

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information			
1a	Name of plan NYLIC RETIREMENT PLAN	1b	Three-digit plan number (PN) ▶	005
		1c	Effective date of plan 01/01/1982	
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 ATTN BENEFITS COMPLIANCE 51 MADISON AVENUE ROOM 506 NEW YORK, NY 10010	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 506 NEW YORK, NY 10010	3b Administrator's EIN 55-0860767																						
	3c Administrator's telephone number 212-576-7000																						
4 If the name and/or EIN of the plan sponsor 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 24706																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">12292</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">12447</td></tr> <tr><td>6b</td><td style="text-align: right;">7284</td></tr> <tr><td>6c</td><td style="text-align: right;">4079</td></tr> <tr><td>6d</td><td style="text-align: right;">23810</td></tr> <tr><td>6e</td><td style="text-align: right;">1349</td></tr> <tr><td>6f</td><td style="text-align: right;">25159</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">2831</td></tr> </table>			6a(1)	12292	6a(2)	12447	6b	7284	6c	4079	6d	23810	6e	1349	6f	25159	6g(1)		6g(2)		6h	2831
6a(1)	12292																						
6a(2)	12447																						
6b	7284																						
6c	4079																						
6d	23810																						
6e	1349																						
6f	25159																						
6g(1)																							
6g(2)																							
6h	2831																						
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: 1A 3H 3F 1E																							

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
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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 2
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NYLIC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 13-5582869	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA - 31244-FDA	23810	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1701675565**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1739584860**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 84786857
(4) Transferred from separate account **7c(4)** 206029377
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 290816234**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2030401094**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 153318424(2) Administration charge made by carrier **7e(2)** 220125(3) Transferred to separate account **7e(3)** 123650725(4) Other (specify below) **7e(4)** 51536255▶ DEPRECIATION, INVESTMENT FEES, PBGC PREMIUMS, &
ADMINISTRATIVE EXPENSES(5) Total deductions **7e(5)** 328725529**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1701675565

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NYLIC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 13-5582869	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier NEW YORK LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA - 31244	23810	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	918279062

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan NYLIC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEW YORK LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 13-5582869
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	3165326904	
b	Actuarial value	2b	3345090027	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	8402	1148958609	1148958609
b	For terminated vested participants	4012	132796211	132796211
c	For active participants	12292	1202009048	1213605857
d	Total	24706	2483763868	2495360677
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.15 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	61739869	
b	Expected plan-related expenses	6b	3190000	
c	Target normal cost	6c	64929869	

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

SIGN HERE	Signature of actuary BRUCE R. MENZEL Type or print name of actuary AON CONSULTING, INC. Firm name MSC #17704 PO BOX 551343 ATLANTA, GA 30355 Address of the firm	10/27/2025 Date 23-05790 Most recent enrollment number 952-886-8000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	958910700
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	64696664
9	Amount remaining (line 7 minus line 8)	0	894214036
10	Interest on line 9 using prior year's actual return of <u>8.53</u> %	0	76276457
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	970490493

Part III Funding Percentages

14	Funding target attainment percentage	14	95.16 %
15	Adjusted funding target attainment percentage	15	134.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
---------------	--

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
----------------	----------------------------

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
-----------------	--

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
------------------	---

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	64929869
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		120761143	11149253
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	76079122
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		76079122	76079122
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
--

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

Part I	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
MACKAY SHIELDS
13-4080466

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INDEXIQ ADVISORS LLC
02-0811753

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JPMORGAN CHASE BANK, NATIONAL ASSOC
13-4994650

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MORGAN STANLEY REAL ESTATE ADVISOR
20-0109235

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

INVESCO ADVISERS, INC

58-1707262

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

RELIANCE TRUST COMPANY

82-6253445

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

CAPITAL BANK AND TRUST COMPANY

95-6597294

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

NEW YORK LIFE INVESTMENT MGMT LLC

27-2863308

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

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

APOGEM CAPITAL LLC

85-1664787

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	AFFILIATE	3242185	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 64	RECORDKEEPER	1764850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INSTITUTIONAL ASSET MGMT

20-2159373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	644887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

NEW YORK LIFE INSURANCE COMPANY

13-5582869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	EMPLOYER	231584	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NEPC, LLC

26-1429809

(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?
17 27 50	NONE	90356	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 NYLIC RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 005
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NEW YORK LIFE INSURANCE COMPANY		D Employer Identification Number (EIN) 13-5582869
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQU CIT		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6253445-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46430167
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE EQUITY SEPARATE ACCOUNT 39		
b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY		
c EIN-PN 13-5582869-178	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119995
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXED EQUITY ACCOUNT		
b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY		
c EIN-PN 13-5582869-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127784043
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD ACCOUNT SA40-003		
b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY		
c EIN-PN 13-5582869-224	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166047690
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAP CORE COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48703404
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC PROPERTY FUND		
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK		
c EIN-PN 12-4994650-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33059146
a Name of MTIA, CCT, PSA, or 103-12 IE: MUNICIPALS 48-001		
b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY		
c EIN-PN 13-5582869-225	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76244522

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG/SHORT HEDGE FUND ACCOUNT

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

c EIN-PN 13-5582869-206	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11911298
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a Name of MTIA, CCT, PSA, or 103-12 IE: ABSOLUTE RETURN HEDGE FUND ACCOUNT

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

c EIN-PN 13-5582869-207	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 437857
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE EQUITY SEPARATE ACCOUNT 39A

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

c EIN-PN 13-5582869-199	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209868
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE EQUITY SEPARATE ACCOUNT 39B

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

c EIN-PN 13-5582869-205	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 535523790
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAP GROUP EUROPACIFIC GROWTH TRUST

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY

c EIN-PN 95-6597294-611	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48529456
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 NYLIC RETIREMENT PLAN	B Three-digit plan number (PN) 005
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 13-5582869	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	202992	2117764
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)		112472
(2) U.S. Government securities	1c(2)		217561933
(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)	57408909	49294791
(6) Real estate (other than employer real property)	1c(6)	77671601	77070584
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	307840443	176722173
(10) Value of interest in pooled separate accounts	1c(10)	1019938532	918279063
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1739584860	1701675565
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	3202647337	3142834345
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 through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3202647337	3142834345

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23517	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	84786857	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84810374
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-601017	
(B) Other	2b(5)(B)	-82219793	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		23695702
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		75259661
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		100944927

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	153318424	
(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)		153318424
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	451882	
(3) Recordkeeping fees	2i(3)	1764850	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	3981271	
(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)	1241492	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7439495
j Total expenses. Add all expense amounts in column (b) and enter total	2j		160757919

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-59812992
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **PRICEWATERHOUSE COOPERS LLP**

(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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555401.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under 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.		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 NYLIC RETIREMENT PLAN				B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK LIFE INSURANCE COMPANY				D Employer Identification Number (EIN) 13-5582869	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
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): _____					
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	0
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: 9.00 % Private Equity: 17.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 63.00 %

High-Yield Debt: 5.00 % Real Assets: 5.00 % Cash or Cash Equivalents: _____ % Other: 1.00 %

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_____.

**NYLIC RETIREMENT PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2024 AND 2023**

**NYLIC RETIREMENT PLAN
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AND SUPPLEMENTAL SCHEDULES**

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** 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 Nylic Retirement Plan

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

We have performed an audit of the accompanying financial statements of Nylic Retirement 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 and of accumulated benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated benefits 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 8 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 accounting principles generally accepted in the United States of America.
- 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 required to evaluate 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 one year after the date the financial statements are available to be issued.

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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 Schedules Required by ERISA

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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

NYLIC RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
	2024	2023
	(in thousands)	
Investments in insurance company group annuity contracts:		
Immediate participation guarantee contract (“IPG Contract”) at fair value	\$ 1,662,755	\$ 1,702,264
Separate account contract relating to pooled separate accounts (“SA Contract”) at fair value	918,278	1,019,939
Total insurance company group annuity contracts	2,581,033	2,722,203
U.S. Treasury Separate Trading of Registered Interest and Principal Securities (“STRIPS”) at fair value	217,562	—
Real estate investment funds (“Real Estate Funds”) at fair value	159,425	171,621
Collective investment trusts (“CITs”) at fair value	143,663	271,300
Net assets held in a 401(h) account at contract value	38,921	37,320
Cash	2,230	203
Total	3,142,834	3,202,647
Amounts related to obligation of 401(h) account	(38,921)	(37,320)
Net assets available for benefits	\$ 3,103,913	\$ 3,165,327

See accompanying notes to financial statements.

**NYLIC RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	Year Ended December 31,	
	2024	2023
	(in thousands)	
Net investment income:		
Interest income:		
Interest income on IPG Contract	\$ 83,182	\$ 78,401
Interest income on cash	24	—
Total interest income	83,206	78,401
Net appreciation/(depreciation):		
Net (depreciation)/appreciation in fair value of investment in IPG Contract	(44,317)	73,564
Net appreciation in fair value of investment in SA Contract	75,259	101,046
Net (depreciation) in fair value of U.S. Treasury STRIPS	(34,399)	—
Net (depreciation) in fair value of Real Estate Funds	(5,122)	(20,093)
Net appreciation in fair value of CITs	24,713	26,325
Net appreciation	16,134	180,842
Investment expenses	(3,981)	(4,798)
Net investment income	95,359	254,445
Total additions	95,359	254,445
Deductions from net assets attributed to:		
Benefits paid to participants	153,319	149,857
Administrative expenses	3,454	3,143
Total deductions	156,773	153,000
Net (decrease)/increase in net assets available for benefits	(61,414)	101,445
Net assets available for benefits:		
Beginning of year	3,165,327	3,063,882
End of year	\$ 3,103,913	\$ 3,165,327

See accompanying notes to financial statements.

NYLIC RETIREMENT PLAN
STATEMENTS OF ACCUMULATED BENEFITS

	As of December 31,	
	2024	2023
	(in thousands)	
Actuarial present value of accumulated benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 1,114,160	\$ 1,121,574
Other participants	1,442,101	1,524,130
Total vested benefits	2,556,261	2,645,704
Non-vested benefits	16,864	23,755
Total actuarial present value of accumulated benefits	\$ 2,573,125	\$ 2,669,459

STATEMENTS OF CHANGES IN ACCUMULATED BENEFITS

	Year Ended December 31,	
	2024	2023
	(in thousands)	
Actuarial present value of accumulated benefits at beginning of year	\$ 2,669,459	\$ 2,564,703
(Decrease)/increase attributable to:		
Changes in actuarial assumptions:		
Change in discount rate	(202,982)	51,060
Change in mortality rates	45,772	—
Other assumption changes	(16,269)	—
Total changes in actuarial assumptions	(173,479)	51,060
Benefits accumulated and experience losses:		
Ongoing benefit accruals	72,276	66,815
Other changes	26,686	6,224
Total benefits accumulated and experience losses	98,962	73,039
Interest	131,502	130,514
Benefits paid	(153,319)	(149,857)
Net (decrease)/increase	(96,334)	104,756
Actuarial present value of accumulated benefits at end of year	\$ 2,573,125	\$ 2,669,459

See accompanying notes to financial statements.

NYLIC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

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

A. General

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

B. Pension Benefits

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

The Plan permits early retirement if the participant has completed at least 20 years of vesting service. Annuity benefits paid prior to normal retirement age are reduced for early payment. In addition, the Plan provides for a deferred vested benefit for participants who do not qualify for a normal or early retirement benefit, but have completed at least 5 years of vesting service (but no more than 20 years), at termination. Participants who are not married or do not have an eligible partner receive their benefit as a straight life annuity. Participants who are married or who have an eligible partner may elect to receive their pension benefits as a 75% joint and survivor annuity (the automatic form of payment for married participants), or they can elect a single life annuity or 50% joint and survivor annuity, provided that married participants obtain notarized, written consent from their spouses for these options.

C. Death and Disability Benefits

The Plan provides for a 75% pre-retirement survivor annuity payable to a participant’s surviving spouse or eligible partner (an individual with whom a participant has entered into a same sex civil union recognized under state law) in the event of the death of an active participant who has completed at least five years of vesting service. A survivor annuity is payable to the surviving eligible spouse or surviving eligible partner of a participant who dies while receiving benefits in the form of a joint and survivor annuity.

