SEC 1972 (6/02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response... 1

## FORM D

PROCESSED

NOTICE OF SALE OF SECURITIES / JAN 1 6 2003 PURSUANT TO REGULATION D, SECTION 4(6), AND/OR THOMSON UNIFORM LIMITED OFFERING EXEMPTION INANCIAL

SEC USE ONLY						
Prefix		Serial				
DAT	E RECEI	VED				

Name of Offering (check if this is DEFERRED FIRST YEAR COMMISSION PLAN			•	· ·	NS)	
Filing Under (Check box(es) tha apply):	t [] <u>Rule 504</u>	[ ] <u>Rule 505</u>	[x] Rule 506	[ ] Section 4(6)	[]ULOE	
Type of Filing: [X] New Filing	] Amendment					
Enter the information requested about the issuer				03004030		
Name of Issuer (check if this is a New York Life Insurance Company (the "C		d name has ch	anged, and inc	liciate change.)		
Address of Executive Offices	(Number and S	treet, City, Sta	te, Zip Code)	Telephon	e Number	
(Including Area Code) 51 Madison Avenue, New York, New York	10010			(212) 576-700	0	
Address of Principal Business O (Including Area Code)	perations (Numb	er and Street,	City, State, Zip	Code) Telepho	one Number	

**Brief Description of Business** 

The Company is a mutual life insurance company.

Type of Business Organization				
[ ] corporation	[ ] limited partnership, already formed [		[ x] other (please specify):	
[ ] business trust	[ ] limited partnership, to be for	NEW YORK MUTUAL LIFE INSURANCE COMPAN		
	Moni progration or Organization: [0]1 Organization: (Enter two-letter U.S CN for Canada; FN for o	[4]1]*		

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:

  - Each promoter of the issuer, if the issuer has been organized within the past five years;
    Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	X	Executive Officer	[X]	Director [ ]	General and/or Managing Partner
Full Name (Last r Sternberg, Seymon	name first, if individu	al)	Table 4 (No about no as )			and the state of t	
	<b>dence Address (Nu</b> le, New York, New Y		, City	, State, Zip Cod	le)		
Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[X]	Executive Officer	[X]	Director [ ]	General and/or Managing Partner
Full Name (Last r Sievert, Frederick	iame first, if individu J.	al)		and an area of more of the second of the sec	5		
Business or Resi	dence Address (Nui	nber and Street	, City	, State, Zip Cod	le)	ant det ham men ye van een de meere ververe ververe gewood een 18 meere 18 meere 18 meere 18 meere 18 meere 18	
51 Madison Avenu	ie, New York, New Y	ork 10010	_				
Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[X]	Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last r Boccio, Frank M.	name first, if individu	al)					
	dence Address (Nui ue, New York, New		, City	, State, Zip Cod	e)		
Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[X]	Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last r Wendlandt, Gary I	name first, if individu 3.	al)					
Business or Resi	dence Address (Nu	mber and Street	City	, State, Zip Cod	e)		
51 Madison Avenu	ie, New York, New Y	ork 10010					
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[]	Executive Officer	X	Director [ ]	General and/or Managing Partner
Full Name (Last r	name first, if individu	al)		2010 A Maria I ann an Airm Ann an Airm An Airm -			a de la companya de l
Business or Resi	dence Address (Nui	nber and Street	City	, State, Zip Cod	e)	ar Malarino Larry y Malar Marie III. Ila a marakay tamiy amad a serinin	
51 Madison Aven	ue, New York, New Y	ork 10010		-			
Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[X]	Executive Officer	X	Director [ ]	General and/or Managing Partner
Full Name (Last r Benanav, Gary G.	name first, if individu	al)					
	dence Address (Nui ue, New York, New Y		, City	, State, Zip Cod	e)		

Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[X]	Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last r	name first, if individu	ıal)			11. 11.11.11.11.11		The state of the s
Trapp, George J.							
	<b>dence Address (N</b> ui le, New York, New Y		t, City	, State, Zip (	Code)		
Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[x]	Executive Officer	[ ]	Director [ ]	General and/or Managing Partner
Full Name (Last r	name first, if individu	ıal)		AND THE RESERVE AND THE PARTY OF THE PARTY O	artina 1992 - Arbaniski postava i Paritina (1992)	The second secon	ar and an income is a simple and common over the common single and common over the common over
Mathas, Theodore	Α.						
	dence Address (Nu le, New York, New Y		et, City	, State, Zip 0	Code)		
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Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[]	Executive Officer	[X]	Director [ ]	General and/or Managing Partner
Full Name (Last in Baylis, Robert M.	name first, if individu	al)			The Control of the Co		
Business or Resi	dence Address (Nu	mber and Stree	t, City	, State, Zip (	Code)		
51 Madison Aven	ue, New York, New Y	ork 10010	·		r		
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[]	Executive Officer	X	Director [ ]	General and/or Managing Partner
Full Name (Last Burns, William G	name first, if individu	ıal)					ang anua - paol de la camanagan anona - , a faultatata debum a ann a
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	ue, New York, New Y			· · · · · · · · · · · · · · · · · · ·	,		
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Ortino, Hector R.						· · · · · · · · · · · · · · · · · · ·	
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Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[]	Executive Officer	<b>[X]</b>	Director [ ]	General and/or Managing Partner
Full Name (Last n Broadhead, James	ame first, if individu L.	al)					
	<b>lence Address (Nur</b> le, New York, New Y		City	, State, Zip Cod	e)	recognised and the second	
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[ ]	Executive Officer	[X]	Director [ ]	General and/or Managing Partner
Full Name (Last r Foster, Kent B.	ame first, if individu	al)	47.64.4	and the second and an area of the second as the second	To be a Chieve	and the state of t	and the second s
	dence Address (Nui ie, New York, New Y		City	, State, Zip Cod	e)	n Castrach Alle - Na Gaussia an Aire a	
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	dence Address (Nui ie, New York, New Y		City	, State, Zip Cod	e)		
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Full Name (Last r McCraw, Jr., Lesli	name first, if individu	ıal)		18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -		The American State of the State	er van eeu - La Vandeer van Andree en van Verlande van de verschij van de van de verschij van de van de verschij
	dence Address (Nu	mber and Street	, Cit	, State, Zip Cod	e)		
	e, New York, New Y						
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Full Name (Last r Pivirotto, Richard	name first, if individu R.	al)	<del>adi</del>	A CALLANDER CONTRACTOR OF THE STREET, AND ADDRESS.		and the second s	and a sign and an a sign of the sign of the sign and a sign and a sign of the sign and sign of the sign and a
	dence Address (Nu		, City	y, State, Zip Cod	e)		

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Full Name (Last r Hildebrand, Philip	name first, if individu J.	al)	The second second		and the second second second second		
	dence Address (Nur ue, New York, New Y		t, City	, State, Zip	Code)		
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Full Name (Last r	name first, if individu	ıal)	A PERMISSION OF PA		***************************************		
	dence Address (Nu ue, New York, New Y		t, City	, State, Zip	Code)		
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Full Name (Last   Sproule, Michael	name first, if individu E.	ıal)					
	<b>dence Address (Nu</b> ue, New York, New Y		t, City	, State, Zip	Code)		
Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[X]	Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last of Campbell, Judith I	name first, if individu	ıal)				and the second s	
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	dence Address (Nu		t, City	, State, Zip	Code)	and an all the second s	hatis Marie viene austrumbus (4 km) e viene ekine under ekine ekine ekine ekine ekine ekine ekine ekine ekine e
51 Madison Aven	ue, New York, New Y	ork 10010		TO A STATE OF THE			and the state of t
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Check Box(es) that Apply:	[]	Promoter [	] Beneficial Owner	[]	Executive Officer	[X]	Director [ ]	General and/or Managing Partner
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Check Box(es) that Apply:	[]	Promoter [	] Beneficial Owner	[x]	Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last Smith, Robert L.	name	e first, if indiv	idual)	· · · · · · · · · · · · · · · · · · ·		and the second		
Business or Resi		•		et, City	, State, Zip	Code)		
Check Box(es) that Apply:	[]	Promoter [	Beneficial Owner	[X]	Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last Cullen, John A.	name	e first, if indiv	idual)		are and the described by a promobile		Martines III Antis Victor - Marcille III & Paulai	g t y tract than an ann ann ann ann ann an airtean th' tha ainm t' sa an airtean an a
Business or Res 51 Madison Aver		•		et, City	, State, Zip	Code)		
Check Box(es) that Apply:	[]	Promoter [	Beneficial Owner	[x]	Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last Steinberg, Joel M		first, if indiv	idual)	and the second second second second			and a supplementary of the sup	ann a mara a cum air - an a chainn a chainn ann an 1930 — ann 1970 (1970) a 1970 — 1970 (1970)
Business or Res 51 Madison Aver		•		et, City	, State, Zip	Code)		
Check Box(es) that Apply:	[]	Promoter [	Beneficial Owner	[]	Executive Officer	[ ]	Director [ ]	General and/or Managing Partner
Full Name (Last	name	e first, if indiv	idual)	nendermela mer <del>lek</del> dine Te			on an other transmissions is approved a comment	
Business or Res	idenc	e Address (i	Number and Stre	et, City	, State, Zip	Code)	<del></del>	The second of th

