

SERFF Tracking Number: NYLA-126376218 State: Arkansas  
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44071  
Company Tracking Number: 999-302 (02/2010)  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: IPP Rider Fund Restriction 2009  
Project Name/Number: IPP Rider Fund Restriction 2009/999-302 (02/2010)

## Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: IPP Rider Fund Restriction 2009 SERFF Tr Num: NYLA-126376218 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed-Approved-Closed State Tr Num: 44071

Sub-TOI: A03I.002 Flexible Premium Co Tr Num: 999-302 (02/2010) State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird

Authors: Heidi Glavac, Rina Zornetsky Disposition Date: 11/17/2009

Zornetsky

Date Submitted: 11/09/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
State Filing Description:

Implementation Date:

## General Information

Project Name: IPP Rider Fund Restriction 2009  
Project Number: 999-302 (02/2010)  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: Pending in Delaware, our domiciliary state, as of 11/6/2009.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 11/17/2009

Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 11/17/2009  
Created By: Rina Zornetsky  
Corresponding Filing Tracking Number: 999-302 (02/2010)

Deemer Date:  
Submitted By: Rina Zornetsky

Filing Description:

This filing is for a new Investment Plan Protection Rider, which will be used with our individual deferred variable annuity policies.

SERFF Tracking Number: NYLA-126376218 State: Arkansas  
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44071  
 Company Tracking Number: 999-302 (02/2010)  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: IPP Rider Fund Restriction 2009  
 Project Name/Number: IPP Rider Fund Restriction 2009/999-302 (02/2010)

## Company and Contact

### Filing Contact Information

Rina Zornetsky, Contract Consultant rina\_zornetsky@newyorklife.com  
 1 Rockwood Road 914-846-5813 [Phone]  
 3N848  
 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:  
 3N738 Group Name: State ID Number:  
 Sleepy Hollow, NY 10591 FEIN Number: 13-3044743  
 (914) 846-3508 ext. [Phone]

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$100.00	11/09/2009	31899676

SERFF Tracking Number: NYLA-126376218 State: Arkansas  
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44071  
Company Tracking Number: 999-302 (02/2010)  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: IPP Rider Fund Restriction 2009  
Project Name/Number: IPP Rider Fund Restriction 2009/999-302 (02/2010)

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/17/2009	11/17/2009

*SERFF Tracking Number:* NYLA-126376218      *State:* Arkansas  
*Filing Company:* New York Life Insurance and Annuity      *State Tracking Number:* 44071  
*Corporation*  
*Company Tracking Number:* 999-302 (02/2010)  
*TOI:* A03I Individual Annuities - Deferred Variable      *Sub-TOI:* A03I.002 Flexible Premium  
*Product Name:* IPP Rider Fund Restriction 2009  
*Project Name/Number:* IPP Rider Fund Restriction 2009/999-302 (02/2010)

## **Disposition**

Disposition Date: 11/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLA-126376218 State: Arkansas  
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44071  
 Company Tracking Number: 999-302 (02/2010)  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: IPP Rider Fund Restriction 2009  
 Project Name/Number: IPP Rider Fund Restriction 2009/999-302 (02/2010)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Statements of Variability	Yes	Yes
Supporting Document	Cover Letter	Yes	Yes
Supporting Document	NAIC Transmittal Document	Yes	Yes
Supporting Document	SERFF Filing Fee Form	Yes	Yes
Form	Investment Protection Plan Rider	Yes	Yes
Form	Investment Protection Plan Rider Election Form	Yes	Yes

SERFF Tracking Number: NYLA-126376218 State: Arkansas  
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44071  
 Company Tracking Number: 999-302 (02/2010)  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: IPP Rider Fund Restriction 2009  
 Project Name/Number: IPP Rider Fund Restriction 2009/999-302 (02/2010)

## Form Schedule

### Lead Form Number: 999-302 (02/2010)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	999-302 (02/2010)	Policy/Contract	Investment Protection Plan Rider	Initial			Rider Form 999-302 (02-2010).pdf
	22203 (02/2010)	Other	Investment Protection Plan Rider Election Form	Initial			Rider Election Form 22203 (02-2010).pdf

# RIDER

## INVESTMENT PROTECTION PLAN

This rider is attached to and made a part of this Policy. Capitalized terms used but not defined in this rider have the meaning set forth in this Policy. In the case of a conflict with any provisions in the Policy, the provisions of this rider will control.

