

SERFF Tracking Number: NYLA-125774074 State: Arkansas
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 40139
 Company Tracking Number: 208-596
 TOI: A02I Individual Annuities- Deferred Non-Variable Sub-TOI: A02I.003 Single Premium
 Product Name: Deferred Fixed apps-2008
 Project Name/Number: Deferred Fixed apps-2008/208-596

Company and Contact

Filing Contact Information

Naomi Quick, Contract Consultant naomi_quick@newyorklife.com
 1 Rockwood Road (914) 846-5789 [Phone]
 Sleepy Hollow, NY 10591

Filing Company Information

New York Life Insurance and Annuity Corporation CoCode: 91596 State of Domicile: Delaware
 1 Rockwood Road Group Code: 826 Company Type:
 3N851
 Sleepy Hollow, NY 10591 Group Name: State ID Number:
 (914) 846-3508 ext. [Phone] FEIN Number: 13-3044743

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: 2 forms x \$50 per form = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$100.00	09/02/2008	22240135

SERFF Tracking Number: NYLA-125774074 State: Arkansas
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TOI: A02I Individual Annuities- Deferred Non-Variable Sub-TOI: A02I.003 Single Premium
Product Name: Deferred Fixed apps-2008
Project Name/Number: Deferred Fixed apps-2008/208-596

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/09/2008	09/09/2008

SERFF Tracking Number: NYLA-125774074 State: Arkansas
 Filing Company: New York Life Insurance and Annuity State Tracking Number: 40139
 Corporation
 Company Tracking Number: 208-596
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: Deferred Fixed apps-2008
 Project Name/Number: Deferred Fixed apps-2008/208-596

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Filing Fee Transmittal		Yes
Supporting Document	NAIC Transmittal		Yes
Supporting Document	Statement of Variability 208-596		Yes
Supporting Document	Statement of Variability 204-186.50 (06/2008)		Yes
Form	Single Premium Individual Fixed Annuity		Yes
Form	Single Premium Individual Deferred Fixed Annuity		Yes

SERFF Tracking Number: NYLA-125774074 State: Arkansas
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 40139
 Company Tracking Number: 208-596
 TOI: A02I Individual Annuities- Deferred Non-Variable Sub-TOI: A02I.003 Single Premium
 Product Name: Deferred Fixed apps-2008
 Project Name/Number: Deferred Fixed apps-2008/208-596

Form Schedule

Lead Form Number: 208-596

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	208-596	Application/ Enrollment Form	Single Premium Individual Fixed Annuity	Initial			Application 208-596-CLEAN.pdf
	204-186.50 (06/2008)	Application/ Enrollment Form	Single Premium Individual Deferred Fixed Annuity	Revised	Replaced Form #: 204-186.50 Previous Filing #:		Instant Issue Application-204-186.50 FINAL.pdf



APPLICATION FOR
[NEW YORK LIFE FIXED ANNUITY]
SINGLE PREMIUM DEFERRED FIXED ANNUITY
ANNUITY COMMENCEMENT AT AGE 90 OR 10 YEARS

To New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

Executive Office: [51 Madison Avenue, New York, NY 10010]

Home Office: [200 Continental Drive, Suite 306, Newark, DE 19713]

Please print or type

1. OWNER

Name (First, M.I., Last) John J. Doe		Date of Birth Month: 01 Day: 01 Year: 1973	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Social Security No. or Tax ID No. 111-11-1111
Residence Address-Street 100 Main Street		City Anytown	State NY	Zip Code 11111
Tel. No. (day) (111) 222-3333	Tel. No. (evening) (111) 444-5555	Country of Citizenship <input checked="" type="checkbox"/> U.S. Other _____		Relationship to Annuitant Self

2. JOINT OWNER (if any)

Name (First, M.I., Last)		Date of Birth Month Day Year	Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security No. or Tax ID No.
Residence Address-Street		City	State	Zip Code
Tel. No. (day) ()	Tel. No. (evening) ()	Country of Citizenship <input type="checkbox"/> U.S. Other _____		Relationship to Owner

3. ANNUITANT

If same as Owner, check here . Otherwise, complete this section.

