Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
NEW YORK LIFE INSURANCE COMPANY EMPLOYEE PROGRESS SHARING INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan
01/01/1969

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NEW YORK LIFE INSURANCE COMPANY

51 MADISON AVENUE, ROOM 511
NEW YORK, NY 10010-1603

2b Employer Identification Number (EIN)
13-5582869

2c Plan 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.	10/09/2025	CELINE STRICOFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

CELINE STRICOFF VICE PRESIDENT
NEW YORK LIFE INSURANCE COMPANY
51 MADISON AVENUE, ROOM 511
NEW YORK, NY 10010-1603

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	19598
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	12949
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	12706
b	Retired or separated participants receiving benefits	**6b**	6525
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	19231
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	176
f	Total. Add lines **6d** and **6e**.	**6f**	19407
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	19220
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	19038
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3H 3F

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

9a Plan funding arrangement (check all that apply)
- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules
- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached ______
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

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

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

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

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

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

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

Receipt Confirmation Code______________________

SCHEDULE C **(Form 5500)** Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Service Provider Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

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

A Name of plan NEW YORK LIFE INSURANCE COMPANY EMPLOYEE PROGRESS SHARING INVESTMENT PLAN	**B** Three-digit plan number (PN) ▶ 002
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 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)

ALIGHT FINANCIAL ADVISORS

7201 HEWITT ASSOCIATE DRIVE
CHARLOTTE, NC 28262

(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?
26 50	AFFILIATE OF RECORDKEEPER	1525610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	**DFE/Participating Plan Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

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

A Name of plan
NEW YORK LIFE INSURANCE COMPANY EMPLOYEE PROGRESS SHARING INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

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: NYL PROGRESS-SHARING INV PROG TRUST

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

c EIN-PN 52-2278711-001 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4956025993

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	
b Name of plan sponsor	**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
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b Name of plan sponsor	**c** EIN-PN
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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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection**

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

A Name of plan
NEW YORK LIFE INSURANCE COMPANY EMPLOYEE PROGRESS SHARING INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

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)**		
(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)**	0	0
(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)**	30988414	32869138
(9) Value of interest in common/collective trusts	**1c(9)**		
(10) Value of interest in pooled separate accounts	**1c(10)**		
(11) Value of interest in master trust investment accounts	**1c(11)**	4529609312	4956025993
(12) Value of interest in 103-12 investment entities	**1c(12)**		
(13) Value of interest in registered investment companies (e.g., mutual funds)	**1c(13)**		
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**		

		(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	4560597726	4988895131
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	4560597726	4988895131

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)	63080248	
(B) Participants	2a(1)(B)	138557489	
(C) Others (including rollovers)	2a(1)(C)	19958495	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		221596232
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)	2498897	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2498897
(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
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		520693071
(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		744788200

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	313342923	
(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)		313342923
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1527279
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1525610	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	836	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1526446
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		316396648

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		428391552
l Transfers of assets:			
(1) To this plan	2l(1)		11246922
(2) From this plan	2l(2)		11341069

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PRICEWATERHOUSE COOPERS LLC **(2)** EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)........	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)........	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		200000000
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**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?........ [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year ______________________.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
NEW YORK LIFE AGENTS PROGRESS SHARING INV PLAN	13-5582869	006

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ____________________.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 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.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan
NEW YORK LIFE INSURANCE COMPANY EMPLOYEE PROGRESS SHARING INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

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**

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): 04-1867445 ____________

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

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

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

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)........	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)........	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)........	**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 line 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 lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _______% Private Equity: _______% Investment-Grade Debt and Interest Rate Hedging Assets: _______%
High-Yield Debt: _______% Real Assets: _______% Cash or Cash Equivalents: _______% Other: _______%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.______________________________

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number__________.