**There are limitations on Premium Payment allocations and transfers if you elect this rider.** By electing this rider, you agree that any Premium Payment allocation and/or transfer instructions must follow the provisions noted below. Please read all provisions of this rider carefully.

### 1. What Benefit Does This Rider Provide?

This rider allows you to surrender the Policy and receive the greater of the Policy's Accumulation Value or the Guaranteed Amount (as described below). You are eligible to exercise this rider beginning on the tenth (10th) Policy Anniversary after the later of the rider effective date or the rider reset effective date.

This rider does not apply to any death benefit proceeds that may be payable under this Policy.

### 2. What Is The Guaranteed Amount and When Does This Rider Become Effective?

- (a) **At issue:** When this rider is elected at the time of the application for the Policy, the Guaranteed Amount is equal to the initial Premium Payment and any Premium Credits and/or Breakpoint Credits applicable to the initial Premium Payment, plus any additional Premium Payments received by us and any Premium Credits and/or Breakpoint Credits applicable to the additional Premium Payments that are applied in the first Policy Year, less all IPP Proportional Withdrawals (as described below) thereafter. The rider effective date will be the Policy Date.
- (b) **For an in-force Policy:** When this rider is elected on an in-force Policy, the Guaranteed Amount is equal to the Policy's Accumulation Value on the rider effective date less all IPP Proportional Withdrawals thereafter. The rider effective date will be the Policy Anniversary immediately following the date we receive your request to elect the rider.
- (c) **At reset:** When you elect to reset this rider, the Guaranteed Amount is equal to the

Policy's Accumulation Value at the next Policy Anniversary less all IPP Proportional Withdrawals thereafter. The rider reset effective date will be the Policy Anniversary immediately following the date we receive your request to reset this rider.

### 3. What Is An IPP Proportional Withdrawal?

When you make a Partial Withdrawal from the Policy, we will reduce the Guaranteed Amount by the amount of the IPP Proportional Withdrawal. The IPP Proportional Withdrawal amount is equal to the amount withdrawn from the Policy (including any amount withdrawn that may include Surrender Charges), divided by the Policy's Accumulation Value immediately preceding the withdrawal, multiplied by the Guaranteed Amount immediately preceding the withdrawal.

### 4. Can You Change The Guaranteed Amount After The Rider Effective Date?

You have the right to "reset" the Guaranteed Amount at any time, subject to the following limitations: 1) for policies issued as a non-qualified plan or a Roth IRA, the latest available reset date is ten (10) years prior to the original Annuity Commencement Date as shown on the Policy Data Page, and 2) for policies issued as a qualified plan (other than a Roth IRA) available with this rider, the Owner must be Age sixty-five (65) or younger. The new Guaranteed Amount will be the Policy's Accumulation Value at the next Policy Anniversary after the date we receive your request to reset the Guaranteed Amount. The rider effective date, the rider risk charge adjustment, and the charge for this rider will also be reset on the next Policy Anniversary after we receive your request.

**5. When Can You Receive The Benefit Provided Under This Rider?**

You are eligible to receive the benefit provided under this rider beginning on the tenth (10th) Policy Anniversary after the later of the rider effective date or the rider reset effective date. You may also receive this benefit on any Policy Anniversary thereafter. If you wish to receive this benefit, you must submit a written request to us to surrender the Policy no later than ten (10) business days after the applicable Policy Anniversary. Amounts paid to you pursuant to the terms of this rider are taxable, and you may be subject to a ten percent (10%) IRS tax penalty if such amounts are paid before Age 59½. You should consult with your tax advisor regarding your particular situation.