Name (First, M.I., Last)		Date of Birth Month Day Year	Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security No. or Tax ID No.
Residence Address-Street		City	State	Zip Code

4. PREMIUM AMOUNT (Attach check payable to NYLIAC, unless instructed otherwise.)

Single Premium \$ _____ (Indicate total estimated amount including cash with application and anticipated transfer/exchange amounts)	Initial Interest Rate Guarantee Period: <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> Other _____]
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5. BENEFICIARY(IES) (Note: If more than one beneficiary is named, indicate the class and percentage for each. Each class must total 100%.)

Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)

This designation is available only if (i) spouses are Joint Owners and (ii) upon the death of either spouse, the surviving spouse wants the option to continue the policy as the sole Owner and, if applicable, the Annuitant.

NOTE: When the "Surviving Spouse Under Joint Spousal Ownership" option is selected above, complete the section below **only** if there are contingent beneficiaries.

CLASS			
<input checked="" type="checkbox"/> Primary	Jane J. Doe	Spouse	100%
<input type="checkbox"/> Contingent	▲ Name (First, Middle Initial, Last)	Relationship to Owner	Percentage
<input type="checkbox"/> Primary			
<input type="checkbox"/> Contingent	▲ Name (First, Middle Initial, Last)	Relationship to Owner	Percentage

6. PLAN TYPE (Choose one plan and complete the appropriate section and, if applicable, transfer/exchange form.)

<input checked="" type="checkbox"/> Non-Qualified	Is this a 1035 Exchange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, submit 1035 Exchange Form.	If yes, what is the Cost Basis? \$ _____
Qualified:	[<input type="checkbox"/> IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA]	
Current Year Contribution	Prior Year Contribution	Transfer Amount
\$ _____ Year	\$ _____ Year	\$ _____
<input type="checkbox"/> Inherited IRA	Transfer Amount	
	\$ _____	

Note: [If this is an IRA, SEP IRA, or ROTH IRA transfer/rollover, submit Qualified Transfer/Direct Rollover Form. If this is an Inherited IRA transfer, submit Inherited IRA Information/Transfer Form.]

7. REPLACEMENT INFORMATION (If you answer "Yes" to either question, submit required replacement forms.)

Do you own any existing life insurance or annuity policies? Yes No
Is this a replacement of a life insurance or annuity policy? Yes No (If you answer "Yes" to this question, please also provide existing policy information in this section below.)

Company Name	Policy Number(s)	Estimated Policy Value(s) \$ _____
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8. ADDITIONAL INFORMATION:

9. FRAUD AND DISCLOSURE STATEMENTS FOR THE FOLLOWING JURISDICTIONS:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

All Other Jurisdictions except Arizona, Florida, Massachusetts, New York, Oklahoma, Oregon, Vermont and Virginia: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. For residents other than Pennsylvania, the following also applies: Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

10. SIGNATURES

I/We agree that: (1) All answers to questions and statements in this application are true to the best of the knowledge and belief of those who made and recorded them. (2) This policy will not become effective unless it is delivered to the Owner while the Owner and Annuitant are living. (3) Unless otherwise indicated below, the Owner of this policy is the Applicant. (4) Under penalties of perjury, the Taxpayer Identification Numbers provided on this application are certified to be correct. (5) No Agent is authorized to accept risks, make or change this application or any policy issued by the Company, or give up any of the Owner's rights or requirements. (6) I/We understand that the annuity is not backed or guaranteed by any bank or insured by the FDIC.

Signed at Anytown NY 1/1/2008
City State Date (MM/DD/YY)
Owner's (Applicant) Signature Joint Owner's Signature (if applicable) Annuitant's Signature (if other than Owner)
Agent's/ Representative's Signature NY/678910 George Agent Representative (print name) (111)555-0000 Representative's Tel. No. 12345
Representative's State and License No. ABC Brokerage 111 Main Street Anytown, NY 11111 Representative's NYLIAC Code No. (111)111-0000
Broker/Agency Name and Address. Broker/Agency Tel. No.