NEW YORK LIFE INSURANCE COMPANY
EMPLOYEE PROGRESS-SHARING INVESTMENT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
(MODIFIED CASH BASIS)
DECEMBER 31, 2024 AND 2023

NEW YORK LIFE INSURANCE COMPANY
EMPLOYEE PROGRESS-SHARING INVESTMENT PLAN
INDEX TO FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

**All other schedules are omitted since they are not applicable or not required based on the disclosure requirements of the Employee Retirement Income Security Act of 1974, as amended, and Section 2520.103-10 of the Department of Labor (“DOL”) regulations issued thereunder.*

Report of Independent Auditors

To the Administrator of New York Life Insurance Company Employee Progress-Sharing Investment Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of New York Life Insurance Company Employee Progress-Sharing Investment Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

As discussed in Note 2 to the financial statements, the financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is responsible for the evaluation of whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

Schedule H (Form 5500), Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

New York, NY
October 3, 2025

NEW YORK LIFE INSURANCE COMPANY
EMPLOYEE PROGRESS-SHARING INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

	As of December 31,	
	2024	**2023**
	(in thousands)	
Assets		
Investments at fair value:		
Interest in collective investment trusts ("CITs"), held by the Master Trust	$ 2,643,798	$ 1,593,100
Interest in mutual funds, held by the Master Trust	72,082	654,730
Investments at contract value:		
Interest in the immediate participation guarantee contract ("IPG Contract"), held by the Master Trust	2,240,146	2,281,780
Receivables:		
Notes receivable from participants	32,869	30,988
Net assets available for benefits	$ 4,988,895	$ 4,560,598

See accompanying notes to financial statements.

NEW YORK LIFE INSURANCE COMPANY
EMPLOYEE PROGRESS-SHARING INVESTMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

	Year Ended December 31,	
	2024	**2023**
	(in thousands)	
Additions to net assets attributable to:		
Investment income:		
Net appreciation in fair value of CITs, held by the Master Trust	$ 380,055	$ 279,456
Net appreciation in fair value of mutual funds, held by the Master Trust	43,814	110,346
Dividend and interest income received from the Master Trust	96,824	107,772
Total investment income	520,693	497,574
Contributions:		
Employer	63,080	60,727
Participants	138,557	132,947
Rollovers	19,958	20,279
Total contributions	221,595	213,953
Interest on notes receivable from participants	2,499	1,793
Amounts transferred in	11,247	4,500
Total additions	756,034	717,820
Deductions from net assets attributable to:		
Withdrawals and benefits paid to participants	313,343	233,550
Defaulted loans	1,527	1,684
Redemption fees and other expenses	1,526	1,312
Amounts transferred out	11,341	11,678
Total deductions	327,737	248,224
Net increase in net assets available for benefits	428,297	469,596
Net assets available for benefits:		
Beginning of year	4,560,598	4,091,002
End of year	$ 4,988,895	$ 4,560,598

See accompanying notes to financial statements.

NEW YORK LIFE INSURANCE COMPANY
EMPLOYEE PROGRESS-SHARING INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
(MODIFIED CASH BASIS)
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the New York Life Insurance Company ("New York Life") Employee Progress-Sharing Investment Plan (the "Plan") provides only general information. Participants should refer to the Plan document and summary plan description for a complete description of the Plan's provisions.

A. General

The Plan, established January 1, 1969, as amended, is a qualified defined contribution plan under the Internal Revenue Code of 1986, as amended (the "Code"), Section 401, covering substantially all salaried United States full-time and part-time employees (individuals eligible under New York Life's Agents Progress-Sharing Investment Plan ("APSI Plan") are not eligible under the Plan). Eligible employees may make salary reduction contributions as soon as administratively practical after their employment date. In addition, all participants are immediately eligible for employer matching contributions.

The Plan allows, with the approval of New York Life, domestic subsidiaries or affiliates to adopt the Plan for their eligible employees and to bear a proportionate share of the contributions made on behalf of participants. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

State Street Bank and Trust Company (the "Trustee") is the directed trustee of the New York Life Progress-Sharing Investment Program Trust (the "Master Trust"), a trust established to hold and invest the assets of the Plan and the APSI Plan.

