

SERFF Tracking Number: NYLC-126553782 State: Arkansas  
Filing Company: New York Life Insurance Company State Tracking Number: 45256  
Company Tracking Number: 207-331, ET AL.  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: AD110 OPP Rider - Load Increase  
Project Name/Number: AD110 OPP Rider - Load Increase/207-331, et al.

## Filing at a Glance

Company: New York Life Insurance Company  
Product Name: AD110 OPP Rider - Load Increase SERFF Tr Num: NYLC-126553782 State: Arkansas  
TOI: L071 Individual Life - Whole SERFF Status: Closed-Accepted State Tr Num: 45256  
For Informational Purposes  
Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: 207-331, ET AL. State Status: Filed-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Authors: Team Leader, Sean Hebron Disposition Date: 03/26/2010  
Date Submitted: 03/24/2010 Disposition Status: Accepted For Informational Purposes  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: AD110 OPP Rider - Load Increase Status of Filing in Domicile:  
Project Number: 207-331, et al. Date Approved in Domicile:  
Requested Filing Mode: Informational Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 03/26/2010 Explanation for Other Group Market Type:  
State Status Changed: 03/26/2010  
Deemer Date: Created By: Sean Hebron  
Submitted By: Sean Hebron Corresponding Filing Tracking Number:  
Filing Description:  
Re: New York Life Insurance Company (NYLIC)  
Individual Life Insurance  
NAIC #: 82666915  
FEIN# 13-5582869  
Updates to the Option To Purchase Paid-Up Insurance (OPP) Rider, forms 207-355 and 207-331

Dear Commissioner:

SERFF Tracking Number: NYLC-126553782 State: Arkansas  
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We are writing to inform you that we plan to increase the expense charge applied to payments made under the previously approved Option To Purchase Paid-Up Additions (OPP) riders issued with our Employee's Whole Life policy 207-52.49 and Survivorship Whole Life policy 207-100.49. This increase will take effect on July 9, 2010.

Information about these approved forms is given below.

Rider Form Approved To be used with Policy Approved  
207-331 8/31/2006 207-52.49 8/31/2006  
207-355 8/01/2006 207-100.49 8/1/2006

Additional information applicable to the OPP rider is included in the enclosed Actuarial Memorandum.

The enclosed policy data pages include the footnote language that is shown when the OPP rider is issued with the policy. The applicable expense charge and OPP payment limit are specific to the insured's class of risk and premium payment.

I hope this information is satisfactory and that we will receive acknowledgement of this submission at your earliest convenience. If you need additional information, please feel free to call me toll free at 1-877-464-0198.

Sincerely,

Linda E. LoPinto  
Corporate Vice President  
Individual Life Department  
Encl

## Company and Contact

### Filing Contact Information

Sean Hebron, Senior Contract Assistant Sean\_Hebron@nyl.com  
51 Madison Avenue 212-576-2681 [Phone]  
Room 606 212-447-4141 [FAX]  
New York, NY 10010

### Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York  
51 Madison Avenue Group Code: 826 Company Type: Life  
New York, NY 10010 Group Name: State ID Number:

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(212) 576-4809 ext. [Phone] FEIN Number: 13-5582869

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**Filing Fees**

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: \$20.00 per filing a correction of a previously filed form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$20.00	03/24/2010	35115148

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		03/26/2010	03/26/2010

*SERFF Tracking Number:* NYLC-126553782      *State:* Arkansas  
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## **Disposition**

Disposition Date: 03/26/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		No
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Sample Policy Data Pages		Yes

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> N/A <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A <b>Comments:</b>		
<b>Satisfied - Item:</b> Sample Policy Data Pages <b>Comments:</b> <b>Attachments:</b> 0752.49-2 final.pdf 07105.49-2 final.pdf		