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

D. 401(h) Account

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

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

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

	As of December 31,	
	2024	2023
	(in thousands)	
Net assets available for benefits per the financial statements	\$ 3,103,913	\$ 3,165,327
Net assets held in 401(h) account included as assets on Form 5500	38,921	37,320
Net assets available for benefits per Form 5500	<u>\$ 3,142,834</u>	<u>\$ 3,202,647</u>

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

Year Ended December 31, 2024				
(in thousands)				
	Amounts per Financial Statements	401(h) Account		Amounts per Form 5500
Interest income	\$ 83,182	\$ 1,605	\$	\$ 84,787
Investment and administrative expenses	\$ 7,435	\$ 4	\$	\$ 7,439

Year Ended December 31, 2023				
(in thousands)				
	Amounts per Financial Statements	401(h) Account		Amounts per Form 5500
Interest income	\$ 78,401	\$ 1,487	\$	\$ 79,888
Investment and administrative expenses	\$ 7,941	\$ 4	\$	\$ 7,945

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Method of Accounting

The Plan's financial statements are prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP").

B. Use of Estimates

The preparation of financial statements in accordance with GAAP accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

C. Valuation of Investments and Income Recognition

The Plan's IPG Contract with the Company is valued at fair value, which is comprised of contract value (represents contributions made, plus interest earned, less funds used to pay benefits, premiums and fees) plus a fair value adjustment ("FVA"). The FVA is the difference between the estimated cost of purchasing annuities in the open market upon termination of the contract and the cost of purchasing annuities using the discontinuance provisions of the contract.

The Plan's investments in U.S. Treasury STRIPS are reported at fair value, which are priced utilizing observable inputs from identical or comparable securities.

The Plan's investments in the SA Contract, Real Estate Funds (the Morgan Stanley Prime Property Fund, LLC, Invesco Core Real Estate - U.S.A., L.P. and JPMCB Strategic Property Fund are collectively referred to as the "Real Estate Funds" throughout) and CITs (the Fidelity Institutional Asset Management ("FIAM") Small Capitalization Core Commingled Pool, Capital Group EUPAC Trust and GQG Partners International Equity CIT are referred to as the "CITs" throughout) are reported using net asset value ("NAV") of the units held at the valuation date as a practical expedient, without further adjustments. The guidance allows investors to use a practical expedient for measuring the fair value of investments in certain entities that calculate a NAV per share, such as investments in the SA Contract, Real Estate Funds and CITs. The guidance allows companies to determine the fair value of such investments using NAV as a practical expedient, without further adjustments, if (1) the fair value of the investment is not readily determinable and (2) the investee entity issues financial statements in accordance with measurement principles for investment companies. The Plan's investment in the SA Contract meets the requirements of the NAV as practical expedient because the fair value of the investment is not readily determinable as the NAV is not publicly available and it is deemed that if the SA Contract issued standalone financial statements they would be prepared on the basis of investment company practices. Additionally, the Plan owns units in each of the Real Estate Funds and CITs and the NAV represents the fair value of each unit held by the Plan. The NAV for each fund is not publicly available and therefore the fair value is not readily determinable. As a result, the Plan's investments in the Real Estate Funds and CITs meet the requirements of the NAV as a practical expedient.

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

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

D. Benefits

Benefit payments to participants are recorded upon distribution.

E. Actuarial Present Value of Accumulated Benefits

Accumulated benefits represent the future periodic payments that are attributable to the service rendered by agents. Under the Plan's provisions, accumulated benefits include benefits expected to be paid to (a) retired or terminated agents or their beneficiaries, (b) beneficiaries of agents who have died, and (c) active agents or their beneficiaries. The accumulated benefits under the Plan are based on the agent's sales production and associated persistency during their period of credited service through December 31, 1990. For credited service after December 31, 1990, benefits are based on pensionable earnings. The accumulated benefits for active agents do not anticipate future increases in pensionable earnings.

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

The actuarial present value of accumulated benefits is determined by Aon PLC, the Plan's actuary. The actuarial present value of accumulated benefits is the amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money and the probability of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024 were (a) a Benefits weighted Pri-2012 table with a 85% white collar adjustment projected to 2020 with mortality improvement Scale MP-2021 and projected generationally beyond 2020 with mortality improvement Scale MP-2021 for healthy participants. Disabled participants use a Benefits weighted Pri-2012 Disabled Retiree table projected to 2020 with mortality improvement Scale MP-2021 and projected generationally beyond 2020 with mortality improvement Scale MP-2021; (b) retirement rates (rates vary by Nylic service for pre-1991 agents and age for post-1990 agents); (c) disability rates (10% of the 1987 Commissioners Group Disability Table with a waiting period of 6 months); (d) turnover rates (rates vary by service until age 65), and (e) the valuation interest rate. The valuation interest rate used to determine the actuarial present value of accumulated benefits was changed from 5.07% as of December 31, 2023 to 5.75% as of December 31, 2024.

The significant actuarial assumptions used in the valuation as of December 31, 2023 were (a) a Benefits weighted Pri-2012 table with a 90% white collar adjustment projected to 2017 with mortality improvement Scale MP-2019 and projected generationally beyond 2017 with mortality improvement Scale MP-2021 for healthy participants. Disabled participants use a Benefits weighted Pri-2012 Disabled Retiree table projected to 2017 with mortality improvement Scale MP-2019 and projected generationally beyond 2017 with mortality improvement Scale MP-2021; (b) retirement rates (rates vary by Nylic service for pre-1991 agents and age for post-1990 agents); (c) disability rates (10% of the 1987 Commissioners Group Disability Table with a waiting period of 6 months); (d) turnover rates (rates vary by service until age 65), and (e) the valuation interest rate. The valuation interest rate used to determine the actuarial present value of accumulated benefits was changed from 5.24% as of December 31, 2022 to 5.07% as of December 31, 2023.

The mortality assumptions used in the valuation as of December 31, 2024 that changed from the

assumptions used in the prior valuation as of December 31, 2023, as described above, resulted in an increase of approximately \$45,772 thousand in the present value of accumulated benefits.

The valuation interest rate assumption used in the valuation as of December 31, 2024 that changed from the assumption used in the prior valuation as of December 31, 2023, as described above, resulted in a decrease of approximately \$202,982 thousand in the present value of accumulated benefits.

The valuation interest rate assumption used in the valuation as of December 31, 2023 that changed from the assumption used in the prior valuation as of December 31, 2022, as described above, resulted in an increase of approximately \$51,060 thousand in the present value of accumulated benefits.

F. Administration

The Vice President of benefits is the Plan Administrator responsible for the administration of the Plan. The Plan pays certain expenses of service providers unrelated to the Company and certain expenses incurred by the Company with respect to the Plan. Annual administration expenses incurred under the IPG Contract are based on a percentage of assets maintained in the fixed account under the contract. Annual fee expenses incurred under the SA Contract include fees for the administration and management of each separate account. The Real Estate Funds provide for the payment of management and incentive fees for the management of the funds. The CITs, provide for the payment of management and other fees for the management of the funds.

Separate account unit values are reduced by the management and administrative fees attributable to such separate account, except that any management and administrative fees for the private equity and hedge fund separate accounts are direct payments to the manager and therefore do not reduce the unit values. The NAVs of the Plan's investments in the Real Estate Funds, Capital Group EUPAC Trust and GQG Partners International Equity CIT are each reduced by the applicable fund's fees. The fees for the FIAM Small Capitalization Core Commingled Pool and the U.S. Treasury STRIPS separately managed account managed by State Street Global Advisors Trust Company ("U.S. Treasury STRIPS SMA") are direct payments to the manager. The Company pays all remaining administrative expenses of the Plan.

See Note 3 - Plan Investments for further details on the fees charged to the Plan under the IPG Contract and the SA Contract.

G. Recent Accounting Pronouncements

The Company has analyzed recent accounting pronouncements and does not believe any impact the Plan.

NOTE 3 - PLAN INVESTMENTS

All of the Plan's investments are held in the Nylic Retirement Plan Trust.

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

The Company is the issuer of the IPG and SA Contracts. For 2023, MacKay Shields LLC ("MacKay"), Apogem Capital LLC ("Apogem"), and/or IndexIQ Advisors LLC ("IndexIQ") (all indirect wholly-owned subsidiaries of the Company) were the investment managers of one or more of the pooled separate

accounts. For all or a part of 2024, MacKay, Apogem, IndexIQ and/or New York Life Investment Management LLC (“NYLIM”) (all indirect wholly-owned subsidiaries of the Company) were the investment managers of one or more of the pooled separate accounts.

Certain Plan assets are also directly invested in: (1) the U.S. Treasury STRIPS SMA; (2) the following Real Estate Funds: Morgan Stanley Prime Property Fund, LLC, Invesco Core Real Estate - U.S.A., L.P. and JPMCB Strategic Property Fund; and (3) the following CITs: FIAM Small Capitalization Core Commingled Pool, Capital Group EUPAC Trust and GQG Partners International Equity CIT.

IPG Contract

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

The FDA is credited with contributions, interest income, amounts transferred in from other group annuity contract(s) and dividends, if any, and charged with expenses, amounts transferred to other group annuity contract(s), pension benefits, non-pension benefits, amounts withdrawn on discontinuance, and investment selection charges (“ISC’s”).

As of the last day of each calendar year, the Company, as insurer, credits interest income to the FDA by applying a net annual rate of interest (equal to the rate of net investment income earned during the calendar year for the IPG Contract, determined in accordance with the Company’s IYM) to the average balance in the FDA. The interest rate earned by the FDA in 2024 and 2023 was 4.30% and 4.15%, respectively.

Whenever a payment is to be made from the FDA pursuant to the IPG Contract’s transfer, non-pension benefit or the discontinuance provisions, the Company, as insurer, determines the ISC(’s), if any, which is to be withdrawn from the FDA. An ISC will apply when the new investment earnings rate exceeds the contract earnings rate. There were no ISC’s in 2024 and 2023.

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

SA Contract

The SA Contract is a multiple separate account contract that provides for the investment of funds in a series of non-guaranteed pooled separate accounts. The only other contract participating in these separate accounts is a contract issued to the Trustees of the New York Life Insurance Company Pension Plan Trust. Under the SA Contract, the separate account assets are legally insulated from the general account

and the contractholder bears all investment risk and has no guarantees as to principal and interest. There are also limited guarantees with respect to mortality and expense.

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

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

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

NOTE 4 - FEDERAL INCOME TAXES

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 1, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan has been amended since the previous amendment to which the most recent determination letter is applicable. The Company believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Accordingly, no provision for income taxes is made in the accompanying financial statements.

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.

NOTE 5 - FUNDING POLICY

The Plan is funded solely by Company contributions. The Company's funding policy is to make annual contributions that are no less than the minimum amount needed to comply with the requirements of ERISA and the Code, as amended by the Pension Protection Act of 2006 ("minimum funding requirements"), and no greater than the maximum amount deductible for federal income tax purposes. The Company did not make a voluntary contribution to the Plan for the 2024 plan year or for the 2023 plan year. No contributions were required for either plan year to comply with the minimum funding requirements.

NOTE 6 - PLAN TERMINATION

In the event of the termination of the Plan, the Plan provides that the rights of affected participants to the benefits accrued to the date of termination would be non-forfeitable, but there would be no recourse for these non-forfeitable benefits other than from the Plan's assets or the Pension Benefit Guaranty Corporation ("PBGC"). Except to the extent that a participant's benefits were already annuitized under the Plan's IPG Contract, the Plan funds would be allocated on the basis of actuarial valuation in the following order of priority prescribed by ERISA:

1. To retired participants who were receiving benefits 3 years before the Plan termination date; participants who would have received a benefit 3 years before the Plan termination date if they had retired before that 3-year period; and spouses or beneficiaries of deceased participants who were receiving benefits 3 years prior to the Plan termination date or who would have been receiving benefits if the deceased participant had retired before such date.
2. To all other benefits guaranteed by the PBGC that are not included in paragraph 1 above (for retired participants, spouses or beneficiaries of deceased participants receiving a benefit, participants eligible to retire on the Plan termination date, and participants or former participants not eligible to retire who are entitled to receive a deferred vested retirement benefit).
3. To all other non-forfeitable benefits promised by the Plan but not guaranteed by the PBGC (generally, other vested benefits). Plan funds are first allocated based on Plan provisions in effect 60 months before the Plan termination date, and then according to subsequent plan amendments in order from oldest to newest.
4. To all other remaining benefits.

If sufficient Plan funds are not available under any paragraph, participants receive a pro-rata share of the funds allocated. If there are more funds than necessary to satisfy all Plan liabilities, the excess will be paid to the Company. The plan administrator may require that any benefits be withdrawn in cash, as an immediate or deferred annuity, or through other periodic payments as determined by the plan administrator.