B. Participant Accounts

Each participant's account is increased by the participant's contributions, New York Life contributions, and investment gains, and is decreased by withdrawals, distributions and investment losses. The benefit to which a participant is entitled is the total amount of the participant's account balance on the date the payment is requested or required.

C. Contributions

Under the Plan, participants may contribute (i) pre-tax and/or Roth after-tax contributions to their 401(k) account, as a percentage of base salary and eligible short-term incentive compensation (up to 14% for 2024 and 11% for 2023 for employees whose total annual compensation for the prior year exceeds the prior year's highly compensated threshold for the Plan ($183,162 in 2023 for 2024 contributions and $172,728 in 2022 for 2023 contributions) and up to 25% for employees whose total annual compensation is below the highly compensated threshold), limited to $23,000 for 2024 and $22,500 for 2023, and (ii) non-tax deductible contributions up to 14% for 2024 and 11% for 2023 of base salary and eligible short-term incentive pay. Highly compensated employees are limited to a combined pre-tax 401(k), Roth 401(k) and non-tax deductible contribution rate of 14% for 2024 and 11% for 2023, while non-highly compensated employees are limited to a combined rate of 25%. Participants may also roll over qualified distributions from eligible retirement plans into the Plan. The Plan also permits participants age 50 and over to make additional pre-tax 401(k) and Roth 401(k) “catch-up” contributions ($7,500 for 2024 and 2023). Eligible employees are automatically enrolled in the Plan after 60 days of employment with pre-tax contributions at a rate of 5% (6% for employees of Life Insurance Company of North America and New York Life Group Insurance Company of NY (“GBS Employees”)). Employees may stop the automatic enrollment or choose a different contribution rate and/or investment election before the first automatic contribution is deducted, or at any time thereafter.

New York Life annually determines the level of the employer matching contributions to the Plan. For 2024 and 2023, the matching contribution formula was as follows: (i) up to 3% of benefits salary (generally, base pay and eligible incentive pay) for participants who are eligible to participate in the New York Life Insurance Company Pension Plan (“Pension Plan”) and whose entire pension benefit is determined under the Pension Plan’s final average pay formula; (ii) up to 4% of benefits salary (100% of the first 3% of deferrals, and 50% of the next 2% of deferrals) for participants who either (a) are eligible to participate in the Pension Plan and whose pension benefit is determined, in whole or in part, under a formula (e.g., cash balance) other than the Pension Plan’s final average pay formula; or (b) are not eligible to participate in the Pension Plan and are employees of Apogem Capital LLC (“Apogem”), IndexIQ LLC, IndexIQ Advisors LLC, or MacKay Shields LLC; or (iii) up to 5% of benefits salary (100% of the first 4% of deferrals, and 50% of the next 2% of deferrals) for GBS Employees.

For 2024 and 2023, New York Life’s matching contributions to the Plan totaled $61,575 thousand and $59,742 thousand, respectively.

The Plan also provides that Apogem, IndexIQ Advisors LLC and Index IQ LLC (collectively “IndexIQ”), all indirect wholly owned subsidiaries of New York Life, may make a discretionary contribution for certain of their eligible employees with a job title below grade level 27 (or its equivalent). All IndexIQ employees became employees of New York Life Management LLC (“NYLIM”) on January 1, 2024.

For the 2024 Plan year, Apogem approved a discretionary contribution of 5% of 2024 Plan compensation, which totaled $1,515 thousand and was contributed to eligible participant accounts in March 2025. For the 2023 Plan year, Apogem and Index IQ each approved a discretionary contribution of 5% of 2023 Plan compensation, which totaled $1,402 thousand and was contributed to eligible participant accounts in March 2024. For the 2022 Plan year, Apogem and IndexIQ each approved a discretionary contribution of 5% of 2022 Plan compensation, which totaled $1,026 thousand and was contributed to eligible participant accounts in March 2023. These discretionary contributions are immediately vested and not available for loans or in-service withdrawals. The 2022 discretionary contributions are reflected in the 2023 financial statements as they were contributed in 2023. The 2023 discretionary contributions are reflected in the 2024 financial statements as they were contributed in 2024. The 2024 discretionary contributions are not reflected in the 2024 financial statements as they were contributed in 2025.