**6. How Does This Rider Affect My Ability To Change Premium Allocations and/or To Make Transfers Among IPP Allocation Alternatives?**

You must allocate one hundred percent (100%) of your Premium Payment(s) to one or more of the [Investment Divisions, the Fixed Account or the DCA Advantage Account] (each an "IPP Allocation Alternative") available under this rider. In addition, all transfers must be made to one or more of the IPP Allocation Alternatives available under this rider.

If you elect to allocate a Premium Payment or schedule a transfer to an allocation alternative not available under this rider, your election will be pended and you will be given the opportunity to cancel or modify your election. If you decline to cancel or modify your election, you must exercise your right to cancel this rider as described in Question 12. A rider risk charge adjustment may also be imposed.

**7. What Happens If Changes Are Made To The IPP Allocation Alternatives?**

We reserve the right to add or remove an IPP Allocation Alternative at any time. We will provide you with advance notice of any such change and will request new allocation and/or transfer instructions from you as appropriate. Removal of an IPP Allocation Alternative could occur due to actions by the investment advisor of an Investment Division, or at NYLIAC's sole discretion. Any such change may affect this Policy as described below.

**(a) Removal Of An Investment Division By The Investment Advisor:**

We may discontinue the offering of an Investment Division due to an Investment Division being closed, merged with a restricted Investment Division or otherwise restricted at the direction of the Investment Division's investment advisor. Should this occur, we will contact you and request new instructions as described above. If we do not receive new allocation and/or transfer instructions from you, we will transfer the portion of your Accumulation Value, if any, that is in a discontinued IPP Allocation Alternative to the [Mainstay VP Cash Management Investment Division]. This type of transfer will not be counted in determining the number of free transfers made during a Policy Year. In addition, any Premium Payment allocations and/or transfers that were directed to a discontinued IPP Allocation Alternative will be directed to the [Mainstay VP Cash Management Investment Division].

**(b) Removal Of An IPP Allocation Alternative Initiated By NYLIAC:**

We may also discontinue the offering of an IPP Allocation Alternative at our discretion. Should this occur, any funds that are already allocated to a discontinued IPP Allocation Alternative will not be affected and may remain in the discontinued IPP Allocation Alternative. However, all subsequent Premium Payment allocations, and/or transfers must be directed only to currently available IPP Allocation Alternatives. No additional funds may be allocated, in any manner, to a discontinued IPP Allocation Alternative. Any funds withdrawn or transferred from a discontinued IPP Allocation Alternative may not be reallocated back to the discontinued IPP Allocation Alternative. If we do not receive new allocation and/or transfer instructions from you, all future Premium Payment allocations and/or transfers directed to a discontinued IPP Allocation Alternative will be directed to the [Mainstay VP Cash Management Investment Division].

**8. Are Charges Deducted From Your Policy For This Benefit?**

A charge is deducted each Policy quarter and is determined as a percentage of the Guaranteed Amount at that time. The charge will be deducted from each IPP Allocation Alternative you have selected in proportion to its percentage of the Policy's Accumulation Value on each applicable Policy quarter. The charge percentage in effect on the rider effective date will not change after the rider is issued unless you reset the Guaranteed Amount. If you reset the Guaranteed Amount, a new charge for the rider may apply. This charge may be more or less than the charge currently in effect. The maximum charge for this rider is [one and one-quarter percent (1.25%)] annually based on the Guaranteed Amount.

**9. What Happens To The Guaranteed Amount If Additional Premium Payments Are Made To This Policy?**

If the rider is elected at the time of the application for this Policy, only the Premium Payments received and any Premium Credits and/or Breakpoint Credits applied, during the first Policy Year will be included in the Guaranteed Amount. If the rider is elected after the Policy is in force, Premium Payments received and any Premium Credits and/or Breakpoint Credits applied, after the rider effective date will not be included in the Guaranteed Amount. If you elect to reset the Guaranteed Amount, Premium Payments received and any Premium Credits and/or Breakpoint Credits applied after the rider reset effective date will not be included in the Guaranteed Amount.