**APPLICATION/POLICY DATA PAGE
[NEW YORK LIFE FIXED ANNUITY]
SINGLE PREMIUM RETIREMENT ANNUITY**

To New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

Home Office: [200 Continental Drive, Suite 306, Newark, DE 19713]

Executive Office: [51 Madison Avenue, New York, NY 10010]

Policy Number: 00 000 000

1. OWNER

Name (First, M.I., Last) John Doe				Date of Birth Month 10 Day 10 Year 47			Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		SS or Tax ID 123-45-6789		
Residence Address-Street 100 Main Street				City Anytown		State YZ		Zip Code 11157			
Tel. No. (day) (111) 222-3333		Tel. No. (evening) (111) 333-4444		Country of Citizenship <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other				Relationship to Annuitant Same			
Joint Owner Name (First, M.I., Last)				Date of Birth Month Day Year			Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		SS or Tax ID		
Residence Address-Street			City		State		Zip Code		Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other		
								Relationship to Owner			

2. ANNUITANT If same as Owner, check here . If other than Owner, complete this section.

Name (First, M.I., Last)				Date of Birth Month Day Year			Male <input type="checkbox"/> Female <input type="checkbox"/>		SS # or Tax ID #	
Residence Address-Street			City		State		Zip Code		Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other	

3. BENEFICIARY(IES) Complete Section 7 for additional Beneficiary information.

Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)

This designation is available only if (i) spouses are Joint Owners and (ii) upon the death of either spouse, the surviving spouse wants the option to continue the policy as the sole Owner and, if applicable, the Annuitant.

Name Jane Doe		Relationship to Owner Spouse			Percentage 100%	
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4. PREMIUM AMOUNT (Attach check payable to NYLIAC, unless instructed otherwise.)

(Minimum payment: \$5,000) Single Premium \$ <u>5,000</u>		Initial Interest Rate Guarantee Period from the Policy Date <input checked="" type="checkbox"/> 1 Yr. <input type="checkbox"/> 2Yrs <input type="checkbox"/> 3 Yrs <input type="checkbox"/> 6Yrs <input type="checkbox"/> Other			
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5. PLAN TYPE Check appropriate box. Non-Qualified IRA Roth IRA SEP IRA]

6. REPLACEMENT INFORMATION

Do you own any existing life insurance or annuity policies? Yes No Is this a replacement of a life insurance or annuity policy? Yes No

Note: If a replacement is involved, you cannot apply for this policy.

7. Are there additional details? If yes, complete this section and reference question number.

8. Signatures and Acknowledgments

I/We agree that: (1) All of the answers to questions and statements in this application are true to the best of the knowledge and belief of those who made and recorded them. (2) The Annuity Commencement Date will be the day I/We reach age 90 or 10 years from the Policy Date, whichever is later. (3) Under penalties of perjury, the Taxpayer Identification Numbers provided on this application are certified to be correct. (4) No Agent is authorized to accept risks, make or change this application or any policy issued by the Company, or give up any of the Owner's rights or requirements. (5) I/We understand that this annuity is not backed or guaranteed by any bank or insured by the FDIC.

Any person who knowingly and with the intent to defraud any insurance company or other persons, submits an application containing any materially false information, or conceals any fact material thereto, commits a fraudulent insurance act, which is a crime and is subject to criminal prosecution and civil penalties.