Employer matching contributions, discretionary employer contributions, 401(k) contributions (including Roth 401(k) contributions) and nondeductible tax contributions may not exceed the limits set forth in Sections 415, 402(g), 401(k) and 401(m) of the Code.

D. Vesting

All contributions and related earnings are fully vested when credited to participants’ accounts.

E. Notes Receivable from Participants

Subject to certain limitations, in general, participants may borrow a minimum of $500 up to the lesser of (i) $50,000 minus the highest outstanding principal balance of any of the participant's controlled group loans ("Outstanding Loan") during the last twelve months, or (ii) 50% of the participant's vested account balance, reduced by any current Outstanding Loan. Loans are generally due within four years and carry an interest rate of prime plus 1%. These loans are secured by the balance in the participants' accounts. Principal and interest is repaid ratably through biweekly payroll deductions.

F. Payment of Benefits

Benefit payments are recorded when made and are charged to the participant's account, principally upon termination, retirement, death, or an in-service withdrawal.

Upon retirement or termination of service, the participant is paid the balance of his or her account in a lump sum if his or her account balance is $1,000 or less. Participants whose account balances are in excess of $1,000 have the option of electing partial payments, a lump-sum payment, monthly or annual installments, or annuity payments over a stipulated period of time. Such payments may be taken immediately or deferred to a future date (provided that the participant maintains an account balance in excess of $1,000). Annual minimum distribution payments commence no later than April 1st of the calendar year following the later of the calendar year in which the participant (i) attains the applicable age or (ii) separates from service. The applicable age is 75 for participants born on or after January 1, 1960, 73 for participants born on or after January 1, 1951 and prior to January 1, 1960, age 72 for participants born on or after July 1, 1949 and prior to January 1, 1951, and age 70½ for participants born prior to July 1, 1949.

In the event of death of a participant with an account balance of $1,000 or less, the participant's beneficiary is paid the balance of his or her account in a lump sum as soon as practicable. If the participant's account balance exceeds $1,000 at the time of his or her death, the participant's beneficiary generally may elect to receive benefits in (i) a lump sum, (ii) one or more payments (provided that the entire account balance is distributed no later than December 31st of the year including the fifth anniversary of the participant's death), or (iii) for certain eligible designated beneficiaries, monthly installment payments in the form of a single life annuity (provided that payments begin no later than December 31st of the year following the participant's death). The participant's beneficiary may designate a beneficiary to receive an immediate lump sum of the remaining account balance if the participant's initial beneficiary dies, provided that the initial beneficiary had not begun receiving payments in the form of a single life annuity prior to his or her death.

Former participants in the NYLCare ERA Plan whose accounts were transferred to the Plan ("NYLCare ERA Transfer Amount") may request distribution of their NYLCare ERA Transfer Amount, plus any earnings or losses thereon at any time. A NYLCare ERA Transfer Amount is payable in a lump sum if the participant's account balance is $5,000 or less. Participants whose account balances are in excess of $5,000 may defer distribution of their NYLCare ERA Transfer Amount to age 65. A NYLCare ERA Transfer Amount is payable as a single life annuity (if not married) or a 50% joint & surviving spouse annuity (if married), unless the participant elects (with spousal consent if married) a single life annuity or a lump-sum payment.

G. Administration

The Vice President of benefits is the designated Plan Administrator responsible for the administration of the Plan. New York Life pays a significant portion of the administration expenses of the Plan, including payments to the Plan's third party investment consultant, NEPC LLC, and the Plan's third party record-keeper, Alight Solutions. Redemption fees (described in Note 3 - Plan Investments) are applied to pay the Plan's third party record-keeper. New York Life also pays the annual administration charge with respect to the IPG Contract issued to the Master Trust.