INSURED *JOHN DOE*

AGE *35*

POLICY NUMBER *00 000 000*

CLASS OF RISK *STANDARD*

POLICY DATE *JANUARY 01, 2010*

DATE OF ISSUE *JANUARY 01, 2010*

OWNER *INSURED*

PLAN *EMPLOYEE'S WHOLE LIFE with  
[OPTION TO PURCHASE PAID-UP ADDITIONS (OPP)]*

AMOUNT	<i>FACE AMOUNT</i>	<i>\$25,000.00</i>
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**BENEFICIARY**

(subject to change) *FIRST: MARY DOE, WIFE OF INSURED  
SECOND: JOHN DOE, JR., SON OF INSURED*

**UPROMISE ACCOUNT BENEFIT**

**\$25.00**

A \$25.00 UPROMISE CONTRIBUTION AMOUNT TO YOUR UPROMISE ACCOUNT WILL BE MADE IF YOU REGISTER THIS POLICY WITH UPROMISE WITHIN 90 DAYS OF THE POLICY'S DELIVERY DATE. PLEASE SEE THE UPROMISE RIDER ATTACHED TO THIS POLICY FOR DETAILS. THIS UPROMISE CONTRIBUTION AMOUNT IS NOT TAXABLE, BUT WILL BE REFLECTED IF YOU SURRENDER THIS POLICY.

THE MORTALITY TABLE REFERRED TO IN SECTION 6.14 IS THE 2001 CSO UNISEX (80) COMPOSITE ULTIMATE TABLE OF MORTALITY, ANB.

THE INTEREST RATE REFERRED TO IN SECTION 6.14 IS 4% PER YEAR.

SEE CONTINUATION OF PAGE 2

**PREMIUM SCHEDULE**

**PREMIUMS PAYABLE AT MONTHLY INTERVALS, AS FOLLOWS**

(TOTAL PREMIUM includes the following amounts for any supplementary benefits)

<b>BEGINNING AS OF</b>	<b>TOTAL</b>
<b>MO. DAY YEAR</b>	<b>PREMIUM ##</b>
01 01 2010	\$41.50

PAYABLE ON SAME DATE EACH YEAR UNTIL  
**01 01 2096 FINAL PREMIUM PAYMENT**

[THE EXPENSE CHARGE APPLIED TO ALL PAYMENTS MADE UNDER THE OPTION TO PURCHASE PAID-UP ADDITIONS (OPP) RIDER WILL NOT EXCEED [5] %.]

[FOR THE OPP RIDER, THE ANNUAL PREMIUM AMOUNT, WHICH IS BASED ON A STANDARD CLASS OF RISK AND REFERRED TO IN THE OPTION TO PURCHASE PAID-UP ADDITIONS RIDER AS THE OPP PAYMENT LIMIT, IS \$[422.50] PER YEAR.]

## THE TOTAL PREMIUM MUST BE PAID TO KEEP THIS POLICY INFORCE. IT INCLUDES THE APPLICABLE POLICY FEE AND ANY ADDITIONAL AMOUNT FOR RIDERS OR OTHER BENEFITS REQUIRED TO BE PAID FOR THE FIRST YEAR. THE TOTAL PREMIUM FOR ALL MODES AVAILABLE, IS AS FOLLOWS:

<b>ANNUAL</b>	<b>SEMIANNUAL</b>	<b>QUARTERLY</b>	<b>MONTHLY</b>	<b>C-O-M</b>
<b>\$422.50</b>	<b>\$221.00</b>	<b>\$114.25</b>	<b>\$ 41.50</b>	<b>\$ 37.50</b> (Premiums payable per modal period)
<b>\$422.50</b>	<b>\$442.00</b>	<b>\$457.00</b>	<b>\$498.00</b>	<b>\$450.00</b> (Total premiums payable per year)

THE PREMIUMS SHOWN ON THESE DATA PAGES INCLUDE THE FOLLOWING POLICY FEES – ANNUAL \$40.00, SEMIANNUAL - \$22.00, QUARTERLY - \$13.00, MONTHLY - \$7.00, C-O-M - \$3.75 PER MODAL PREMIUM. PAYMENT BY A MODE OTHER THAN ANNUAL WILL RESULT IN A HIGHER TOTAL PREMIUM BEING PAID EACH YEAR.