**10. What Happens If You Surrender The Policy Before You Are Eligible To Receive The Benefit Provided Under This Rider?**

If you surrender the Policy before you are eligible to receive the benefit provided under this rider, the provisions under this rider will no longer apply. If you surrender the Policy between Policy Anniversaries, either before or after you are eligible to receive the benefit, the amount payable is that which is indicated in the "Charges and Distributions" section of the Policy.

**11. Can This Rider Be Cancelled?**

Within thirty (30) days after delivery of your Policy and/or rider, you may return the rider to us or to the Registered Representative through whom it was purchased, with a written request for a cancellation. Upon receipt of this request, we will promptly cancel the rider and refund any charges that may have been assessed for the rider.

**12. What Happens If I Cancel This Rider After The 30-Day Review Period?**

You have the right to cancel the rider. However, we deduct a rider risk charge adjustment from the Policy's Accumulation Value upon any cancellation. The cancellation will be effective on the date we receive your request. The rider risk charge adjustment is determined as a percentage of the Guaranteed Amount at that time and will be deducted from each IPP Allocation Alternative in proportion to its percentage of the Policy's Accumulation Value on the cancellation date.

The rider risk charge adjustment for a particular Policy will not change once it is set on the rider effective date unless you reset the Guaranteed Amount. If you reset the Guaranteed Amount, a new rider risk charge adjustment may apply. This new charge may be more or less than the charge currently in effect. The maximum rider risk charge adjustment is two percent (2%) of the Guaranteed Amount.

The rider risk charge adjustment will not apply if you surrender this Policy.

**NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**

  
President

  
Secretary

**INVESTMENT PROTECTION PLAN  
ALLOCATION ALTERNATIVES**

**These allocation alternatives are subject to change at any time, as described in Question 7 of this rider.**

**[Investment Divisions:]**

[MainStay VP Balanced  
MainStay VP Bond  
MainStay VP Cash Management  
MainStay VP Floating Rate  
MainStay VP Government  
MainStay VP High Yield Corporate Bond  
MainStay VP Conservative Allocation Portfolio  
MainStay VP Moderate Allocation Portfolio  
MainStay VP Moderate Growth Allocation  
CVS Calvert Social Balanced  
Janus Aspen Balanced Portfolio]

**[Fixed Account:]**

[1-year Fixed Account]

**[Dollar Cost Averaging (DCA) Advantage Account:]**

[6-Month DCA Account]



Annuities

# Investment Protection Plan Rider Election Form

Policy #: \_\_\_\_\_

Policyowner: \_\_\_\_\_  
First, Middle Initial, Last

## Instructions:

- Please read this entire form.
- Complete the Policy Information above.
- Complete Section 3 to elect the Investment Protection Plan Rider.
- Sign and mail the completed form to the address shown on the back of this form.

**If you need assistance, please contact Variable Products Service Center at 1-800-598-2019 or your Registered Representative.**

## Section 1. Disclosure

**This rider is not available for policies purchased before 10/09/2000.**

The Investment Protection Plan Rider allows you to surrender the policy and receive the greater of the policy's Accumulation Value or the amount that is guaranteed under the rider. When you make a partial withdrawal from the policy, we reduce the guaranteed amount by the amount of the IPP proportional withdrawal. Please see below for more details regarding IPP proportional withdrawals. **You are eligible to exercise the benefit under this rider beginning on the tenth Policy Anniversary after the later of the rider effective date or the rider reset effective date, or any Policy Anniversary thereafter.**

This rider is available on all non-qualified and Roth IRA policies so long as the first date that you can exercise and receive benefits under the rider is before the Annuity Commencement Date. The rider is also available on IRA, SIMPLE IRA and SEP-IRA policies if the policyowner is younger than age 66 on the date the rider takes effect, or the rider reset effective date.