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

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

The Company has the right to terminate the Plan and discontinue its contributions at any time, subject to the applicable provisions set forth in ERISA and the Code.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan is exposed to an array of risks, including but not limited to, regulatory, financial, investments, operational and cyber security.

Investments 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 investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Actuarial present values of accumulated benefits are reported based on certain actuarial assumptions, which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions could occur in the near term and could materially affect the amounts reported in the Statements of Accumulated Benefits and the Statements of Changes in Accumulated Benefits.

NOTE 8 - CERTIFIED INFORMATION

The Company, as the issuer of the IPG Contract and the SA Contract, and The Bank of New York Mellon, as the custodian of the assets invested in the Real Estate Funds and CITs, 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, Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) and Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions 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)	
Investments in insurance company group annuity contracts:		
IPG Contract	\$ 1,662,755	\$ 1,702,264
Assets held in 401(h) account	38,921	37,320
SA Contract	918,278	1,019,939
Total investments in insurance company group annuity contracts	2,619,954	2,759,523
Real Estate Funds	159,425	171,621
CITs	143,663	271,300
Total certified investments	\$ 2,923,042	\$ 3,202,444

	Year Ended December 31,	
	2024	2023
	(in thousands)	
Interest income in IPG Contract	\$ 83,182	\$ 78,401
Net (depreciation)/appreciation in fair value of IPG Contract ⁽¹⁾	(44,317)	73,564
Net appreciation in fair value of SA Contract ⁽¹⁾	75,259	101,046
Net (depreciation) in fair value of Real Estate Funds ⁽¹⁾	(5,122)	(20,093)
Net appreciation in fair value of CITs ⁽¹⁾	24,713	26,325

⁽¹⁾ See Note 2 - Valuation of Investments and Income Recognition

NOTE 9 - RELATED PARTY TRANSACTIONS

The Plan currently invests in two group annuity contracts issued by the Company: the IPG Contract, including the 401(h) account, which was valued at \$1,701,676 thousand and \$1,739,584 thousand as of December 31, 2024 and 2023, respectively, and the SA Contract (relating to pooled separate accounts), which was valued at \$918,278 thousand and \$1,019,939 thousand as of December 31, 2024 and 2023, respectively. The IPG Contract provides for the payment of an annual administration charge to the Company, based on a percentage of assets maintained in the fixed account under the contract. The SA Contract provides for the payment of annual fees for the management and administration of each separate account. Under the SA Contract, the separate accounts are, in whole or in part, managed by the Company and/or one of MacKay, Apogem or IndexIQ as of December 31, 2024, and/or one of MacKay, Apogem or IndexIQ as of December 31, 2023, and each receives fees for such services. Separate account unit values are reduced by any fees attributable to such separate account, except that any fees for the private equity and hedge fund separate Accounts are paid separately. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules under ERISA and the Code.

NOTE 10 - FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's assets and liabilities recorded at fair value, except certain assets for which the NAV per share is used as a practical expedient, 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 the Company's understanding of the market, and are generally considered Level 3. To the extent the internally developed valuations use significant unobservable inputs, they are classified as Level 3.

Determination of Fair Value

The IPG Contract is reported at fair value by applying an FVA adjustment. As described in Note 2 - Summary of Significant Accounting Policies, the FVA is the difference between the estimated cost of purchasing annuities in the open market upon termination of the contract, referred to as the Market Annuity Cost ("MAC"), and the cost of purchasing annuities using the discontinuance provisions of the contract, referred to as the Contract Annuity Cost ("CAC").

Mortality and interest rate assumptions are significant inputs in the fair value calculation and are derived from market data, contractual provisions and management's judgement. Therefore, the fair value of the IPG Contract is classified as Level 3.

The following table presents the fair value of the IPG Contract as well as significant quantitative inputs used to derive its fair value at December 31, 2024 and 2023 (\$ in thousands):

Asset	Fair Value at December 31, 2024	Fair Value at December 31, 2023	Valuation Technique	Unobservable Input	Input
IPG Contract	\$ 1,662,755	1,702,264	Discounted Cash Flows	Discount Rate	Ranges between 3% - 5% for 2024 and 2023
				Mortality Assumption (MAC)	Same as the mortality tables used to determine the actuarial present value of accumulated benefits as described in Note 2 - Summary of Significant Accounting Policies
				Mortality Assumption (CAC)	1983 Group annuity table (Basic) for males (unloaded) with static projection to the measurement date by Scale G and with ages set back 6 years for

The IPG Contract had purchases of \$206,029 thousand and \$347,809 thousand in the years ended December 31, 2024 and December 31, 2023, respectively. There were no transfers into or out of Level 3 for years ended December 31, 2024 and 2023.

The Plan's investments in U.S. Treasury STRIPS are priced utilizing observable inputs from comparable securities that are actively traded and are classified as Level 2.

The Plan's investments in the SA Contract, Real Estate Funds and CITs are measured using NAV as a practical expedient and are not required to be leveled. The following table presents the Plan assets measured using NAV as a practical expedient as of December 31, 2024 and 2023:

	December 31,	
	2024	2023
	(in thousands)	
Investment in SA Contract	\$ 918,278	\$ 1,019,939
Investment in Real Estate Funds	159,425	171,621
CITs	143,663	271,300
Total assets accounted for using NAV as practical expedient	\$ 1,221,366	\$ 1,462,860

The following tables provide additional information for investments that measured using NAV as a practical expedient for the years ended December 31, 2024 and 2023 (\$ in thousands):

	2024			
	NAV	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
SA Contract:				
High yield bond account	\$ 166,047	\$ —	daily, pending market conditions	N/A
Absolute return hedge fund account	439	—	N/A	30-90 days (Assets subject to lock-up periods)
Municipals bond account	76,244	—	daily, pending market conditions	N/A
Long/short equity hedge fund account	11,910	—	annual, semi-annual, quarterly, monthly, daily	30-90 days or less (Assets subject to lock-up periods)
Private equity accounts	535,854	99,798	N/A	N/A
Equity accounts	127,784	—	daily, pending market conditions	N/A
Real Estate Funds	159,425	—	quarterly	45-90 days (Assets subject to lock-up periods)
CITs	143,663	—	daily	5-15 days
Total	\$ 1,221,366	\$ 99,798		

2023				
	NAV	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
SA Contract:				
High yield bond accounts	\$ 154,752	\$ —	daily, pending market conditions	N/A
Absolute return hedge fund account	855	—	N/A	30-90 days (Assets subject to lock-up periods)
Municipals bond account	75,924	—	daily, pending market conditions	N/A
Long/short equity hedge fund account	31,085	—	annual, semi-annual, quarterly, monthly, daily	30-90 days or less (Assets subject to lock-up periods)
Private equity accounts	598,911	100,948	N/A	N/A
Equity accounts	158,412	—	daily, pending market conditions	N/A
Real Estate Funds	171,621	—	quarterly	45-90 days (Assets subject to lock-up periods)
CITs	\$ 271,300	—	daily	5-15 days
Total	<u>\$ 1,462,860</u>	<u>\$ 100,948</u>		

NOTE 11 - SUBSEQUENT EVENTS

At October 3 2025, the date these financial statements were available for issuance, there have been no subsequent events for recognition or disclosure that would have a material effect on these financial statements.

NYLIC RETIREMENT 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	(d) Cost	(e) Current Value
* New York Life Insurance Company IPG Contract	General account group annuity contract GA-31244	\$ 2,017,163,010	\$ 1,662,754,520
* New York Life Insurance Company IPG Contract	General account group annuity contract GA-31244, net assets held in a 401(h) account	38,921,045	38,921,045
* New York Life Insurance Company Indexed Equity Account	Pooled separate account	60,683,471	127,784,043
* New York Life Insurance Company Private Equity Accounts	Pooled separate accounts	161,081,311	535,853,654
* New York Life Insurance Company Absolute Return Hedge Fund Account	Pooled separate account	342,379	437,857
* New York Life Insurance Company Long/Short Hedge Fund Account	Pooled separate account	5,661,039	11,911,298
* New York Life Insurance Company Municipal Bond Account	Pooled separate account	65,920,554	76,244,522
* New York Life Insurance Company High Yield Bond Account	Pooled separate account	118,864,166	166,047,690
Total pooled separate accounts		412,552,920	918,279,064
Morgan Stanley Prime Property Fund, LLC**	Real estate fund	57,748,571	77,070,584
Invesco Core Real Estate – U.S.A., L.P.**	Real estate fund	53,768,181	49,294,791
JPMCB Strategic Property Fund**	Real estate fund	30,658,492	33,059,146
Total real estate funds		142,175,244	159,424,521
FIAM Small Capitalization Core Commingled Pool**	CIT	45,292,481	48,703,404
GQG Partners International Equity CIT**	CIT	39,702,980	46,430,167
Capital Group EUPAC Trust**	CIT	43,213,598	48,529,456
Total CITs		128,209,059	143,663,027

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2045	4,432,350	4,181,777
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2045	2,489,280	2,265,000
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2045	2,142,900	1,864,648
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2045	2,060,444	1,841,992
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2045	3,360,160	2,912,500
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2046	4,831,720	4,300,781
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2046	3,282,960	2,828,438
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2046	1,314,810	1,194,785
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2046	2,322,720	2,095,781
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2046	3,209,920	2,760,625
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2046	1,291,500	1,167,441
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2047	705,920	681,406
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2047	4,208,910	3,699,180
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2047	1,263,640	1,140,918
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2047	5,829,000	4,979,297
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2047	6,731,020	5,907,656
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2047	1,232,805	1,114,258
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2048	335,120	323,672
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2048	4,389,770	3,835,313
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2048	1,033,080	929,766
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2048	8,213,700	6,950,625
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2048	2,500,190	2,147,578
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2048	7,576,470	6,556,758
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2048	1,012,620	909,492
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2049	8,426,050	7,100,352
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2049	9,606,100	8,243,438
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2049	830,600	739,355
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2049	3,414,800	3,019,922
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2049	4,665,150	4,483,594
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2050	4,771,140	4,142,578
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2050	2,377,130	2,005,391
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2050	7,266,120	6,126,828
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2050	2,335,110	1,985,703
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2050	4,972,050	4,354,688
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2050	10,794,830	9,182,500
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2050	628,360	555,078
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2051	9,984,120	8,237,813
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2051	2,298,730	1,922,266
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2051	7,658,650	7,054,688
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2051	622,460	544,219
	U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2051	10,149,000	8,349,609

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2051	951,930	808,125
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2051	9,121,500	8,266,406
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2051	462,990	401,133
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2052	10,013,700	8,205,469
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2052	1,929,600	1,597,266
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2052	7,031,023	5,982,109
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2052	6,608,400	5,390,625
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2052	4,098,250	3,520,664
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2052	305,099	261,875
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2053	7,348,100	6,123,750
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2053	1,508,540	1,435,801
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2053	10,640,340	8,724,375
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2053	1,655,520	1,559,766
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2053	2,171,025	1,978,125
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2053	1,432,305	1,356,387
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2053	4,707,680	3,959,766
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2053	153,155	128,379
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2054	5,642,020	4,695,469
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2054	3,611,786	3,423,549
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2054	2,110,475	1,820,273
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2054	303,420	253,788
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2054	3,329,056	3,031,124
Total U.S. Treasury STRIPS		251,707,323	217,561,933
Bank of New York	Interest bearing cash	112,472	112,472
Total assets held at end of year		\$ 2,990,841,073	\$ 3,140,716,582

* Party-in-interest. The investments in the IPG Contract and the SA Contract have been certified as to their completeness and accuracy by the Company.

** The Real Estate Funds and CITs have been certified as to their completeness and accuracy by Bank of New York Mellon, as custodian.