INSUREDS - **JOHN DOE**  
**JANE DOE**

AGE  
**35 MALE**  
**35 FEMALE**

CLASS OF RISK  
**STANDARD**  
**STANDARD**

POLICY NUMBER - **00 000 000**

POLICY DATE – **JANUARY 01, 2010**

DATE OF ISSUE – **JANUARY 01, 2010**

OWNER - **JANE DOE - INSURED**

PLAN - **LEVEL PREMIUM SURVIVORSHIP WHOLE LIFE with**  
**[OPTION TO PURCHASE PAID-UP ADDITIONS (OPP)]**

AMOUNT - **FACE AMOUNT**

**\$100,000.00**

**BENEFICIARY -**  
(subject to change) **FIRST – ESTATE OF THE INSUREDS**

SEE CONTINUATION OF PAGE 2

POLICY NUMBER - 00 000 000

INSUREDS - JOHN DOE  
JANE DOE

**PREMIUM SCHEDULE**

**PREMIUMS PAYABLE AT ANNUAL INTERVALS, AS FOLLOWS**

(Premium includes the following amounts for any supplementary benefits)

BEGINNING AS OF			TOTAL
MO.	DAY	YEAR	PREMIUM ##
01	01	2010	\$984.00

**PAYABLE ON SAME DATE EACH YEAR UNTIL**  
01 01 2074 **FINAL PREMIUM PAYMENT**

**THE DATES REFERRED TO IN SECTIONS 3 AND 7 ARE:**

01	01	2075	<b>SCHEDULED PAID-UP ANNIVERSARY</b>
01	01	2096	<b>YOUNGER INSURED'S AGE 121 ANNIVERSARY</b>

THE INTEREST RATE REFERRED TO IN 7.14 IS 4% PER YEAR.

SEE CONTINUATION OF PAGE 2

**POLICY DATA**  
07105.49-2

**PAGE 2 (cont.)**

**NEW YORK LIFE INSURANCE COMPANY**

POLICY NUMBER - 00 000 000

INSUREDS - JOHN DOE  
JANE DOE

**## THE TOTAL PREMIUM MUST BE PAID TO KEEP THIS POLICY INFORCE. IT INCLUDES THE APPLICABLE POLICY FEE AND ANY ADDITIONAL AMOUNTS FOR RIDERS OR OTHER BENEFITS REQUIRED TO BE PAID FOR THE FIRST YEAR. THE TOTAL PREMIUM FOR ALL MODES AVAILABLE, IS AS FOLLOWS:**

<b>ANNUAL</b>	<b>SEMIANNUAL</b>	<b>QUARTERLY</b>	<b>C-O-M</b>	
\$984.00	\$ 516.00	\$ 267.00	\$ 88.00	(Premiums payable per modal period)
\$984.00	\$1032.00	\$1068.00	\$ 1056.00	(Total premiums payable per year)

**THE PREMIUMS SHOWN ON THESE DATA PAGES INCLUDE THE FOLLOWING POLICY FEES – ANNUAL \$100.00, SEMIANNUAL - \$56.00, QUARTERLY - \$33.00, C-O-M - \$10.00 PER MODAL PREMIUM.**

**PAYMENT BY A MODE OTHER THAN ANNUAL WILL RESULT IN A HIGHER TOTAL PREMIUM BEING PAID EACH POLICY YEAR.**

**THE MORTALITY TABLES REFERRED TO IN SECTION 7.14 ARE THE COMMISSIONERS' 2001 STANDARD ORDINARY, MALE/FEMALE, SMOKER/NONSMOKER DISTINCT ULTIMATE TABLES OF MORTALITY, ANB.**

**[THE EXPENSE CHARGE REFERRED TO IN YOUR OPTION TO PURCHASE PAID-UP ADDITIONS (OPP) RIDER IS GUARANTEED NOT TO EXCEED [5] %.]**

**[THE OPP PAYMENT LIMIT REFERRED TO IN THE OPTION TO PURCHASE PAID-UP ADDITIONS RIDER IS \$[984.00].]**