Signed at (City/State) Anytown YZ Date April 1, 2008

Owner ▶ John Doe Joint Owner ▶ _____

Annuitant (if not Owner) ▶ _____ Applicant (if not Owner) ▶ _____

Agent/Producer:

To the best of your knowledge, will the annuity applied for replace in whole or in part any life insurance or annuity policy? Yes No

Does the applicant own any existing life insurance or annuity policies? Yes No

Agent's Signature ▶ _____ Agent's Printed Name Joe Representative

Agent's Code# 122334 Agent's State/License# XY 999999 Agent's Tel. # (111) 333-4455

Agency ABC Agency Agency Code# ABC123 Tel. # (111) 456-1234

SERFF Tracking Number: NYLA-125774074 State: Arkansas
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 40139
Company Tracking Number: 208-596
TOI: A02I Individual Annuities- Deferred Non-Variable Sub-TOI: A02I.003 Single Premium
Product Name: Deferred Fixed apps-2008
Project Name/Number: Deferred Fixed apps-2008/208-596

Supporting Document Schedules

Review Status: 08/13/2008
Satisfied -Name: Certification/Notice
Comments:
Attachment:
Cert-compliance-AR.pdf

Review Status: 09/02/2008
Satisfied -Name: Cover Letter
Comments:
Attachment:
Cover Letter-AR.pdf

Review Status: 09/02/2008
Satisfied -Name: Filing Fee Transmittal
Comments:
Attachment:
Filing Fee Transmittal-AR.pdf

Review Status: 09/02/2008
Satisfied -Name: NAIC Transmittal
Comments:
Attachment:
NAIC Transmittal-AR.pdf

Review Status: 09/02/2008
Satisfied -Name: Statement of Variability 208-596
Comments:
Attachment:
SOV for Application-208-596.pdf

SERFF Tracking Number: NYLA-125774074 *State:* Arkansas
Filing Company: New York Life Insurance and Annuity *State Tracking Number:* 40139
Corporation
Company Tracking Number: 208-596
TOI: A02I Individual Annuities- Deferred Non- *Sub-TOI:* A02I.003 Single Premium
Variable
Product Name: Deferred Fixed apps-2008
Project Name/Number: Deferred Fixed apps-2008/208-596

Review Status:

Satisfied -Name: Statement of Variability 204-186.50
(06/2008)

09/02/2008

Comments:

Attachment:

SOV for IS Application-Data Page-204-186.50.pdf

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

Company: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

Form Title(s): Deferred Fixed Annuity (2 Applications)

Form Number(s): 208-596
204-186.50 (06/2008)

I certify that, to the best of my knowledge and belief, the above forms and submission comply with Arkansas Insurance Regulation 19 as well as the other laws and regulations of the State of Arkansas.

Suzanne Wolf

Signature

Suzanne Wolf

Name

Assistant Vice President

Title

September 2, 2008

Date



NEW YORK LIFE INSURANCE COMPANY
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
(A Delaware Corporation)
1 Rockwood Road, Sleepy Hollow, NY 10591

"The Company You Keep"®

Suzanne Wolf
Assistant Vice President - Product Development
Bus: (914) 846-3508 Fax: (914) 846-4487 Toll Free: (800) 280-3551
E-Mail: Suzanne_M_Wolf@newyorklife.com

September 2, 2008

Hon. Julie Benafield Bowman
Commissioner
Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

Attn.: Policy & Other Form Filings

RE: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

N.A.I.C. NO.: 826-91596

F.E.I.N.: 13-3044743

Form No.: 208-596 Individual Deferred Fixed Annuity Application
204-186.50 (06/2008) Individual Deferred Fixed Annuity Application

Dear Hon. Julie Benafield Bowman:

We are enclosing for your review and approval the above-referenced application forms. These applications will be used for soliciting one of our single premium fixed annuities through our independent broker dealers and outside agencies. Application form 208-596 is a new form and will replace application form 997-594.50, which was approved by your Department on 5/6/1997. Application form 204-186.50 (06/2008) is a revised form and will replace application form 204-186.50, which was approved by your Department on 7/1/2003.

We will use application form 204-186.50 (06/2008) when soliciting policy form 204-186.50, which is the field issue policy form for the product, and was approved by your Department on 7/1/2003.

We will use application form 208-596 when soliciting policy form 204-185, which is the non-field issue policy form for the product, and was approved by your Department on 7/1/2003.

