adjusted funding target attainment percentage | 15 | 109.49 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 96.21 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | 0 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contribution from prior years. | 19a | |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |
| 20 | Quarterly contributions and liquidity shortfalls: | | |
| a | Did the plan have a "funding shortfall" for the prior year? | | [X] Yes [ ] No |
| b | If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | [X] Yes [ ] No |
| c | If 20a is "Yes," see instructions and complete the following table as applicable: | | |

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

## Part V Assumptions used to determine funding target and target normal cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 5.03 % | 6.73 % | 6.82 % | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) — **21b**: 4

**22** Weighted average retirement age — **22**: 62

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

## Part VII Reconciliation of unpaid minimum required contributions for prior years

**28** Unpaid minimum required contribution for all prior years — **28**: 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**:

**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

## Part VIII Minimum required contribution for current year

**31** Target normal cost, adjusted, if applicable (see instructions) — **31**: 34,932,004

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 34,932,004

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement | 34,932,004 | 0 | 34,932,004 |

**36** Additional cash requirement (item 34 minus item 35) — **36**: 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 0

**38** Interest-adjusted excess contributions for current year (see instructions) — **38**: 0

**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

**40** Unpaid minimum required contribution for all years — **40**: 0

**Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions**

**2010 NYLIC RETIREMENT PLAN**

**EIN 13-5582869 - PLAN #005**

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|---|---|---|---|---|---|---|---|---|
| **Identity of Party Involved** | **Description of Asset (Include interest rate and maturity in case of a loan)** | **Purchase Price** | **Selling Price** | **Lease Rental** | **Expense Incurred with Transaction** | **Cost of Asset** | **Current Value of Asset on Transaction Date** | **Net Gain or (Loss)** |
| **New York Life Ins. Co. Separate Accounts** | Private Equity Separate Accounts | | $44,145,753 | 0 | 0 | 28,785,290 | 44,145,753 | 15,360,463 |
| | **TOTALS** | | $44,145,753 | $0 | $0 | $28,785,290 | $44,145,753 | $15,360,463 |
| **General Account** | **TOTALS** | | $184,933,493 | $0 | $0 | $184,933,493 | $184,933,493 | $0 |
| | **TOTAL SALES** | | $229,079,246 | $0 | $0 | $213,718,783 | $229,079,246 | $15,360,463 |
| | | | | | | | | |
| **New York Life Ins. Co.** | Index Equity Account | $167,000,000 | | $0 | $0 | $167,000,000 | $167,000,000 | $0 |
| **Separate Accounts** | Private Equity Account | 20,442,346 | | 0 | 0 | 20,442,346 | 20,442,346 | 0 |
| | **TOTALS** | $187,442,346 | | $0 | $0 | $187,442,346 | $187,442,346 | $0 |
| **General Account** | **TOTALS** | $41,693,476 | | $0 | $0 | $41,693,476 | $41,693,476 | $0 |
| | **TOTAL PURCHASES** | $229,135,822 | | $0 | $0 | $229,135,822 | $229,135,822 | $0 |

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

**Plan Name** NYLIC RETIREMENT PLAN **EIN:** 13-5582869
**Plan Sponsor's Name** NEW YORK LIFE INSURANCE COMPANY **PN:** 005

| (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 |
|---|---|---|---|---|
| * | NEW YORK LIFE INS. CO. | IMMEDIATE PARTICIPATION GUARANTEE CONTRACT | 554,716,796 | 554,716,796 |
| * | NEW YORK LIFE INS. CO. | INTERNAT. EQUITY SEPARATE ACCT | 144,298,976 | 260,817,500 |
| * | NEW YORK LIFE INS. CO. | PRIVATE EQUITY SEPARATE ACCOUNT | 168,041,446 | 205,134,686 |
| * | NEW YORK LIFE INS. CO. | INDEXED EQUITY SEPARATE ACCT 10A | 265,992,951 | 316,342,629 |
| * | NEW YORK LIFE INS. CO. | REIT ACCOUNT SA41-001 | 93,545,755 | 155,582,290 |
| * | NEW YORK LIFE INS. CO. | LARGE CAP ENH. INDEX SA42 | 113,738,086 | 127,105,254 |
| * | NEW YORK LIFE INS. CO. | SMALL CAP CORE ACCOUNT SA34002 | 46,126,316 | 83,550,278 |

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

**Plan Name** NYLIC RETIREMENT PLAN **EIN:** 13-5582869
**Plan Sponsor's Name** NEW YORK LIFE INSURANCE COMPANY **PN:** 005

| (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 |
|---|---|---|---|---|
| * | NEW YORK LIFE INS CO | HIGH YIELD ACCOUNT SA40001 | 29,264,804 | 46,130,029 |
| * | NEW YORK LIFE INS CO | HIGH YIELD ACCOUNT SA40002 | 31,760,585 | 50,727,016 |
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