H. Plan Transfers

Amounts transferred into and out of the Plan primarily include transferred accounts between this Plan and the APSI Plan, which is a qualified defined contribution plan covering substantially all contracted United States full-time agents of New York Life. In the event an agent participating in the APSI Plan becomes an employee eligible for this Plan, the APSI Plan provides that the balance of the individual's APSI Plan account shall be transferred directly to this Plan. Likewise, in the event an employee participating in this Plan becomes an agent eligible for the APSI Plan, the Plan provides that the balance of the individual's account in this Plan shall be transferred directly to the APSI Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Presentation

The financial statements are prepared on a modified cash basis of accounting, which includes the adjustments of investments to their respective fair value or contract value. This is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"), and is permitted under the DOL's reporting and disclosure requirements. Accordingly, contributions and income are recorded when received rather than earned. Expenses are recorded when paid rather than when incurred. Loans granted to participants are recorded when disbursed and loan repayments, including principal and interest, are recorded when received. Investments are recorded at their respective contract value or fair market value as disclosed in Note 2C - Valuation of Investments and Income Recognition.

The Plan follows the authoritative guidance, which requires all investments held by a defined contribution plan to be reported at fair value except for the investments in the contracts that meet the definition of a fully benefit-responsive investment contract, which would be reported at contract value. Contract value is deemed a relevant measurement for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits presents investments at fair value for Interest in CITs and mutual funds, held by the Master Trust, and investments at contract value for Interest in the IPG Contract, held by the Master Trust.

B. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

C. Valuation of Investments and Income Recognition

All investments are held by the Master Trust. Investments in mutual funds, held by the Master Trust, are based on the aggregate publicly published net asset value ("NAV") of the shares held at the valuation date, which represents fair value. Investments in CITs, held by the Master Trust, are reported using net asset value ("NAV") of the units held at the valuation date as a practical expedient, without further adjustments. The CITs' NAVs are not publicly available and therefore the fair value is not readily determinable. As a result, the Plan's investments in CITs meet the requirements of the NAV as a practical expedient. The Plan's IPG Contract, which is a fully benefit-responsive contract, is valued at contract value. Contract value represents employers' and participants' contributions adjusted for accumulated interest, benefits paid, withdrawals and transfers. The Plan's investments and participants' accounts are valued daily.

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. Purchases and sales of investments held in the Master Trust are recorded on a trade-date basis. Dividends and interest on notes receivable are recorded when received.

D. Notes Receivable

Notes receivable from participants are valued at their outstanding balances plus accrued but unpaid interest, which is deemed to approximate fair value.

E. Payment of Benefits

Benefits are recorded when paid.

F. Risk and Uncertainties

The Plan invests in various investments that are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

G. Recent Accounting Pronouncements

New York Life has analyzed recent accounting pronouncements and does not believe any impact the Plan.

NOTE 3 - PLAN INVESTMENTS IN MASTER TRUST

The Plan's assets are held in the Master Trust, which also holds the assets of the APSI Plan. The account balances of the participants of both plans are invested based on participants' elections among each plan's investment options. The default investment option for participants who (i) did not have an account balance as of April 1, 2024 or who are hired or rehired on or after that date, and (ii) fail to make affirmative investment election with respect to their account balances is the Vanguard Target Retirement Trust II option. For all other participants with account balances prior to April 1, 2024, the default investment option is the Fixed Dollar Account ("FDA") option, which is backed by the IPG Contract. Prior to April 1, 2024, the default investment option for all participants was the FDA option.

Assets of the Master Trust are allocated to each participating plan based on the account balances and according to the investment elections of the participants within each plan. Investment income of the Master Trust for the years ended December 31, 2024 and 2023 was allocated based upon each plan's specific interest within each of the investments held by the Master Trust. Gains and losses on investments bought and sold, as well as held during the year, are included in interest in Net appreciation in fair value of the Master Trust. Dividends and interest income are included in Dividend and interest income received from the Master Trust. Both are included on the Statement of Changes in Net Assets Available for Benefits.