Modifications that have been made to application form 204-186.50 (06/2008) are as follows: 1) Under Section 4, both a 2-Year and a 6-Year Initial Interest Rate Guarantee Period were added. The 2-Year and 6-Year Initial Interest Rate Guarantee Periods are currently available with this product. Previously, the applicant would enter either the 2-Year or 6-Year period in the "Other"

field. 2) Under Section 6, a question has been added that asks the applicant if he/she owns any existing life insurance or annuity policies.

The primary differences between application forms 997-594.50 and 208-596 are as follows: 1) Under Section 4, a 2-year and 6-year Initial Interest Rate Guarantee Period have been added. The 2-Year and 6-Year Periods are currently available with the product. Previously, the applicant would either enter the 2-Year or 6-Year period in the "Other" field. 2) Under Section 5, a checkbox has been added to provide for a Surviving Spouse Under Joint Spousal Ownership election. This addition provides a streamlined method of designating the spouse as the sole primary beneficiary and providing an option for the spouse to continue the contract. 3) Under Section 6, both the Roth IRA and Inherited IRA Plan Types were added. These Plan Types are currently available for the product; however, the applicant was previously required to indicate the Plan Type within Section 7 (Additional Details). 4) Section 9 is an entirely new section, which contains the various state required Fraud and Disclosure Statements.

Domicile Approval Status

Application forms 208-596 and 204-186 (06/2008) were filed with the Insurance Department of our domicile State of Delaware on 9/2/2008 and is pending approval.

We would appreciate receiving your Department's approval of these two applications at your earliest convenience. If you have any questions regarding this submission, you may contact me at the phone number or e-mail address noted above.

Sincerely,



Suzanne Wolf
Assistant Vice President – Product Development

SW: nq

**ARKANSAS
INSURANCE
DEPARTMENT**

FILING FEE TRANSMITTAL FORM ***

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name : New York Life Insurance and Annuity Corporation NAIC#: 826-91596

Company Contact Person: Suzanne Wolf Telephone No.: Toll Free: (800) 280-3551

<u>INSURANCE DEPARTMENT USE ONLY</u>		
ANALYST :	AMOUNT:	ROUTE SLIP:

ALL FEES ARE PER EACH INSURED, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/ FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form , per each insurer, per each filing	## 2 x \$50= \$ 100 **Retaliatory \$###.##
Life and/or Disability- Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.	* ### x \$50= \$ ###.## **Retaliatory \$###.##
Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of certificate, rider, endorsement or application if each is filed separately from the basic form.	* ### x \$50= \$ ###.## **Retaliatory \$50
Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms.	* ### x \$20= \$ ###.## **Retaliatory \$###.##
Life and/or Disability: Filing and review of Insured's advertisements, per advertisement, per each insurer.	* ### x \$25= \$ ###.## **Retaliatory \$###.##