Please note, for the New York Life Premier Variable Annuity and New York Life Premier Plus Variable Annuity, **when this rider is elected in certain jurisdictions on or after February 15, 2010, you may only allocate and/or transfer your Accumulation Value among the IPP Allocation Alternatives listed below while the IPP Rider is in effect.** In addition, any future premium payments, transfers or allocation changes will only be allowed into these IPP Allocation Alternatives as long as the IPP Rider is effective on your policy. **If your Accumulation Value is not allocated among the IPP Allocation Alternatives listed below on the rider effective date, the IPP Rider will not be added to your policy and the next available date to add the IPP Rider will be the following Policy Anniversary.**

Fixed Account	MainStay VP High Yield Corporate Bond
DCA Advantage Plan Account	MainStay VP Conservative Allocation
MainStay VP Balanced	MainStay VP Moderate Allocation
MainStay VP Bond	MainStay VP Moderate Growth Allocation
MainStay VP Cash Management	CVS Calvert Social Balanced
MainStay VP Floating Rate	Janus Aspen Balanced
MainStay VP Government	

For questions, please contact our Variable Products Service Center or your registered representative.

This rider will not provide any benefit if you surrender the policy before the Policy Anniversary for which you are eligible to exercise the rider. Therefore, you should elect this rider only if you intend to keep the policy for at least ten (10) years.

If the rider is elected at issue, the rider effective date will be the Policy Date. However, if the rider is elected while the policy is in force, the rider effective date will be the Policy Anniversary immediately following the date we receive your request for the rider.

If the rider is elected at issue, the guaranteed amount is equal to the initial premium payment and any Premium Credits and/or Breakpoint Credits, plus any additional premium payments received by us and any Premium Credits and/or Breakpoint Credits applied in the first Policy Year, less all IPP proportional withdrawals. If the rider is elected while the policy is in force, the guaranteed amount is equal to the policy's Accumulation Value on the rider effective date less all IPP proportional withdrawals.

An IPP proportional withdrawal is equal to the amount withdrawn from the policy (including any amount withdrawn that may include surrender charges) divided by the Accumulation Value immediately preceding the withdrawal, multiplied by the guaranteed amount immediately preceding the withdrawal.

Please see your Prospectus for the maximum annual charge applicable to you. This charge will be deducted on a quarterly basis.

Within thirty (30) days after delivery of your policy and/or rider, you may return the rider to us or to the registered representative through whom it was purchased, with a written request for a cancellation. Upon receipt of this request, we will promptly cancel the rider and refund any rider charges that may have been assessed.

After the thirty (30) day period, you may still cancel the rider. However, we may deduct a rider risk charge adjustment from your policy's Accumulation Value. The cancellation will be effective on the date we receive your request. The rider risk charge adjustment will be deducted, where applicable, from each Investment Division, the Fixed Account and any DCA Advantage Account in proportion to its percentage of the policy's Accumulation Value on the cancellation date.

The rider risk charge adjustment will not apply if you surrender the policy.

To receive the benefit provided by the rider, you must complete the form provided by us or provide us with an acceptable written request. Your request to exercise the benefit provided by the rider must be received within 10 business days following the applicable Policy Anniversary.

## Section 2. Important Tax Information

Amounts paid to you pursuant to the terms of the rider are taxable and you may be subject to a ten percent (10%) tax penalty if the amounts are paid to you before your age 59 1/2. You should consult with your tax advisor regarding your particular situation.

## Section 3. Investment Protection Plan Rider Election and Required Signatures.

Because this rider generally provides protection against decreases in the policy's Accumulation Value due to negative investment performance, this rider may not be a benefit to you if all or most of your Accumulation Value is allocated to the Fixed Account, if applicable. You should select this rider only if you have or intend to have most or all of your Accumulation Value allocated to the Investment Divisions.

By signing below I elect the Investment Protection Plan Rider. In addition, I intend to hold this policy at least 10 years from the effective date of this rider.