NYLIC RETIREMENT PLAN
SCHEDULE H (Form 5500), Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions in the same security that aggregate in more than 5% of the current value of the Plan assets at the beginning of the year:						
New York Life Insurance Company IPG Contract	General account group annuity contract GA-31244		\$ 123,650,725	\$ 123,650,725	\$ 123,650,725	\$ —
New York Life Insurance Company IPG Contract	General account group annuity contract GA-31244	\$ 206,029,377		\$ 206,029,377	\$ 206,029,377	

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

NYLIC RETIREMENT 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	(d) Cost	(e) Current Value
* New York Life Insurance Company IPG Contract	General account group annuity contract GA-31244	\$ 2,017,163,010	\$ 1,662,754,520
* New York Life Insurance Company IPG Contract	General account group annuity contract GA-31244, net assets held in a 401(h) account	38,921,045	38,921,045
* New York Life Insurance Company Indexed Equity Account	Pooled separate account	60,683,471	127,784,043
* New York Life Insurance Company Private Equity Accounts	Pooled separate accounts	161,081,311	535,853,654
* New York Life Insurance Company Absolute Return Hedge Fund Account	Pooled separate account	342,379	437,857
* New York Life Insurance Company Long/Short Hedge Fund Account	Pooled separate account	5,661,039	11,911,298
* New York Life Insurance Company Municipal Bond Account	Pooled separate account	65,920,554	76,244,522
* New York Life Insurance Company High Yield Bond Account	Pooled separate account	118,864,166	166,047,690
Total pooled separate accounts		412,552,920	918,279,064
Morgan Stanley Prime Property Fund, LLC**	Real estate fund	57,748,571	77,070,584
Invesco Core Real Estate – U.S.A., L.P.**	Real estate fund	53,768,181	49,294,791
JPMCB Strategic Property Fund**	Real estate fund	30,658,492	33,059,146
Total real estate funds		142,175,244	159,424,521
FIAM Small Capitalization Core Commingled Pool**	CIT	45,292,481	48,703,404
GQG Partners International Equity CIT**	CIT	39,702,980	46,430,167
Capital Group EUPAC Trust**	CIT	43,213,598	48,529,456
Total CITs		128,209,059	143,663,027

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2045	4,432,350	4,181,777
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2045	2,489,280	2,265,000
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2045	2,142,900	1,864,648
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2045	2,060,444	1,841,992
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2045	3,360,160	2,912,500
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2046	4,831,720	4,300,781
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2046	3,282,960	2,828,438
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2046	1,314,810	1,194,785
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2046	2,322,720	2,095,781
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2046	3,209,920	2,760,625
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2046	1,291,500	1,167,441
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2047	705,920	681,406
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2047	4,208,910	3,699,180
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2047	1,263,640	1,140,918
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2047	5,829,000	4,979,297
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2047	6,731,020	5,907,656
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2047	1,232,805	1,114,258
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2048	335,120	323,672
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2048	4,389,770	3,835,313
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2048	1,033,080	929,766
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2048	8,213,700	6,950,625
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2048	2,500,190	2,147,578
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2048	7,576,470	6,556,758
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2048	1,012,620	909,492
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2049	8,426,050	7,100,352
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2049	9,606,100	8,243,438
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2049	830,600	739,355
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2049	3,414,800	3,019,922
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2049	4,665,150	4,483,594
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2050	4,771,140	4,142,578
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2050	2,377,130	2,005,391
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2050	7,266,120	6,126,828
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2050	2,335,110	1,985,703
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2050	4,972,050	4,354,688
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2050	10,794,830	9,182,500
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2050	628,360	555,078
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2051	9,984,120	8,237,813
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2051	2,298,730	1,922,266
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2051	7,658,650	7,054,688
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2051	622,460	544,219
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2051	10,149,000	8,349,609

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2051	951,930	808,125
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2051	9,121,500	8,266,406
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2051	462,990	401,133
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2052	10,013,700	8,205,469
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2052	1,929,600	1,597,266
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2052	7,031,023	5,982,109
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2052	6,608,400	5,390,625
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2052	4,098,250	3,520,664
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2052	305,099	261,875
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2053	7,348,100	6,123,750
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2053	1,508,540	1,435,801
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2053	10,640,340	8,724,375
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2053	1,655,520	1,559,766
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2053	2,171,025	1,978,125
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2053	1,432,305	1,356,387
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2053	4,707,680	3,959,766
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 11/15/2053	153,155	128,379
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2054	5,642,020	4,695,469
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 02/15/2054	3,611,786	3,423,549
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2054	2,110,475	1,820,273
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 05/15/2054	303,420	253,788
U.S. Treasury STRIPS	Federal bond, 0.00%, mature 08/15/2054	3,329,056	3,031,124
Total U.S. Treasury STRIPS		251,707,323	217,561,933
Bank of New York	Interest bearing cash	112,472	112,472
Total assets held at end of year		\$ 2,990,841,073	\$ 3,140,716,582

* Party-in-interest. The investments in the IPG Contract and the SA Contract have been certified as to their completeness and accuracy by the Company.

** The Real Estate Funds and CITs have been certified as to their completeness and accuracy by Bank of New York Mellon, as custodian.

NYLIC RETIREMENT PLAN
SCHEDULE H (Form 5500), Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions in the same security that aggregate in more than 5% of the current value of the Plan assets at the beginning of the year:						
New York Life Insurance Company IPG Contract	General account group annuity contract GA-31244		\$ 123,650,725	\$ 123,650,725	\$ 123,650,725	\$ —
New York Life Insurance Company IPG Contract	General account group annuity contract GA-31244	\$ 206,029,377		\$ 206,029,377	\$ 206,029,377	

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan NYLIC RETIREMENT PLAN	B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEW YORK LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 13-5582869
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	3,165,326,904	
b	Actuarial value	2b	3,345,090,027	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	8,402	1,148,958,609	1,148,958,609
b	For terminated vested participants	4,012	132,796,211	132,796,211
c	For active participants	12,292	1,202,009,048	1,213,605,857
d	Total	24,706	2,483,763,868	2,495,360,677
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.15%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	61,739,869	
b	Expected plan-related expenses	6b	3,190,000	
c	Target normal cost	6c	64,929,869	

Statement by Enrolled Actuary

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

SIGN HERE BRUCE R. MENZEL Signature of actuary	BRUCE R. MENZEL Type or print name of actuary	AON CONSULTING, INC. Firm name	MSC #17704 PO BOX 551343 ATLANTA GA 30355 Address of the firm	7/28/2025 Date	2305790 Most recent enrollment number	952-886-8000 Telephone number (including area code)
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Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	958,910,700
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	64,696,664
9	Amount remaining (line 7 minus line 8)	0	894,214,036
10	Interest on line 9 using prior year's actual return of <u>8.53</u> %	0	76,276,457
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	970,490,493

Part III		Funding Percentages	
14	Funding target attainment percentage	14	95.16 %
15	Adjusted funding target attainment percentage	15	134.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No			
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.87 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	64,929,869
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	120,761,143	11,149,253
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 76,079,122
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
			Total balance
		76,079,122	76,079,122
36	Additional cash requirement (line 34 minus line 35).....		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

Schedule SB Attachment (Form 5500)—2024 Plan Year

The Nylic Retirement Plan

EIN: 13-5582869 PN: 005

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

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

Agents Hired After 1990

(d)				(d)			
(a)	(b)	(c)	Product	(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)	Age	Rate	Weight	(a) × (b) × (c)
45.5	3%	1.0000	1.37	63.5	6%	0.5146	1.96
46.5	3%	0.9700	1.35	64.5	12%	0.4837	3.74
47.5	3%	0.9409	1.34	65.5	24%	0.4257	6.69
48.5	3%	0.9127	1.33	66.5	20%	0.3235	4.30
49.5	3%	0.8853	1.31	67.5	17%	0.2588	2.97
50.5	3%	0.8587	1.30	68.5	17%	0.2148	2.50
51.5	3%	0.8330	1.29	69.5	17%	0.1783	2.11
52.5	3%	0.8080	1.27	70.5	17%	0.1480	1.77
53.5	3%	0.7837	1.26	71.5	15%	0.1228	1.32
54.5	3%	0.7602	1.24	72.5	7%	0.1044	0.53
55.5	3%	0.7374	1.23	73.5	7%	0.0971	0.50
56.5	3%	0.7153	1.21	74.5	7%	0.0903	0.47
57.5	2%	0.6938	0.80	75.5	7%	0.0840	0.44
58.5	3%	0.6800	1.19	76.5	7%	0.0781	0.42
59.5	3%	0.6596	1.18	77.5	7%	0.0726	0.39
60.5	7%	0.6398	2.71	78.5	7%	0.0675	0.37
61.5	7%	0.5950	2.56	79.5	7%	0.0628	0.35
62.5	7%	0.5533	2.42	80	100%	0.0584	4.67
Weighted Average							61.86

Agents Hired Before 1991

(d)					(d)				
(a)	(b)	(c)	Product	(a)	(b)	(c)	Product	(a)	(b)
Service	Age	Rate	Weight	Service	Age	Rate	Weight	Service	Age
20	52.5	8%	1.000	34	66.5	5%	0.5121	35	67.5
21	53.5	4%	0.920	35	67.5	10%	0.4865	36	68.5
22	54.5	3%	0.883	36	68.5	7%	0.4378	37	69.5
23	55.5	5%	0.857	37	69.5	7%	0.4072	38	70.5
24	56.5	4%	0.814	38	70.5	7%	0.3787	39	71.5
25	57.5	5%	0.781	39	71.5	7%	0.3522	40	72.5
26	58.5	5%	0.742	40	72.5	16%	0.3275	41	73.5
27	59.5	2%	0.705	41	73.5	7%	0.2751	42	74.5
28	60.5	2%	0.691	42	74.5	7%	0.2559	43	75.5
29	61.5	1%	0.677	43	75.5	7%	0.2379	44	76.5
30	62.5	9%	0.670	44	76.5	5%	0.2213	45	77.5
31	63.5	7%	0.610	45	77.5	14%	0.2102	46	78.5
32	64.5	5%	0.567	46	78.5	5%	0.1808	47	79.5
33	65.5	5%	0.539	47	79.5	5%	0.1718	48	80
Weighted Average							66.50		

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Category of Agent	Number as of January 1, 2024	Weighted Average Retirement Age
Post-1990	10,413	61.86
Pre-1991	801	66.50
Combined	11,214	62.19

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

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

Interest Rates for Minimum Funding Purposes Based on segment rates with a four-month lookback (as of September 2022), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA

1st Segment Rate 4.75%.
2nd Segment Rate 4.87%.
3rd Segment Rate 5.59%.

Pensionable Earnings Increase Rates Rates vary by contract year as follows:

Service	Rate	Service	Rate
<1	16.00%	11–20	4.00%
2–3	13.00%	21–25	5.00%
4	9.00%	26–35	3.00%
5–10	7.00%	36+	0.00%

Retirement Age for Active Participants

Pre-1991 Agents See Table 1.

Post-1990 Agents See Table 2.

Qualified Plan Commencement Age for Vested Terminees 20% are assumed to commence at age 55, 80% are assumed to commence at age 65.

Mortality Rates

Healthy RP-2006 Combined Healthy Generational mortality table for annuitants and non-annuitants, with MP-2021 mortality improvement scale, per Section 1.430(h)(3)-1(a)(3).

Disabled Revenue Ruling 96-7 mortality table for disability after December 31, 1994.

Withdrawal Rates

Rates vary by service until age 65. Rates apply to Agents under age 65 with less than 20 years of service. Agents age 65 and later with less than five years of service are assumed to terminate at the same rate as a retirement eligible agent of the same age. See Table 3.

Disability Rates

See Table 4.

Schedule SB Attachment (Form 5500)—2024 Plan Year

The Nylic Retirement Plan

EIN: 13-5582869 PN: 005

Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Annuity Option	70% of married male agents and 45% of married female agents are assumed to choose a 75% Joint and Survivor Annuity. 100% of single agents choose a Single Life Annuity.
Surviving Spouse Benefit	It is assumed that 85% of males and 60% of females have an eligible spouse, and that males are 3 years older than their spouses.
Valuation Compensation	Determined by applying the Pensionable Earnings Increase Rates to a three-year average of Pensionable Earnings.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2021 Plan Year	5.75% (before limited by 3 rd segment rate of 5.92%).
2022 Plan Year	6.50% (before limited by 3 rd segment rate of 5.74%).
2023 Plan Year	6.75% (before limited by 3 rd segment rate of 5.59%).
Trust Expenses Included in Target Normal Cost	\$3,190,000; Expenses are assumed to be equal to the average of the prior two years' actual administrative expenses paid from the trust (without PBGC premiums), plus the expected PBGC premiums paid for the current year, rounded to the nearest \$10,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Assumptions Specific to the Valuation of the BOBW Formula Benefits

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

Production Increase Rates

Lines of Business Other Than Target Life

Rates vary by Nylic Year. See Table 5.

Target Life

Rates vary by Nylic Year. See Table 6.

Persistency of Nylic Count Insurance

Based on the average persistency of each Agent's production in the last 10 Nylic Years relative to the Linton A Policy Lapse rates. The Linton A Policy Lapse Rate for Policy Year 1 is ignored as Nylic Count Insurance by definition does not lapse during the first policy year.