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * ## x \$ 400 = \$ ###.##

Filing to amend Certificate of Authority. *** ### x \$100 = \$ ###.##

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance and Annuity Corp. 1 Rockwood Road Sleepy Hollow, NY 10591	Delaware	Life	826	91596	13-3044743	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Suzanne Wolf 1 Rockwood Road Sleepy Hollow, NY 10591	(914) 846-3508	(914) 846-4487	Suzanne_M_Wolf@newyorklife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	208-596
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	A02I Individual Annuities-Deferred Non-Variable
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10.	Product Coding Matrix Filing Code	A021.003 Single Premium
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11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other <u> Filing fee form </u>
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12.	Filing Submission Date	September 2, 2008	
13	Filing Fee (If required)	Amount <u> \$100.00 </u>	Check Date <u> EFT </u>
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u> </u>
14.	Date of Domiciliary Approval	Pending	
15.	Filing Description:		
	<p>We are enclosing for your review and approval the above-referenced application forms. These applications will be used for soliciting one of our single premium fixed annuities through our independent broker dealers and outside agencies. Application form 208-596 is a new form and will replace application form 997-594.50, which was approved by your Department on 5/6/1997. Application form 204-186.50 (06/2008) is a revised form and will replace application form 204-186.50, which was approved by your Department on 7/1/2003.</p> <p>We will use application form 204-186.50 (06/2008) when soliciting policy form 204-186.50, which is the field issue policy form for the product, and was approved by your Department on 7/1/2003.</p> <p>We will use application form 208-596 when soliciting policy form 204-185, which is the non-field issue policy form for the product, and was approved by your Department on 7/1/2003.</p> <p>Modifications that have been made to application form 204-186.50 (06/2008) are as follows: 1) Under Section 4, both a 2–Year and a 6–Year Initial Interest Rate Guarantee Period were added. The 2-Year and 6-Year Initial Interest Rate Guarantee Periods are currently available with this product. Previously, the applicant would enter either the 2-Year or 6-Year period in the “Other” field. 2) Under Section 6, a question has been added that asks the applicant if he/she owns any existing life insurance or annuity policies.</p> <p>The primary differences between application forms 997-594.50 and 208-596 are as follows: 1) Under Section 4, a 2-year and 6-year Initial Interest Rate Guarantee Period have been added. The 2-Year and 6-Year Periods are currently available with the product. Previously, the applicant would either enter the 2-Year or 6-Year period in the “Other” field. 2) Under Section 5, a checkbox has been added to provide for a Surviving Spouse Under Joint Spousal Ownership election. This addition provides a streamlined method of designating the spouse as the sole primary beneficiary and providing an option for the spouse to continue the contract. 3) Under Section 6, both the Roth IRA and Inherited IRA Plan Types were added. These Plan Types are currently available for the product; however, the applicant was previously required to indicate the Plan Type within Section 7 (Additional Details). 4) Section 9 is an entirely new section, which contains the various state required Fraud and Disclosure Statements.</p> <p style="text-align: center;">Domicile Approval Status</p> <p>Application forms 208-596 and 204-186 (06/2008) were filed with the Insurance Department of our domicile State of Delaware on 9/2/2008 and is pending approval.</p> <p>We would appreciate receiving your Department’s approval of these two applications at your earliest convenience. If you have any questions regarding this submission, you may contact me at the phone number or e-mail address noted above.</p>		

16.	Certification (If required)
	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p> <p>Print Name _____ Title _____</p> <p>Signature _____ Date: _____</p>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		208-596
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Individual Deferred Fixed Annuity	208-596	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Application			
02	Individual Deferred Fixed Annuity	204-186.50 (06/2008)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	204-186
	Application			
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

New York Life Insurance and Annuity Corporation (NYLIAC)

**Statement of Variability For
Individual Deferred Fixed Annuity Application
Form: 208-596**

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Top of Form:

Marketing Name: For changes to the marketing name.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Section 4: Premium Amount

Initial Interest Rate Guarantee Period: For changes to the initial guarantee periods offered. We may change the guarantee periods or add or remove guarantee periods. The range for the *number* of available guarantee periods is any whole number between and including 1 – 5. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the available choices shown on the application change within these ranges, we will submit a limited informational filing.

Section 6: Plan Type

The plan types made available by NYLIAC that may be added or removed at the company's discretion and in accordance with applicable law for tax-qualified plans available with this product. The plan types are Non-Qualified, IRA, SEP IRA, Roth IRA, and Inherited IRA.

Note Section: The information in this section will change with corresponding changes to available plan types.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability Application/Policy Data Page - Deferred Fixed Annuity Form: 204-186.50 (06/2008)

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Top of form:

Marketing Name: For changes to the marketing name.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Section 4:

Premium Amount: The premium amount used to purchase the policy. The premium payment range is \$5,000 - unlimited. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period: For changes to the initial guarantee periods offered. We may change the guarantee periods or add or remove guarantee periods. The range for the *number* of available guarantee periods is any whole number between and including 1 – 5. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the available choices shown on the application change within these ranges, we will submit a limited informational filing.

Section 5:

Plan Type: The plan types made available by NYLIAC that may be added or removed at the company's discretion and in accordance with applicable law for tax-qualified plans available with this product. The plan types are Non-Qualified, IRA, SEP IRA, and Roth IRA.