The following tables summarize the net assets of the Master Trust and the Plan's interest in those assets as of December 31, 2024 and 2023.

	December 31, 2024	
	Master Trust Balances	**Plan's Interest in Master Trust Balances**
	(in thousands)	
Investments in CITs, at fair value	$ 3,392,257	$ 2,643,798
Investments in mutual funds, at fair value	105,083	72,082
Investment in IPG Contract, at contract value	2,605,915	2,240,146
Net assets of the Master Trust	$ 6,103,255	$ 4,956,026

	December 31, 2023	
	Master Trust Balances	**Plan's Interest in Master Trust Balances**
	(in thousands)	
Investments in CITs, at fair value	$ 2,057,562	$ 1,593,100
Investments in mutual funds, at fair value	845,393	654,730
Investment in IPG Contract, at contract value	2,661,633	2,281,780
Net assets of the Master Trust	$ 5,564,588	$ 4,529,610

The following table summarizes the total investment income of the Master Trust for the years ended December 31, 2024 and 2023:

	December 31,	
	2024	**2023**
	(in thousands)	
Net appreciation/(depreciation) in fair value of CITs	$ 492,485	$ 147,210
Net appreciation/(depreciation) in fair value of mutual funds	56,876	356,287
Dividend and interest income	112,715	127,984
Total investment income/(loss)	$ 662,076	$ 631,481

A redemption fee of 2% is charged by the Plan to amounts allocated to certain mutual fund and CIT investment options that do not remain in that option for a "holding period" of 7 calendar days. The redemption fee does not apply to transfers or reallocations from the FDA option. The redemption fee also does not apply to transfers of reallocations from the investment options that have fund imposed frequent trading limitations. These include the Spartan Small Cap Index Pool, Spartan Fid Cap Index Pool and Spartan Global Ex-US Index Pool (which replaced the Fidelity Small Cap Index Fund, Fidelity Mid Cap Index Fund, and Fidelity Global Ex-U.S. Index Fund, respectively, as investment options as of March 22, 2024), Vanguard Target Retirement Trust II, Vanguard Institutional 500 Index Trust, and the Fidelity Blue Chip Growth Commingled Pool (which replaced the T. Rowe Price Institutional Large Cap Core Fund, which was also subject to frequent trading limitations, as an investment option on December 19, 2023), and until December 2023, the MFS Large Cap Value Fund (which replaced the MFS Value Fund as an investment option on March 17, 2023). Beginning January 1, 2024, the MFS Value Fund became subject to redemption fees.

IPG Contract

The Trustee is the contractholder of the IPG Contract issued by New York Life, as insurer. The IPG Contract is a general account contract under which a FDA maintains a crediting rate that reflects the investment experience of the segment of New York Life's general account to which the IPG Contract and contracts in its class are assigned, in accordance with New York Life'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 amount in the FDA at any time will be equal to (i) the sum of all amounts credited to that account less (ii) the sum of all amounts withdrawn from that account.

At least ten days prior to the start of each contract year (i.e., each annual period beginning January 1), New York Life, as insurer, declares a net annual interest rate to be applicable to all amounts allocated to the FDA in such contract year. New York Life, as insurer, credits interest to the FDA by applying the applicable declared rate to the average balance in the FDA during such contract year, or part thereof. Such net annual rate of interest will be that which New York Life, as insurer, determines to be applicable to contracts in the class of contracts to which the IPG Contract belongs. In this determination, New York Life, as insurer, recognizes, among other things, the variations in the rates of investment return attributable to the net funds, positive or negative, made available for investment in different calendar years for contracts in the class of contracts to which the IPG Contract belongs, in accordance with the principles of the IYM of determining interest credits adopted by New York Life, as insurer.

The Trustee, upon direction of the Plan's Fiduciary Investment Committee ("FIC"), may direct New York Life, as insurer, by written notice to withdraw amounts from the FDA to be applied as a withdrawal or loan permitted by the Plan, to provide distributions of benefits, or to be transferred to another investment option under the Plan. Withdrawals from the FDA for the purpose of transfer to another investment option under the Plan are subject to an annual limit of 20% of the aggregate balance in the FDA, determined as of the beginning of the contract year in which the withdrawals are made.