The Linton A Policy Lapse rates are as follows:

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

Persistency of Target Life Nylic Count Insurance

Based on the average persistency of each Agent's production in the last 10 Nylic Years relative to the Baseline Target Life Persistency Rates. The Baseline Target Life Persistency Rate for the Nylic Year of Sale is ignored as Target Life by definition does not lapse during the first year.

The Baseline Target Life Persistency Rates are as follows:

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Benefits Valued

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Actuarial Assumptions and Methods

Table 1

Probability of Retirement—Pre-1991 Agents

Nylic Service	Rate	Nylic Service	Rate	Nylic Service	Rate
<21	8.0%	29	1.0%	38	7.0%
21	4.0%	30	9.0%	39	7.0%
22	3.0%	31	7.0%	40	16.0%
23	5.0%	32	5.0%	41	7.0%
24	4.0%	33	5.0%	42	7.0%
25	5.0%	34	5.0%	43	7.0%
26	5.0%	35	10.0%	44	5.0%
27	2.0%	36	7.0%	45	14.0%
28	2.0%	37	7.0%	46+	5.0%

For all Nylic Years after 45 but before age 80, the assumed retirement rate is 5%. 100% of Agents remaining at age 80 are assumed to retire.

Table 2

Probability of Retirement—Post-1990 Agents

Age	Rate	Age	Rate
<45	0.0%	64	12.0%
45–56	3.0%	65	24.0%
57	2.0%	66	20.0%
58	3.0%	67–70	17.0%
59	3.0%	71	15.0%
60–62	7.0%	72–79	7.0%
63	6.0%	80	100.0%

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Table 3

Probability of Withdrawal

Service	Rate	Service	Rate
0	51.0%	10	6.0%
1	41.0%	11	6.0%
2	27.0%	12	5.0%
3	22.0%	13	5.0%
4	20.0%	14	4.0%
5	15.0%	15	4.0%
6	13.0%	16	4.0%
7	10.0%	17	3.0%
8	8.0%	18	3.0%
9	7.0%	19	3.0%

Rates apply to Agents under age 65 with less than 20 years of service. Agents over age 65 with less than five years of service are assumed to terminate at the same rate as a retirement eligible agent of the same age.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Table 4

**Disability Rates—10% of the 1987 Commissioners Group Disability Table
With a Waiting Period of Six Months**

Age	Male	Female	Age	Male	Female
15	0.0078%	0.0098%	45	0.0280%	0.0387%
16	0.0078%	0.0098%	46	0.0315%	0.0423%
17	0.0078%	0.0098%	47	0.0356%	0.0463%
18	0.0078%	0.0098%	48	0.0403%	0.0508%
19	0.0078%	0.0098%	49	0.0455%	0.0557%
20	0.0078%	0.0098%	50	0.0515%	0.0610%
21	0.0079%	0.0099%	51	0.0583%	0.0666%
22	0.0080%	0.0100%	52	0.0662%	0.0728%
23	0.0081%	0.0101%	53	0.0754%	0.0794%
24	0.0083%	0.0103%	54	0.0858%	0.0866%
25	0.0085%	0.0107%	55	0.0969%	0.0940%
26	0.0087%	0.0111%	56	0.1081%	0.1009%
27	0.0089%	0.0116%	57	0.1187%	0.1068%
28	0.0091%	0.0122%	58	0.1287%	0.1118%
29	0.0094%	0.0128%	59	0.1386%	0.1161%
30	0.0097%	0.0136%	60	0.1482%	0.1198%
31	0.0101%	0.0145%	61	0.1577%	0.1229%
32	0.0105%	0.0155%	62	0.1671%	0.1253%
33	0.0110%	0.0169%	63	0.1764%	0.1271%
34	0.0115%	0.0184%	64	0.1856%	0.1284%
35	0.0121%	0.0200%	65+	0.0000%	0.0000%
36	0.0129%	0.0216%			
37	0.0137%	0.0232%			
38	0.0146%	0.0245%			
39	0.0156%	0.0257%			
40	0.0169%	0.0270%			
41	0.0184%	0.0286%			
42	0.0202%	0.0305%			
43	0.0224%	0.0328%			
44	0.0249%	0.0356%			

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Table 5

Production Increases for Nylic-Eligibles—Lines of Business Other Than Target Life

Nylic Service	Rate
1–5	-2.00%
6–15	-2.00%
16–30	-2.00%
31–40	-2.00%
41+	-2.00%

Table 6

Production Increases for Nylic-Eligibles—Target Life Line of Business

Nylic Service	Rate
1–25	-0.00%
26–30	-5.00%
31–35	-8.00%
36–40	-12.00%
41+	-20.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1982. Restated effective December 10, 2014. There have been no amendments since the restatement.
Eligible Agent	An Agent with respect to whom a contract or agreement is in effect that the Company determines makes an Agent eligible for benefits under the Plan.
Eligibility for Participation	An Eligible Agent becomes a Participant on the effective date of his Agent Contract. The following are not eligible to participate: ▪ Agents who elected not to be Participants when the Plan was introduced in 1982; ▪ Agents who are not Eligible Agents; ▪ Canadian residents; ▪ Common law Employees other than Training Allowance Subsidy Agents; and ▪ Nonresident aliens with no U.S. source income.
Eligibility for Best of Both Worlds' ("BOBW") Formula	Any Participating Agent who was operating under a Nylic Contract or receiving Nylic Income on December 31, 1990 who is a resident of the United States and who began his Nylic Contract at least five years prior to his Normal Retirement Date.

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

Normal Retirement

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

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Late Retirement

Eligibility

Retirement after Normal Retirement Date.

Benefit

Accrued Benefit based on Pensionable Earnings as of the actual date of retirement.

Disability Retirement

Eligibility

Ten years of Vesting Service and totally and permanently disabled such that the participant is thereby prevented from engaging in any occupation or business for remuneration or profit for which the participant may be reasonably fitted by education, training or experience.

Benefit

Same as Early Retirement Benefit payable as a 75% Joint & Survivor Annuity for married participants and as a Life Annuity for unmarried participants.

Vested Termination Benefit

Eligibility

Five years of Vesting Service.

Benefit

Accrued Benefit payable at Normal Retirement Age or payable when the Participant would have had 20 years of Vesting Service had he continued as an active Participant. The Accrued Benefit is reduced for commencement before Normal Retirement Age the same as for the Early Retirement Benefit.

Preretirement Surviving Spouse Benefit

Eligibility

All Vested Participants married at least six months.

Benefit

Benefit as if Participant terminated on his date of death, survived to the benefit commencement date elected by the surviving spouse, commenced a 75% Joint & Survivor Annuity, and then died. The spouse can commence her benefit on the earlier of the date the participant would have attained 20 Years of Vesting Service (immediately if the Participant had 20 Years of Vesting Service at death) and the Participant's Normal Retirement Date.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

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

Normal Retirement

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

Benefit Accrued Benefit.

Early Retirement

Eligibility for Benefit 1 Twenty years of Vesting Service.

Benefit 1 Accrued Benefit as of early retirement date reduced for early retirement.

For the CAVG Portion:

The reduction is 6% for each of the first five years prior to Normal Retirement Date; 4% for each of the next five years; 2% for each of the next five years; and 1% for each year thereafter.

The reduction does not apply to the Frozen Accrued Benefit of Participants who had 20 Nylic Years on December 31, 1990.

For the BOBW Portion:

The reduction is 6% for each of the first five years prior to Old Plan Normal Retirement Date; 4% for each of the next five years; 2% for each of the next five years; and 1% for each year thereafter.

Eligibility for Benefit 2 Twenty Nylic Years.

Benefit 2 The greatest of:

- (1) The BOBW Formula Amount;
- (2) The benefit determined under Early Retirement Benefit 1 above; and
- (3) The benefit calculated using the Accrued Benefit BOBW Portion formula determined as of December 31, 1990. If an Agent had completed 20 Nylic Years as of December 31, 1990, the calculated benefit is reduced for commencement before the Old Plan Normal Retirement Date at the same rate as for the Early Retirement Benefit.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Late Retirement

Eligibility

Retirement after Normal Retirement Date.

Benefit

The greater of:

- The BOBW Formula Amount at the date of actual retirement; and
- The Accrued Benefit at the actual date of retirement.

Disability Retirement

Eligibility for Benefit 1

Ten years of Vesting Service and totally and permanently disabled such that the participant is thereby prevented from engaging in any occupation or business for remuneration or profit for which the participant may be reasonably fitted by education, training or experience.

Benefit 1

Same as Early Retirement Benefit 1, payable as a 75% Joint and Survivor Annuity for married participants and as a Life Annuity for unmarried participants.

Eligibility for Benefit 2

Twenty Nylic Years.

Benefit 2

The greater of:

- The BOBW Formula Amount; and
- The benefit determined under Disability Retirement Benefit 1 above.

If the BOBW Formula Amount wins, there can be up to two quinquennial increases in retirement income after retirement, based on NCI sold before retirement.

Benefit is payable as a 75% Joint and Survivor Annuity for married participants and as a Life Annuity for unmarried participants.

Vested Termination Benefit

Eligibility

Five years of Vesting Service.

Vested Termination Benefit

Benefit

Accrued Benefit payable at Normal Retirement Age or payable when the Participant would have had 20 years of Vesting Service had he continued as an active Participant.

The CAVG Portion of the Accrued Benefit is reduced for commencement before Normal Retirement Age at the same rate as for the Early Retirement Benefit.

The BOBW Portion of the Accrued Benefit is reduced for commencement before the Old Plan Normal Retirement Date at the same rate as for the Early Retirement Benefit.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Preretirement Surviving Spouse Benefit

Eligibility All Vested Participants married at least six months.

Benefit Benefit as if Participant terminated on his date of death, survived to the benefit commencement date elected by the surviving spouse, commenced a 75% Joint and Survivor Annuity, and then died. The spouse can commence her benefit on the earlier of the date the participant would have attained 20 Years of Vesting Service (immediately if the Participant had 20 Years of Vesting Service at death) and the Participant's Normal Retirement Date.

Benefit Payment Forms

Automatic Forms Single: Life Annuity.

Married: 75% Joint and Survivor Annuity.

Optional Forms Life Annuity (for married participants).

50% Joint and Survivor Annuity (for married participants).

Employee Contributions

None.

Post-Termination COLA

Agents who retired prior to October 12, 2005 receive post-termination COLAs to the IRC section 415 limits.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Definitions

Accrued Benefit

The sum of (A) and (B), where (A) and (B) are as follows:

(A) Frozen Accrued Benefit; and

(B) $2.75\% \times \text{Pensionable Earnings after December 31, 1990}$.

For Agents eligible for the BOBW Formula, the accrued benefit is the greater of the benefit computed above (“CAVG Portion”) and the benefit computed by multiplying (a) times (b) where (a) and (b) are as follows (“BOBW Portion”):

- (a) The amount of the Participant’s Old Formula Normal Retirement Date benefit as computed under Appendix B of the Plan Document if (1) the participant had retired on his or her Normal Retirement Date, (2) the Participant had continued to be credited with periods of service for benefit accrual and (3) in each future Nylic Year he or she produced new Nylic Count Insurance, Target Life Count Insurance, or VLI Nylic Count Insurance at the same rate achieved during the immediately preceding 120 months, and experienced the same level of persistency as the Participant had achieved during all complete Nylic Years within such 120-month period.
- (b) A fraction, the numerator of which is the Participant’s period of service for benefit accrual and the denominator of which is the period of service for benefit accrual that the Participant would have completed if he or she had continued in the service of the Company as an Agent to his or her Old Plan Normal Retirement Date.

Frozen Accrued Benefit

The Frozen Accrued Benefit is the amount which the participant accrued as of December 31, 1990 for service, if any, on or prior to that date.

BOBW Formula Amount

Senior Nylic Formula Amount determined separately for each product line.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Definitions

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Definitions

Nylic Count Insurance (NCI)—Product Lines Other Than Universal Life Permanent insurance sold during a Nylic Year for which one year's premium is paid and which remains in force at the end of one year.

Universal Life Nylic Count Insurance (ULNCI) \$1,000 for each \$18 of first year Universal Life premium paid for policies which remain in force at the end of one year.

Renewal Premiums All renewal premiums paid to, received by, and recorded prior to the end of the specified Nylic Year, on policies in force at the end of that Nylic Year.

Universal Life Persisting Insurance \$775 times the sum of all Universal Life Renewal Premiums divided by the number of months the policy has been in effect.