Your signature confirms that you have read all of the information on this form and the information you have provided is correct.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

### Mail your completed form to:

Variable Products Service Center  
Madison Square Station  
P.O. Box 922  
New York, NY 10159

SERFF Tracking Number: NYLA-126376218 State: Arkansas  
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44071  
 Company Tracking Number: 999-302 (02/2010)  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: IPP Rider Fund Restriction 2009  
 Project Name/Number: IPP Rider Fund Restriction 2009/999-302 (02/2010)

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Bypassed - Item:</b> Flesch Certification  <b>Bypass Reason:</b> These are forms for use solely with variable annuity policy forms.  <b>Comments:</b></p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> This is a filing for an Investment Protection Plan Rider and accompanying Rider Election Form, for use with previously-approved variable annuity policy forms. Please see our cover letter explaining the use of these forms.  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Statements of Variability  <b>Comments:</b>            Attached are the Statements of Variability (SOV) for Rider form 999-302 (02/2010) and Rider Election Form 22203 (02/2010).  <b>Attachments:</b>            SOV-999-302 (02-2010).pdf            SOV-22203 (02-2010).pdf</p>		
<p><b>Satisfied - Item:</b> Cover Letter  <b>Comments:</b>            Attached is our cover letter explaining the use of these forms.  <b>Attachment:</b>            Cover Letter-AR.pdf</p>		

SERFF Tracking Number: NYLA-126376218 State: Arkansas  
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44071  
Company Tracking Number: 999-302 (02/2010)  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: IPP Rider Fund Restriction 2009  
Project Name/Number: IPP Rider Fund Restriction 2009/999-302 (02/2010)

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** NAIC Transmittal Document

**Comments:**

An NAIC Transmittal document listing the subject forms has been attached.

**Attachment:**

NAIC Transmittal -AR.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** SERFF Filing Fee Form

**Comments:**

Attached is our filing fee form for this SERFF filing (EFT).

**Attachment:**

Filing Fee Transmittal-AR.pdf

**New York Life Insurance and Annuity Corporation (NYLIAC)**

**Statement of Variability For  
Individual Annuity Investment Protection Plan Rider  
Form Number: 999-302 (02/2010)**

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.

**Rider Provision 6. – How Does This Rider Affect My Ability To Change Premium Allocations and/or To Make Transfers Among IPP Allocation Alternatives?**

For changes to the permissible allocation options under the IPP Allocation Alternatives.

**Rider Provision 7. – What Happens If Changes Are Made To The IPP Allocation Alternatives?**

For changes to the Investment Division “MainStay VP Cash Management”, that will be used as a default option for transfers and/or Premium Payment allocations in the event that the Corporation discontinues the offering of an Investment Division and does not receive new allocation and/or transfer instructions from the policy owner.

**Rider Provision 8. – Are Charges Deducted From Your Policy For This Benefit?**

For changes to the maximum annual charge for this rider based on the Guaranteed Amount. The range for this charge is between and including 1% and 1.5%.

**Officer Signatures/Titles:** For any change to the corporation’s officers and/or their titles.

**Investment Protection Plan Allocation Alternatives:**

For changes to the Investment Protection Plan (IPP) Allocation Alternatives available with this rider. The current IPP Allocation Alternatives are:

Fixed Account

1-Year Fixed Account

DCA Advantage Account

6-Month DCA Account

Investment Divisions

MainStay VP Balanced

MainStay VP Bond

MainStay VP Cash Management

MainStay VP Floating Rate

MainStay VP Government

MainStay VP High Yield Corporate Bond

MainStay VP Conservative Allocation Portfolio

MainStay VP Moderate Allocation Portfolio

MainStay VP Moderate Growth Allocation

CVS Calvert Social Balanced

Janus Aspen Balanced Portfolio

**New York Life Insurance and Annuity Corporation (NYLIAC)**

**Statement of Variability For  
Individual Annuity Investment Protection Plan Rider Election Form  
Form Number: 22203 (02/2010)**

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.