As of the last day of each contract year, New York Life, as insurer, will withdraw an amount from the FDA as an annual charge, unless such charge is paid by the plan sponsor as billed. The amount of such charges will be determined by applying a scale of percentages to the average balance in the FDA, subject to an annual minimum of $1,500.

In the event the Trustee, upon direction of the FIC, elects to discontinue the IPG Contract, the Trustee may elect upon the direction of the FIC to have the balance in the FDA paid in one of the following manners: (1) a lump sum payment which is equal to the product of (i) all amounts in the FDA as of the discontinuance date and (ii) the market value adjustment factor in the IPG Contract; or (2) a book value payment of all amounts in the FDA under the contract as of the discontinuance date in approximately equal annual installments over a period of 10 years, or such shorter period that is mutually agreed upon by the Trustee and New York Life, as insurer. The first payment will be made as of the discontinuance date with each subsequent payment made on the anniversary of the discontinuance date. During the payment period, interest will be credited at an annual rate to the contract earnings rate (the average investment earnings rate applicable to investment year funds maintained under the contract as of the date of payment, determined in accordance with the IYM) that was being credited to the FDA as of the discontinuance date, less 1%. New York Life has no present intention of terminating the Plan and is currently unaware of any circumstance which could result in the termination of the contract(s) that is probable of occurring.

NOTE 4 - FEDERAL INCOME TAXES

New York Life received a favorable letter of determination, dated October 15, 2015, 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 the previous amendment to which the most recent determination letter is applicable, New York Life 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.

GAAP accounting requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan's management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. There was a routine IRS audit for the 2019 Plan year that concluded in 2023 with no significant findings. There are currently no audits for any tax periods in progress.

NOTE 5 - TERMINATION OF THE PLAN

New York Life reserves the right to make changes to all or part of the Plan at any time or to terminate any or all of the benefits and features of the Plan with or without notice, subject to the applicable terms of ERISA and the Code. If the Plan is terminated, each participant will be entitled to 100% of his or her account balance.

A participating subsidiary or affiliate of New York Life may terminate its participation in the Plan at any time.

NOTE 6 - DEFAULTED NOTES RECEIVABLE FROM PARTICIPANTS

Defaulted notes receivable from participants primarily relate to employees who have terminated employment with New York Life and have declined to repay an outstanding loan. Since notes receivable from participants are secured by the participant's account balance, the defaulted amounts are deemed a prepayment for tax purposes and deducted from the participant's final distribution.

NOTE 7 - CERTIFIED INFORMATION

The Trustee and New York Life, as the issuer of the IPG Contract, are qualified institutions in accordance with AU-C Section 703.08 that have certified that the following information stated below and included in the Statements of Net Assets Available for Benefits, the Statements of Changes in Net Assets Available for Benefits, and Schedule H (Form 5500), Line 4i- Schedule of Assets (Held at End of Year), as well as the net assets and total investment income of the Master Trust as disclosed in Note 3 - Plan Investments in Master Trust, is complete and accurate in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

	As of December 31,			
	2024		2023	
	(in thousands)			
Investment in CITs, held by the Master Trust, at fair value	$	2,643,798	$	1,593,100
Investment in mutual funds, held by the Master Trust at fair value	$	72,082	$	654,730
Investment in IPG Contract, held by the Master Trust, at contract value	$	2,240,146	$	2,281,780
Notes receivable from participants	$	32,869	$	30,988

	Year Ended December 31,			
	2024		2023	
	(in thousands)			
Net appreciation/(depreciation) in fair value of the Master Trust	$	423,869	$	389,802
Dividend and interest income received from the Master Trust	$	96,824	$	107,772
Interest on notes receivable	$	2,499	$	1,793