Senior Nylic Formula Amount—Product Lines Other Than Universal Life For Agents with a QN6 type of contract (generally Agents who began operating under a Nylic Contract on or after March 1, 1964), the Senior Nylic Formula Amount is determined as follows:

Monthly income based on NCI obtained in first 20 Nylic Years

$$= [\$1.10 \times 1/3 (A+B+C)] \div \$1,000$$

A = 1/15 of NCI obtained in Nylic Years 1-15 persisting to end of the 4th Nylic Year following the year obtained.

B = 1/15 of NCI obtained in Nylic Years 1-15 persisting to end of the 9th Nylic Year following the year obtained (or at the end of the 20th Nylic Year, if sooner).

C = 1/5 of NCI obtained in Nylic Years 16-20 multiplied by a persisting ratio equal to the proportion of NCI obtained in Nylic Years 11 to 19 persisting to the end of the 20th Nylic Year.

Schedule SB Attachment (Form 5500)—2024 Plan Year

The Nylic Retirement Plan

EIN: 13-5582869 PN: 005

Definitions

Senior Nylic Formula Amount—
Product Lines Other Than
Universal Life

Monthly income based on each subsequent completed
quinquennial period

$$= \text{Monthly Income Rate} \times [\text{Income Base}] \div \$1,000$$

Where the Monthly Income Rate is \$.50, \$.60, \$.70, \$.75, \$.80, \$.85, and \$.90, for the quinquennial periods ending in the 25th, 30th, 35th, 40th, 45th, 50th, and 55th Nylic Years, respectively; and the Income Base is one-tenth of the NCI obtained in the last 10 Nylic Years multiplied by a persistency ratio equal to the proportion of NCI obtained during the first nine of those Nylic Years persisting to the end of the 10-year period.

For Agents with other types of contracts, the Formula Amount is generally based on different Nylic Years for NCI, different persistency factors, and different monthly income rates.

Senior Nylic Formula Amount—
Universal Life

For Agents with a QN6 type of contract (generally Agents who began operating under a Nylic Contract on or after March 1, 1964), the Senior Nylic Formula Amount is obtained as follows:

Monthly income based on NCI obtained in first 20 Nylic Years

$$= [\$1.10 \times 1/3 (A' + B' + C')] \div \$1,000$$

A' = 1/15 of ULNCI obtained in Nylic Years 1-15 that was Universal Life Persisting Insurance at the end of the 4th Nylic Year following the year obtained.

B' = 1/15 of ULNCI obtained in Nylic Years 1-15 that was Universal Life Persisting Insurance at the end of the 9th Nylic Year following the year obtained (or at the end of the 20th Nylic Year, if sooner).

C' = 1/5 of ULNCI obtained in Nylic Years 16-19 that was Universal Life Persisting Insurance at the end of the 20th Nylic Year.

Senior Nylic Formula Amount—
Universal Life

Monthly income based on each subsequent completed
quinquennial period

$$= \text{Monthly Income Rate} \times [\text{Universal Life Income Base}] \div \$1,000$$

The Monthly Income Rate is \$.50, \$.60, \$.70, \$.75, \$.80, and \$.85, for the quinquennial periods ending in the 25th, 30th, 35th, 40th, 45th, and 50th Nylic Years respectively; and the Universal Life Income Base is one-tenth of the ULNCI obtained in the last 10 Nylic Years multiplied by a persistency ratio equal to the proportion of ULNCI obtained during the first nine of those Nylic Years persisting to the end of the 10-year period.

Additional monthly income attributable to ULNCI may be obtained in each of the three Nylic Years following the completion of the 21st Nylic year and in each of the three Nylic Years following each quinquennial period thereafter¹.

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The legislated increase in section 401(a)(17) recognizable pay limit from \$330,000 for 2023 to \$345,000 for 2024.
- The legislated increase in the section 415 dollar limit for defined benefit plans from \$265,000 for 2023 to \$275,000 for 2024.

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

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.
- Lines 2a and 2b do not include section 401(h) assets of \$37,320,432 as of January 1, 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 36,384,660	January 1, 2023	14	\$ 3,472,653
Shortfall	\$ 84,376,483	January 1, 2024	15	\$ 7,676,600

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2024

Schedule SB, Line 26a—Schedule of Active Participant Data
As of January 1, 2024

New York Life Insurance Company
NYLIC Retirement Plan
Active Participants

EIN: 13-5582869 PN: 005

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	559 \$4,597	170 \$15,147								
25-29	582 \$4,776	402 \$17,194	56 \$42,397							
30-34	479 \$5,848	383 \$18,819	190 \$50,132	47 \$62,194						
35-39	398 \$7,689	429 \$21,663	225 \$49,100	176 \$86,652	42 \$96,465	1				
40-44	353 \$5,041	425 \$24,174	227 \$57,791	151 \$84,509	136 \$105,847	49 \$115,063				
45-49	298 \$4,842	336 \$21,359	223 \$59,105	144 \$80,684	96 \$111,280	127 \$75,075	11			
50-54	236 \$5,918	308 \$21,876	220 \$55,309	148 \$81,125	110 \$92,395	102 \$80,673	55 \$95,596	20 \$133,597	1	
55-59	151 \$6,458	274 \$19,460	205 \$54,407	124 \$69,577	82 \$74,466	82 \$81,150	62 \$77,193	63 \$113,921	31 \$134,933	
60-64	96 \$4,461	164 \$16,375	134 \$36,254	118 \$63,573	105 \$81,489	87 \$69,243	88 \$71,512	69 \$100,480	120 \$113,537	24 \$149,973
65-69	29 \$4,345	70 \$13,804	76 \$30,275	64 \$55,198	45 \$70,829	62 \$46,417	48 \$85,617	57 \$78,078	93 \$98,512	73 \$131,886
70+	22 \$49,262	39 \$13,573	26 \$33,023	23 \$48,589	20 \$41,558	45 \$39,428	28 \$64,191	84 \$45,288	99 \$41,930	217 \$60,226

N-11,214

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	38,428,121	1,950,745	120,469,482	160,848,348
2025	47,268,319	2,607,160	115,983,766	165,859,245
2026	55,063,611	3,237,510	111,465,947	169,767,068
2027	60,937,278	3,859,874	106,920,641	171,717,793
2028	66,245,264	4,522,349	102,349,876	173,117,489
2029	71,357,969	5,352,767	97,754,494	174,465,230
2030	75,538,722	5,961,584	93,135,466	174,635,772
2031	79,193,737	6,499,272	88,494,967	174,187,976
2032	81,941,983	6,902,114	83,837,103	172,681,200
2033	84,707,035	7,308,094	79,168,603	171,183,732
2034	86,911,253	7,932,469	74,499,138	169,342,860
2035	87,759,967	8,437,476	69,841,136	166,038,579
2036	88,305,477	8,981,596	65,209,552	162,496,625
2037	88,695,777	9,461,563	60,621,815	158,779,155
2038	88,257,287	9,848,136	56,097,380	154,202,803
2039	87,633,914	10,162,254	51,657,313	149,453,481
2040	86,513,949	10,438,304	47,323,884	144,276,137
2041	85,312,023	10,671,524	43,119,902	139,103,449
2042	83,876,701	10,974,235	39,067,910	133,918,846
2043	82,257,460	11,221,732	35,189,233	128,668,425
2044	80,368,967	11,496,520	31,503,319	123,368,806
2045	78,427,130	11,673,686	28,026,893	118,127,709
2046	76,292,046	11,790,530	24,773,567	112,856,143
2047	73,998,549	11,829,634	21,753,634	107,581,817
2048	71,580,078	11,848,379	18,973,658	102,402,115
2049	69,054,746	11,760,027	16,436,612	97,251,385
2050	66,424,354	11,644,371	14,141,757	92,210,482
2051	63,725,847	11,449,302	12,084,429	87,259,578
2052	60,858,079	11,199,170	10,256,576	82,313,825
2053	57,905,200	10,928,329	8,647,231	77,480,760
2054	54,891,388	10,571,408	7,243,050	72,705,846
2055	51,885,996	10,217,988	6,028,955	68,132,939
2056	48,900,258	9,816,144	4,988,572	63,704,974
2057	45,912,322	9,364,099	4,104,823	59,381,244
2058	42,983,657	8,899,697	3,360,542	55,243,896
2059	40,142,718	8,435,576	2,738,968	51,317,262
2060	37,401,150	7,961,603	2,224,069	47,586,822
2061	34,754,862	7,486,119	1,800,753	44,041,734
2062	32,223,568	7,013,310	1,455,125	40,692,003
2063	29,817,211	6,546,284	1,174,656	37,538,151
2064	27,519,128	6,089,466	948,267	34,556,861
2065	25,349,396	5,645,337	766,319	31,761,052
2066	23,300,479	5,214,988	620,511	29,135,978
2067	21,364,442	4,799,238	503,801	26,667,481

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	19,538,950	4,398,771	410,322	24,348,043
2069	17,819,347	4,014,193	335,247	22,168,787
2070	16,198,779	3,646,084	274,680	20,119,543
2071	14,673,131	3,295,035	225,508	18,193,674
2072	13,238,625	2,961,626	185,290	16,385,541
2073	11,891,966	2,646,476	152,143	14,690,585

Schedule SB Attachment (Form 5500)—2024 Plan Year

The Nylic Retirement Plan

EIN: 13-5582869 PN: 005

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

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

Agents Hired After 1990

(d)				(d)			
(a)	(b)	(c)	Product	(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)	Age	Rate	Weight	(a) × (b) × (c)
45.5	3%	1.0000	1.37	63.5	6%	0.5146	1.96
46.5	3%	0.9700	1.35	64.5	12%	0.4837	3.74
47.5	3%	0.9409	1.34	65.5	24%	0.4257	6.69
48.5	3%	0.9127	1.33	66.5	20%	0.3235	4.30
49.5	3%	0.8853	1.31	67.5	17%	0.2588	2.97
50.5	3%	0.8587	1.30	68.5	17%	0.2148	2.50
51.5	3%	0.8330	1.29	69.5	17%	0.1783	2.11
52.5	3%	0.8080	1.27	70.5	17%	0.1480	1.77
53.5	3%	0.7837	1.26	71.5	15%	0.1228	1.32
54.5	3%	0.7602	1.24	72.5	7%	0.1044	0.53
55.5	3%	0.7374	1.23	73.5	7%	0.0971	0.50
56.5	3%	0.7153	1.21	74.5	7%	0.0903	0.47
57.5	2%	0.6938	0.80	75.5	7%	0.0840	0.44
58.5	3%	0.6800	1.19	76.5	7%	0.0781	0.42
59.5	3%	0.6596	1.18	77.5	7%	0.0726	0.39
60.5	7%	0.6398	2.71	78.5	7%	0.0675	0.37
61.5	7%	0.5950	2.56	79.5	7%	0.0628	0.35
62.5	7%	0.5533	2.42	80	100%	0.0584	4.67
Weighted Average							61.86

Agents Hired Before 1991

(d)					(d)				
(a)	(b)	(c)	Product	(a)	(b)	(c)	Product	(a)	(b)
Service	Age	Rate	Weight	(a) × (b)	Service	Age	Rate	Weight	(a) × (b)
20	52.5	8%	1.000	4.2	34	66.5	5%	0.5121	1.7
21	53.5	4%	0.920	1.97	35	67.5	10%	0.4865	3.28
22	54.5	3%	0.883	1.44	36	68.5	7%	0.4378	2.1
23	55.5	5%	0.857	2.38	37	69.5	7%	0.4072	1.98
24	56.5	4%	0.814	1.84	38	70.5	7%	0.3787	1.87
25	57.5	5%	0.781	2.25	39	71.5	7%	0.3522	1.76
26	58.5	5%	0.742	2.17	40	72.5	16%	0.3275	3.8
27	59.5	2%	0.705	0.84	41	73.5	7%	0.2751	1.42
28	60.5	2%	0.691	0.84	42	74.5	7%	0.2559	1.33
29	61.5	1%	0.677	0.42	43	75.5	7%	0.2379	1.26
30	62.5	9%	0.670	3.77	44	76.5	5%	0.2213	0.85
31	63.5	7%	0.610	2.71	45	77.5	14%	0.2102	2.28
32	64.5	5%	0.567	1.83	46	78.5	5%	0.1808	0.71
33	65.5	5%	0.539	1.77	47	79.5	5%	0.1718	0.68
					48	80	100%	0.1632	13.05
Weighted Average									66.50