**Customer Service Phone Number** – For changes to the toll-free phone number.

**Section 1. – Disclosure**

**Paragraph 4** - For changes to the Investment Protection Plan (IPP) Allocation Alternatives available with this rider. The current IPP Allocation Alternatives are:

Fixed Account  
1-Year Fixed Account

DCA Advantage Account  
6-Month DCA Account

Investment Divisions  
MainStay VP Balanced  
MainStay VP Bond  
MainStay VP Cash Management  
MainStay VP Floating Rate  
MainStay VP Government  
MainStay VP High Yield Corporate Bond  
MainStay VP Conservative Allocation Portfolio  
MainStay VP Moderate Allocation Portfolio  
MainStay VP Moderate Growth Allocation  
CVS Calvert Social Balanced  
Janus Aspen Balanced Portfolio

**Name and/or Address of New York Life Variable Annuities' Distributor** - For changes to the distributor's name and/or its address.

**Customer Service Office Address** – For changes to the address of the Variable Products Service Center.



**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](mailto:Suzanne_M._Wolf@newyorklife.com)

November 9, 2009

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

**RE: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**

Form No.: 999-302 (02/2010) Investment Protection Plan Rider

Form No.: 22203 (02/2010) Investment Protection Plan Rider Election Form

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

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

Dear Hon. Julie Benafield Bowman:

I am enclosing for your approval a new Investment Protection Plan (IPP) rider, form number 999-302 (02/2010) along with an Investment Protection Plan Rider Election Form, form number 22203 (02/2010). The rider will be used with our individual deferred variable annuity policies, form numbers 208-191 and 208-192, which were approved by your Department on 10/22/2008 (Dept. File #40425). The rider will be available with both in-force and new issues of the above-referenced policies on or after February 15, 2010, subject to approval from your Department. The Election Form will be used by policy owners who elect the rider for an in-force policy.

The purpose of this rider is to provide a guaranteed benefit upon surrender of the policy. Upon surrender, the policy owner will receive the greater of the policy's accumulation value and the guaranteed amount, as described in the rider. Election of this rider is optional, and it may be elected at the time of application for a policy or, if we make it available, for an in-force policy. To qualify for the benefit provided by this rider, the policy must be in-force for at least ten years from the later of the rider effective date and the rider reset effective date, or any Policy Anniversary thereafter. A charge for the rider of no greater than one and one quarter percent (1.25%) of the guaranteed amount will be deducted on a quarterly basis from the policy's accumulation value.

The policy owner may cancel the rider at any time. Within thirty days after delivery of the rider, the policy owner may cancel the rider and we will refund any charges that may have been assessed. After the thirty-day review period, a rider risk charge adjustment of no greater than two percent (2%) of the guaranteed amount will be deducted from the policy's accumulation value on the date the rider is cancelled. This charge will not apply if the policy is surrendered.

Election Form 22203 (02/2010) will be completed by a policy owner who intends to elect the IPP rider on an in-force policy. The Election Form discloses information concerning the rider benefits, the allocation alternatives restrictions applicable when the rider is elected, and the procedures for electing the rider.

IPP rider 999-302 (02/2010) is similar to rider form 999-302 (11/2008), which was approved by your Department on 10/22/2008 (Dept. file no. 40425). The primary differences between the formerly approved form and this revised form is that when the new rider is elected, and while it is in effect, the allocation alternatives available under the policy will be limited to the Investment Protection Plan (IPP) Allocation Alternatives listed in the rider. If the Company makes changes to the available IPP Allocation Alternatives, both in-force and new issues of the rider will be subject to the changes as detailed in the rider. In addition, if a client cancels the rider, a cancellation charge may be imposed and all previously restricted allocation alternatives will be made available.