NOTE 8 - RELATED PARTY TRANSACTIONS

The Plan's interest in Master Trust investments in the IPG Contract, issued by New York Life, were $2,240,146 thousand and $2,281,780 thousand as of December 31, 2024 and 2023, respectively. The IPG Contract provides for the payment of an annual administration charge to New York Life, based on a percentage of assets maintained in the fixed account under the contract. Until June 20, 2023, the Plan was invested in the MainStay MacKay International Equity Fund ("Fund"). The New York Life Investments Group of Funds (formerly, the MainStay Funds) are managed, in whole or in part, by NYLIM (or a NYLIM affiliate), an indirect wholly owned subsidiary of New York Life that receives fees for such services. The values of participant accounts invested in the Fund reflected the Fund's fees and expenses as disclosed in the Fund's prospectus. Additionally, the Plan invests through the Master Trust in certain funds that are managed by the Trustee or its affiliates. All of these investments, in addition to notes receivable from participants, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules under ERISA and the Code.

NOTE 9 – 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 Plan's assets are recorded at fair value, except for the investment in the IPG Contract (which is valued at contract value), and are measured and classified in accordance with a fair value hierarchy consisting of three levels based on the observability of the inputs used in measuring the fair value. The level 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 in active markets; quoted prices in markets that are not active for identical or similar assets or liabilities, 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. 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 New York Life'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.

Determination of Fair Value

The Master Trust's investments represent open-ended mutual funds and CITs in which the valuation is based on the aggregate NAV of the shares held at the valuation date.

Investments in mutual funds are publicly available and there are no restrictions on contributions and withdrawals. Investments in mutual funds as of December 31, 2024 and 2023 were $105,083 thousand and $845,393 thousand, respectively, and are reported as Level 1.

Investments in CITs are measured using NAV as a practical expedient. Investments in CITs were $3,392,257 thousand and $2,057,562 thousand as of December 31, 2024 and 2023, respectively, and are not required to be leveled. The CITs have a daily redemption frequency and are not subject to any redemption notice period. The CITs do not have any unfunded commitments.

There were no mutual fund or CIT investments classified as Level 2 or Level 3 as of December 31, 2024 and 2023.

NOTE 10 – SUBSEQUENT EVENTS

New York Life has evaluated subsequent events for recognition and disclosure through October 3, 2025, the date these financial statements were available for issuance.

On June 24, 2025, the Internal Revenue Service issued a favorable determination letter that the Plan, as amended and restated through December 8, 2023, satisfies the qualification requirements of Section 401 (a) of the Code.

NEW YORK LIFE INSURANCE COMPANY
EMPLOYEE PROGRESS-SHARING INVESTMENT PLAN
SCHEDULE H (Form 5500), Line 4i - SCHEDULE OF ASSETS (Held at End of Year)
AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue	(c) Description of Investment		(e) Current Value**
*	Master Trust	Interest in the Master Trust	$	4,956,025,993
*	Notes Receivable from Participants	Participant Loans (for 2024, 8.50%- 9.50% interest rate)		32,869,138
		Total assets held at end of year	$	4,988,895,131

The information in this schedule was obtained or derived from information certified by the Trustee and New York Life as complete and accurate.

* Party-in-interest.

** The cost basis of investments is not shown since investments are all participant directed.

NEW YORK LIFE INSURANCE COMPANY
EMPLOYEE PROGRESS-SHARING INVESTMENT PLAN
SCHEDULE H (Form 5500), Line 4i - SCHEDULE OF ASSETS (Held at End of Year)
AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue	(c) Description of Investment		(e) Current Value**
*	Master Trust	Interest in the Master Trust	$	4,956,025,993
*	Notes Receivable from Participants	Participant Loans (for 2024, 8.50%- 9.50% interest rate)		32,869,138
		Total assets held at end of year	$	4,988,895,131

The information in this schedule was obtained or derived from information certified by the Trustee and New York Life as complete and accurate.

* Party-in-interest.

** The cost basis of investments is not shown since investments are all participant directed.