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Category of Agent	Number as of January 1, 2024	Weighted Average Retirement Age
Post-1990	10,413	61.86
Pre-1991	801	66.50
Combined	11,214	62.19

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2024

Schedule SB, Line 26a—Schedule of Active Participant Data
As of January 1, 2024

New York Life Insurance Company
NYLIC Retirement Plan
Active Participants

EIN: 13-5582869 PN: 005

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	559 \$4,597	170 \$15,147								
25-29	582 \$4,776	402 \$17,194	56 \$42,397							
30-34	479 \$5,848	383 \$18,819	190 \$50,132	47 \$62,194						
35-39	398 \$7,689	429 \$21,663	225 \$49,100	176 \$86,652	42 \$96,465	1				
40-44	353 \$5,041	425 \$24,174	227 \$57,791	151 \$84,509	136 \$105,847	49 \$115,063				
45-49	298 \$4,842	336 \$21,359	223 \$59,105	144 \$80,684	96 \$111,280	127 \$75,075	11			
50-54	236 \$5,918	308 \$21,876	220 \$55,309	148 \$81,125	110 \$92,395	102 \$80,673	55 \$95,596	20 \$133,597	1	
55-59	151 \$6,458	274 \$19,460	205 \$54,407	124 \$69,577	82 \$74,466	82 \$81,150	62 \$77,193	63 \$113,921	31 \$134,933	
60-64	96 \$4,461	164 \$16,375	134 \$36,254	118 \$63,573	105 \$81,489	87 \$69,243	88 \$71,512	69 \$100,480	120 \$113,537	24 \$149,973
65-69	29 \$4,345	70 \$13,804	76 \$30,275	64 \$55,198	45 \$70,829	62 \$46,417	48 \$85,617	57 \$78,078	93 \$98,512	73 \$131,886
70+	22 \$49,262	39 \$13,573	26 \$33,023	23 \$48,589	20 \$41,558	45 \$39,428	28 \$64,191	84 \$45,288	99 \$41,930	217 \$60,226

N-11,214

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	38,428,121	1,950,745	120,469,482	160,848,348
2025	47,268,319	2,607,160	115,983,766	165,859,245
2026	55,063,611	3,237,510	111,465,947	169,767,068
2027	60,937,278	3,859,874	106,920,641	171,717,793
2028	66,245,264	4,522,349	102,349,876	173,117,489
2029	71,357,969	5,352,767	97,754,494	174,465,230
2030	75,538,722	5,961,584	93,135,466	174,635,772
2031	79,193,737	6,499,272	88,494,967	174,187,976
2032	81,941,983	6,902,114	83,837,103	172,681,200
2033	84,707,035	7,308,094	79,168,603	171,183,732
2034	86,911,253	7,932,469	74,499,138	169,342,860
2035	87,759,967	8,437,476	69,841,136	166,038,579
2036	88,305,477	8,981,596	65,209,552	162,496,625
2037	88,695,777	9,461,563	60,621,815	158,779,155
2038	88,257,287	9,848,136	56,097,380	154,202,803
2039	87,633,914	10,162,254	51,657,313	149,453,481
2040	86,513,949	10,438,304	47,323,884	144,276,137
2041	85,312,023	10,671,524	43,119,902	139,103,449
2042	83,876,701	10,974,235	39,067,910	133,918,846
2043	82,257,460	11,221,732	35,189,233	128,668,425
2044	80,368,967	11,496,520	31,503,319	123,368,806
2045	78,427,130	11,673,686	28,026,893	118,127,709
2046	76,292,046	11,790,530	24,773,567	112,856,143
2047	73,998,549	11,829,634	21,753,634	107,581,817
2048	71,580,078	11,848,379	18,973,658	102,402,115
2049	69,054,746	11,760,027	16,436,612	97,251,385
2050	66,424,354	11,644,371	14,141,757	92,210,482
2051	63,725,847	11,449,302	12,084,429	87,259,578
2052	60,858,079	11,199,170	10,256,576	82,313,825
2053	57,905,200	10,928,329	8,647,231	77,480,760
2054	54,891,388	10,571,408	7,243,050	72,705,846
2055	51,885,996	10,217,988	6,028,955	68,132,939
2056	48,900,258	9,816,144	4,988,572	63,704,974
2057	45,912,322	9,364,099	4,104,823	59,381,244
2058	42,983,657	8,899,697	3,360,542	55,243,896
2059	40,142,718	8,435,576	2,738,968	51,317,262
2060	37,401,150	7,961,603	2,224,069	47,586,822
2061	34,754,862	7,486,119	1,800,753	44,041,734
2062	32,223,568	7,013,310	1,455,125	40,692,003
2063	29,817,211	6,546,284	1,174,656	37,538,151
2064	27,519,128	6,089,466	948,267	34,556,861
2065	25,349,396	5,645,337	766,319	31,761,052
2066	23,300,479	5,214,988	620,511	29,135,978
2067	21,364,442	4,799,238	503,801	26,667,481

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	19,538,950	4,398,771	410,322	24,348,043
2069	17,819,347	4,014,193	335,247	22,168,787
2070	16,198,779	3,646,084	274,680	20,119,543
2071	14,673,131	3,295,035	225,508	18,193,674
2072	13,238,625	2,961,626	185,290	16,385,541
2073	11,891,966	2,646,476	152,143	14,690,585

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 36,384,660	January 1, 2023	14	\$ 3,472,653
Shortfall	\$ 84,376,483	January 1, 2024	15	\$ 7,676,600

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes Based on segment rates with a four-month lookback (as of September 2022), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA

1st Segment Rate 4.75%.
2nd Segment Rate 4.87%.
3rd Segment Rate 5.59%.

Pensionable Earnings Increase Rates Rates vary by contract year as follows:

Service	Rate	Service	Rate
<1	16.00%	11–20	4.00%
2–3	13.00%	21–25	5.00%
4	9.00%	26–35	3.00%
5–10	7.00%	36+	0.00%

Retirement Age for Active Participants

Pre-1991 Agents See Table 1.

Post-1990 Agents See Table 2.

Qualified Plan Commencement Age for Vested Terminees 20% are assumed to commence at age 55, 80% are assumed to commence at age 65.

Mortality Rates

Healthy RP-2006 Combined Healthy Generational mortality table for annuitants and non-annuitants, with MP-2021 mortality improvement scale, per Section 1.430(h)(3)-1(a)(3).

Disabled Revenue Ruling 96-7 mortality table for disability after December 31, 1994.

Withdrawal Rates

Rates vary by service until age 65. Rates apply to Agents under age 65 with less than 20 years of service. Agents age 65 and later with less than five years of service are assumed to terminate at the same rate as a retirement eligible agent of the same age. See Table 3.

Disability Rates

See Table 4.

Schedule SB Attachment (Form 5500)—2024 Plan Year

The Nylic Retirement Plan

EIN: 13-5582869 PN: 005

Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Annuity Option	70% of married male agents and 45% of married female agents are assumed to choose a 75% Joint and Survivor Annuity. 100% of single agents choose a Single Life Annuity.
Surviving Spouse Benefit	It is assumed that 85% of males and 60% of females have an eligible spouse, and that males are 3 years older than their spouses.
Valuation Compensation	Determined by applying the Pensionable Earnings Increase Rates to a three-year average of Pensionable Earnings.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2021 Plan Year	5.75% (before limited by 3 rd segment rate of 5.92%).
2022 Plan Year	6.50% (before limited by 3 rd segment rate of 5.74%).
2023 Plan Year	6.75% (before limited by 3 rd segment rate of 5.59%).
Trust Expenses Included in Target Normal Cost	\$3,190,000; Expenses are assumed to be equal to the average of the prior two years' actual administrative expenses paid from the trust (without PBGC premiums), plus the expected PBGC premiums paid for the current year, rounded to the nearest \$10,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Assumptions Specific to the Valuation of the BOBW Formula Benefits

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

Production Increase Rates

Lines of Business Other Than Target Life

Rates vary by Nylic Year. See Table 5.

Target Life

Rates vary by Nylic Year. See Table 6.

Persistency of Nylic Count Insurance

Based on the average persistency of each Agent's production in the last 10 Nylic Years relative to the Linton A Policy Lapse rates. The Linton A Policy Lapse Rate for Policy Year 1 is ignored as Nylic Count Insurance by definition does not lapse during the first policy year.

The Linton A Policy Lapse rates are as follows:

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

Persistency of Target Life Nylic Count Insurance

Based on the average persistency of each Agent's production in the last 10 Nylic Years relative to the Baseline Target Life Persistency Rates. The Baseline Target Life Persistency Rate for the Nylic Year of Sale is ignored as Target Life by definition does not lapse during the first year.

The Baseline Target Life Persistency Rates are as follows:

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Benefits Valued

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Actuarial Assumptions and Methods

Table 1

Probability of Retirement—Pre-1991 Agents

Nylic Service	Rate	Nylic Service	Rate	Nylic Service	Rate
<21	8.0%	29	1.0%	38	7.0%
21	4.0%	30	9.0%	39	7.0%
22	3.0%	31	7.0%	40	16.0%
23	5.0%	32	5.0%	41	7.0%
24	4.0%	33	5.0%	42	7.0%
25	5.0%	34	5.0%	43	7.0%
26	5.0%	35	10.0%	44	5.0%
27	2.0%	36	7.0%	45	14.0%
28	2.0%	37	7.0%	46+	5.0%

For all Nylic Years after 45 but before age 80, the assumed retirement rate is 5%. 100% of Agents remaining at age 80 are assumed to retire.

Table 2

Probability of Retirement—Post-1990 Agents

Age	Rate	Age	Rate
<45	0.0%	64	12.0%
45–56	3.0%	65	24.0%
57	2.0%	66	20.0%
58	3.0%	67–70	17.0%
59	3.0%	71	15.0%
60–62	7.0%	72–79	7.0%
63	6.0%	80	100.0%

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Table 3

Probability of Withdrawal

Service	Rate	Service	Rate
0	51.0%	10	6.0%
1	41.0%	11	6.0%
2	27.0%	12	5.0%
3	22.0%	13	5.0%
4	20.0%	14	4.0%
5	15.0%	15	4.0%
6	13.0%	16	4.0%
7	10.0%	17	3.0%
8	8.0%	18	3.0%
9	7.0%	19	3.0%

Rates apply to Agents under age 65 with less than 20 years of service. Agents over age 65 with less than five years of service are assumed to terminate at the same rate as a retirement eligible agent of the same age.

Schedule SB Attachment (Form 5500)—2024 Plan Year
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Table 4

**Disability Rates—10% of the 1987 Commissioners Group Disability Table
With a Waiting Period of Six Months**

Age	Male	Female	Age	Male	Female
15	0.0078%	0.0098%	45	0.0280%	0.0387%
16	0.0078%	0.0098%	46	0.0315%	0.0423%
17	0.0078%	0.0098%	47	0.0356%	0.0463%
18	0.0078%	0.0098%	48	0.0403%	0.0508%
19	0.0078%	0.0098%	49	0.0455%	0.0557%
20	0.0078%	0.0098%	50	0.0515%	0.0610%
21	0.0079%	0.0099%	51	0.0583%	0.0666%
22	0.0080%	0.0100%	52	0.0662%	0.0728%
23	0.0081%	0.0101%	53	0.0754%	0.0794%
24	0.0083%	0.0103%	54	0.0858%	0.0866%
25	0.0085%	0.0107%	55	0.0969%	0.0940%
26	0.0087%	0.0111%	56	0.1081%	0.1009%
27	0.0089%	0.0116%	57	0.1187%	0.1068%
28	0.0091%	0.0122%	58	0.1287%	0.1118%
29	0.0094%	0.0128%	59	0.1386%	0.1161%
30	0.0097%	0.0136%	60	0.1482%	0.1198%
31	0.0101%	0.0145%	61	0.1577%	0.1229%
32	0.0105%	0.0155%	62	0.1671%	0.1253%
33	0.0110%	0.0169%	63	0.1764%	0.1271%
34	0.0115%	0.0184%	64	0.1856%	0.1284%
35	0.0121%	0.0200%	65+	0.0000%	0.0000%
36	0.0129%	0.0216%			
37	0.0137%	0.0232%			
38	0.0146%	0.0245%			
39	0.0156%	0.0257%			
40	0.0169%	0.0270%			
41	0.0184%	0.0286%			
42	0.0202%	0.0305%			
43	0.0224%	0.0328%			
44	0.0249%	0.0356%			

Schedule SB Attachment (Form 5500)—2024 Plan Year
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Table 5

Production Increases for Nylic-Eligibles—Lines of Business Other Than Target Life

Nylic Service	Rate
1–5	-2.00%
6–15	-2.00%
16–30	-2.00%
31–40	-2.00%
41+	-2.00%

Table 6

Production Increases for Nylic-Eligibles—Target Life Line of Business

Nylic Service	Rate
1–25	-0.00%
26–30	-5.00%
31–35	-8.00%
36–40	-12.00%
41+	-20.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1982. Restated effective December 10, 2014. There have been no amendments since the restatement.
Eligible Agent	An Agent with respect to whom a contract or agreement is in effect that the Company determines makes an Agent eligible for benefits under the Plan.
Eligibility for Participation	An Eligible Agent becomes a Participant on the effective date of his Agent Contract. The following are not eligible to participate: ▪ Agents who elected not to be Participants when the Plan was introduced in 1982; ▪ Agents who are not Eligible Agents; ▪ Canadian residents; ▪ Common law Employees other than Training Allowance Subsidy Agents; and ▪ Nonresident aliens with no U.S. source income.
Eligibility for Best of Both Worlds' ("BOBW") Formula	Any Participating Agent who was operating under a Nylic Contract or receiving Nylic Income on December 31, 1990 who is a resident of the United States and who began his Nylic Contract at least five years prior to his Normal Retirement Date.