Please note that rider form 999-302 (02/2010) will replace previously approved rider form 999-302 (11/2008) except as provided in the following details. When rider form 999-302 (02/2010) is approved by your Department and made available for sale, election of this rider will apply to all in-force policy forms and any newly issued policy forms on or after the rider availability date, but not before February 15, 2010. However, rider form 999-302 (11/2008) will continue to be available for in-force policies issued on approved policy forms of other individual deferred variable annuity products (other than forms 208-191 and 208-192) that may be available at the time the rider is elected. A list of those policy forms were provided in the original filing of rider form 999-302 (11/2008), which was approved by your Department as noted above.

This new rider will be solicited individually through the company's agents. At some time in the future, we may offer this rider through independent agencies as well.

In addition, we have added disclosure language to the data pages for policy forms 208-191 and 208-192 regarding the owner's limitations on allocating premium payments and/or transferring funds when the rider is added to the policy at issue. This language will display only when the IPP rider is elected, and will appear on the pages that contain the list of Allocation Alternatives and the list of riders.

Attached is a list of the policy forms with which this new rider will be used. Included in this list are the form number, description, and your Department's date of approval, for each policy.

### **Domicile Approval Status**

These forms were filed with the Insurance Department of our domicile State of Delaware on 11/06/2009 and are pending approval.

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

Sincerely,



Suzanne Wolf  
Assistant Vice President– Product Development

SW: rz

<b>New York Life Insurance and Annuity Corporation</b>		
<b>Forms that will be used with IPP Rider 999-302 (02/2010) in Arkansas</b>		
<b>Policy Form</b>	<b>Description</b>	<b>Approval Date</b>
208-191	Individual Deferred Variable Annuity	10/22/2008
208-192	Individual Deferred Variable Annuity	10/22/2008

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
-----------	----------------------------------	----------

<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

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

<b>5.</b>	<b>Requested Filing Mode</b>	<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): _____
-----------	------------------------------	--

<b>6.</b>	<b>Company Tracking Number</b>	999-302 (02/2010)
-----------	--------------------------------	-------------------

<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
-----------	--	-----------------------

<b>8.</b>	<b>Market</b>	<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: _____
-----------	---------------	--

<b>9.</b>	<b>Type of Insurance</b>	A03I Individual Annuities-Deferred Variable Benefit
-----------	--------------------------	---

<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	A03I.002 Flexible Premium
------------	--	---------------------------

<b>11.</b>	<b>Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <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"/> Certification <input checked="" type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other _____ <b>Filing Fee Form</b>
------------	----------------------------	---

12.	<b>Filing Submission Date</b>	<b>November 9, 2009</b>	
13	<b>Filing Fee (If required)</b>	Amount <u>\$100.00</u>	Check Date <u>EFT</u>
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u>Sent via EFT</u>
14.	<b>Date of Domiciliary Approval</b>	<b>Pending</b>	
15.	<b>Filing Description:</b>		
	<p><b><u>Please see attached cover letter submitted with this SERFF filing.</u></b></p>		

16.	<b>Certification (If required)</b>		
	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 Arkansas_____.		
	Print Name <u>Suzanne Wolf</u>	Title <u>Assistant Vice President</u>	
			
	Signature _____	Date: <u>11/9/2009</u>	

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		999-302 (02/2010)
<b>This filing corresponds to rate filing company tracking number</b>		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Investment Protection Plan Rider	999-302 (02/2010)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Investment Protection Plan Rider Election Form	22203 (02/2010)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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 _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial	

			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
<b>18.</b>	<b>Rate Filing Attachment</b>			
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		%		
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
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

**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

<b><u>INSURANCE DEPARTMENT USE ONLY</u></b>		
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  | ## x \$50= \$ ####<br>**Retaliatory \$###.##      |
| Life and/or Disability- Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.  | * ### x \$50= \$ ###.##<br>**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. | * 2 x \$50= \$ 100.<br>**Retaliatory \$50.00      |
| Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms.  | * ### x \$20= \$ ###.##<br>**Retaliatory \$###.## |
| Life and/or Disability: Filing and review of Insured's advertisements, per advertisement, per each insurer.  | * ### x \$25= \$ ###.##<br>**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.