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

Normal Retirement

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

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
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Late Retirement

Eligibility

Retirement after Normal Retirement Date.

Benefit

Accrued Benefit based on Pensionable Earnings as of the actual date of retirement.

Disability Retirement

Eligibility

Ten years of Vesting Service and totally and permanently disabled such that the participant is thereby prevented from engaging in any occupation or business for remuneration or profit for which the participant may be reasonably fitted by education, training or experience.

Benefit

Same as Early Retirement Benefit payable as a 75% Joint & Survivor Annuity for married participants and as a Life Annuity for unmarried participants.

Vested Termination Benefit

Eligibility

Five years of Vesting Service.

Benefit

Accrued Benefit payable at Normal Retirement Age or payable when the Participant would have had 20 years of Vesting Service had he continued as an active Participant. The Accrued Benefit is reduced for commencement before Normal Retirement Age the same as for the Early Retirement Benefit.

Preretirement Surviving Spouse Benefit

Eligibility

All Vested Participants married at least six months.

Benefit

Benefit as if Participant terminated on his date of death, survived to the benefit commencement date elected by the surviving spouse, commenced a 75% Joint & Survivor Annuity, and then died. The spouse can commence her benefit on the earlier of the date the participant would have attained 20 Years of Vesting Service (immediately if the Participant had 20 Years of Vesting Service at death) and the Participant's Normal Retirement Date.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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The Following Provisions Apply to Agents Who Are Eligible for the BOBW Formula

Normal Retirement

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

Benefit Accrued Benefit.

Early Retirement

Eligibility for Benefit 1 Twenty years of Vesting Service.

Benefit 1 Accrued Benefit as of early retirement date reduced for early retirement.

For the CAVG Portion:

The reduction is 6% for each of the first five years prior to Normal Retirement Date; 4% for each of the next five years; 2% for each of the next five years; and 1% for each year thereafter.

The reduction does not apply to the Frozen Accrued Benefit of Participants who had 20 Nylic Years on December 31, 1990.

For the BOBW Portion:

The reduction is 6% for each of the first five years prior to Old Plan Normal Retirement Date; 4% for each of the next five years; 2% for each of the next five years; and 1% for each year thereafter.

Eligibility for Benefit 2 Twenty Nylic Years.

Benefit 2 The greatest of:

- (1) The BOBW Formula Amount;
- (2) The benefit determined under Early Retirement Benefit 1 above; and
- (3) The benefit calculated using the Accrued Benefit BOBW Portion formula determined as of December 31, 1990. If an Agent had completed 20 Nylic Years as of December 31, 1990, the calculated benefit is reduced for commencement before the Old Plan Normal Retirement Date at the same rate as for the Early Retirement Benefit.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Late Retirement

Eligibility

Retirement after Normal Retirement Date.

Benefit

The greater of:

- The BOBW Formula Amount at the date of actual retirement; and
- The Accrued Benefit at the actual date of retirement.

Disability Retirement

Eligibility for Benefit 1

Ten years of Vesting Service and totally and permanently disabled such that the participant is thereby prevented from engaging in any occupation or business for remuneration or profit for which the participant may be reasonably fitted by education, training or experience.

Benefit 1

Same as Early Retirement Benefit 1, payable as a 75% Joint and Survivor Annuity for married participants and as a Life Annuity for unmarried participants.

Eligibility for Benefit 2

Twenty Nylic Years.

Benefit 2

The greater of:

- The BOBW Formula Amount; and
- The benefit determined under Disability Retirement Benefit 1 above.

If the BOBW Formula Amount wins, there can be up to two quinquennial increases in retirement income after retirement, based on NCI sold before retirement.

Benefit is payable as a 75% Joint and Survivor Annuity for married participants and as a Life Annuity for unmarried participants.

Vested Termination Benefit

Eligibility

Five years of Vesting Service.

Vested Termination Benefit

Benefit

Accrued Benefit payable at Normal Retirement Age or payable when the Participant would have had 20 years of Vesting Service had he continued as an active Participant.

The CAVG Portion of the Accrued Benefit is reduced for commencement before Normal Retirement Age at the same rate as for the Early Retirement Benefit.

The BOBW Portion of the Accrued Benefit is reduced for commencement before the Old Plan Normal Retirement Date at the same rate as for the Early Retirement Benefit.

Schedule SB Attachment (Form 5500)—2024 Plan Year
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Preretirement Surviving Spouse Benefit

Eligibility All Vested Participants married at least six months.

Benefit Benefit as if Participant terminated on his date of death, survived to the benefit commencement date elected by the surviving spouse, commenced a 75% Joint and Survivor Annuity, and then died. The spouse can commence her benefit on the earlier of the date the participant would have attained 20 Years of Vesting Service (immediately if the Participant had 20 Years of Vesting Service at death) and the Participant's Normal Retirement Date.

Benefit Payment Forms

Automatic Forms Single: Life Annuity.

Married: 75% Joint and Survivor Annuity.

Optional Forms Life Annuity (for married participants).

50% Joint and Survivor Annuity (for married participants).

Employee Contributions

None.

Post-Termination COLA

Agents who retired prior to October 12, 2005 receive post-termination COLAs to the IRC section 415 limits.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Definitions

Accrued Benefit

The sum of (A) and (B), where (A) and (B) are as follows:

(A) Frozen Accrued Benefit; and

(B) $2.75\% \times$ Pensionable Earnings after December 31, 1990.

For Agents eligible for the BOBW Formula, the accrued benefit is the greater of the benefit computed above (“CAVG Portion”) and the benefit computed by multiplying (a) times (b) where (a) and (b) are as follows (“BOBW Portion”):

- (a) The amount of the Participant’s Old Formula Normal Retirement Date benefit as computed under Appendix B of the Plan Document if (1) the participant had retired on his or her Normal Retirement Date, (2) the Participant had continued to be credited with periods of service for benefit accrual and (3) in each future Nylic Year he or she produced new Nylic Count Insurance, Target Life Count Insurance, or VLI Nylic Count Insurance at the same rate achieved during the immediately preceding 120 months, and experienced the same level of persistency as the Participant had achieved during all complete Nylic Years within such 120-month period.
- (b) A fraction, the numerator of which is the Participant’s period of service for benefit accrual and the denominator of which is the period of service for benefit accrual that the Participant would have completed if he or she had continued in the service of the Company as an Agent to his or her Old Plan Normal Retirement Date.

Frozen Accrued Benefit

The Frozen Accrued Benefit is the amount which the participant accrued as of December 31, 1990 for service, if any, on or prior to that date.

BOBW Formula Amount

Senior Nylic Formula Amount determined separately for each product line.

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
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Definitions

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Definitions

Nylic Count Insurance (NCI)—Product Lines Other Than Universal Life Permanent insurance sold during a Nylic Year for which one year's premium is paid and which remains in force at the end of one year.

Universal Life Nylic Count Insurance (ULNCI) \$1,000 for each \$18 of first year Universal Life premium paid for policies which remain in force at the end of one year.

Renewal Premiums All renewal premiums paid to, received by, and recorded prior to the end of the specified Nylic Year, on policies in force at the end of that Nylic Year.

Universal Life Persisting Insurance \$775 times the sum of all Universal Life Renewal Premiums divided by the number of months the policy has been in effect.

Senior Nylic Formula Amount—Product Lines Other Than Universal Life For Agents with a QN6 type of contract (generally Agents who began operating under a Nylic Contract on or after March 1, 1964), the Senior Nylic Formula Amount is determined as follows:

Monthly income based on NCI obtained in first 20 Nylic Years

$$= [\$1.10 \times 1/3 (A+B+C)] \div \$1,000$$

A = 1/15 of NCI obtained in Nylic Years 1-15 persisting to end of the 4th Nylic Year following the year obtained.

B = 1/15 of NCI obtained in Nylic Years 1-15 persisting to end of the 9th Nylic Year following the year obtained (or at the end of the 20th Nylic Year, if sooner).

C = 1/5 of NCI obtained in Nylic Years 16-20 multiplied by a persisting ratio equal to the proportion of NCI obtained in Nylic Years 11 to 19 persisting to the end of the 20th Nylic Year.

Schedule SB Attachment (Form 5500)—2024 Plan Year

The Nylic Retirement Plan

EIN: 13-5582869 PN: 005

Definitions

Senior Nylic Formula Amount—
Product Lines Other Than
Universal Life

Monthly income based on each subsequent completed
quinquennial period

$$= \text{Monthly Income Rate} \times [\text{Income Base}] \div \$1,000$$

Where the Monthly Income Rate is \$.50, \$.60, \$.70, \$.75, \$.80, \$.85, and \$.90, for the quinquennial periods ending in the 25th, 30th, 35th, 40th, 45th, 50th, and 55th Nylic Years, respectively; and the Income Base is one-tenth of the NCI obtained in the last 10 Nylic Years multiplied by a persistency ratio equal to the proportion of NCI obtained during the first nine of those Nylic Years persisting to the end of the 10-year period.

For Agents with other types of contracts, the Formula Amount is generally based on different Nylic Years for NCI, different persistency factors, and different monthly income rates.

Senior Nylic Formula Amount—
Universal Life

For Agents with a QN6 type of contract (generally Agents who began operating under a Nylic Contract on or after March 1, 1964), the Senior Nylic Formula Amount is obtained as follows:

Monthly income based on NCI obtained in first 20 Nylic Years

$$= [\$1.10 \times 1/3 (A' + B' + C')] \div \$1,000$$

A' = 1/15 of ULNCI obtained in Nylic Years 1-15 that was Universal Life Persisting Insurance at the end of the 4th Nylic Year following the year obtained.

B' = 1/15 of ULNCI obtained in Nylic Years 1-15 that was Universal Life Persisting Insurance at the end of the 9th Nylic Year following the year obtained (or at the end of the 20th Nylic Year, if sooner).

C' = 1/5 of ULNCI obtained in Nylic Years 16-19 that was Universal Life Persisting Insurance at the end of the 20th Nylic Year.

Senior Nylic Formula Amount—
Universal Life

Monthly income based on each subsequent completed
quinquennial period

$$= \text{Monthly Income Rate} \times [\text{Universal Life Income Base}] \div \$1,000$$

The Monthly Income Rate is \$.50, \$.60, \$.70, \$.75, \$.80, and \$.85, for the quinquennial periods ending in the 25th, 30th, 35th, 40th, 45th, and 50th Nylic Years respectively; and the Universal Life Income Base is one-tenth of the ULNCI obtained in the last 10 Nylic Years multiplied by a persistency ratio equal to the proportion of ULNCI obtained during the first nine of those Nylic Years persisting to the end of the 10-year period.

Additional monthly income attributable to ULNCI may be obtained in each of the three Nylic Years following the completion of the 21st Nylic year and in each of the three Nylic Years following each quinquennial period thereafter¹.

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
The Nylic Retirement Plan
EIN: 13-5582869 PN: 005

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The legislated increase in section 401(a)(17) recognizable pay limit from \$330,000 for 2023 to \$345,000 for 2024.
- The legislated increase in the section 415 dollar limit for defined benefit plans from \$265,000 for 2023 to \$275,000 for 2024.

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

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.
- Lines 2a and 2b do not include section 401(h) assets of \$37,320,432 as of January 1, 2024.