Check Box(es) [ ] Promoter [ ] Beneficial [ ] Executive [ ] Director [ ] Gene that Apply: Owner Officer Management	aging
full Name (Last name first, if individual)	The second secon
Business or Residence Address (Number and Street, City, State, Zip Code)	C
(Use blank sheet, or copy and use additional copies of this sheet, as necessa	iry.)
B. INFORMATION ABOUT OFFERING	The second secon
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  [	'es No ] [x]
Answer also in Appendix, Column 2, if filing under ULOE.	. 1*
· · · · · · · · · · · · · · · · · · ·	es No
3. Does the offering permit joint ownership of a single unit?	[X]
connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	
Full Name (Last name first, if individual)  NYLIFE Securities Inc.	
Business or Residence Address (Number and Street, City, State, Zip Code)	Total Control of the
335 Madison Avenue, Suite 200, New York, NY 10017	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]
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Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	States

<sup>\*</sup> Estimated solely for the purpose of preparing this form. Each participant may defer up to 100% of their first year commissions received from the Company. They may also transfer up to 100% of the balance of certain other accounts held by the Company.

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [LL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OH] [NT] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WV] [WV] [WV] [WV] [WV] [WV] [WV	1) [MS] () [OR]	[ID] [MO] [PA] [PR]
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Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		
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(Use blank sheet, or copy and use additional copies of this sheet, a	necessa	ry.)
		•
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE		
Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none"	OF PROC	EEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ <u>N/A</u>	\$ <u>N/A</u>
Equity	\$ N/A	\$ N/A
[ ] Common [ ] Preferred		
Convertible Securities (including warrants)	\$_ N/A	\$_ N/A
Partnership Interests	\$ N/A	\$ N/A
Other (Specify: Interests in Deferred First Year Commission Plan)	\$ 15,000,000**	\$
Total	\$ 15,000,000	\$
Answer also in Appendix, Column 3, if filing under ULOE.		

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

<sup>\*\*</sup> Estimated solely for this form. Each participant may defer up to 100% of their first year commissions received from the Company. Each participant's election assumes a minimum compensation level of \$200,000 for the first year. Participants may also transfer up to 100% of the balance of certain other accounts held at the Company.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Sold	Amount
Rule 505	N/A	\$N	'A
Regulation A	N/A	\$N/.	A
Rule 504	N/A	\$ N/.	A
Total	N/A	\$ N/	A

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[x] <b>\$</b>	- 0 -
Printing and Engraving Costs	[x] <b>\$</b>	- 0 -
Legal Fees	[x] <b>\$</b>	5,500
Accounting Fees	[x] <b>\$</b>	- 0 - ***
Engineering Fees	[x] <b>\$</b>	- 0 -
Sales Commissions (specify finders' fees separately)	[x] <b>\$</b>	- 0 -
Other Expenses (identify) Operational expenses	[X] <b>\$</b>	- 0 -
Total	[X] \$	5,500

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ............

14,994,500

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Salaries and fees  Purchase of real estate  Purchase, rental or leasing and installation of machinery
and equipment  Construction or leasing of plant buildings and facilities
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness
Working capital Other (specify):Deferred compensation for investment
Column Totals Total Payments Listed (column totals added)

Payments to Officers, Directors, & Affiliates  [3] \$	Payments To Others [N] \$ -0- [N] \$ -0-		
[}\$0-	[X] \$ <u>-0-</u>		
[X] <b>\$</b>	[X] \$ <u>-0-</u>		
[7] \$	[ <b>*</b> \$		
[X] \$ -0-	[X] <b>\$</b>		
[X] \$ -0-	[X] \$ <u>-0-</u>		
[x] <b>\$</b> 14,994,500	[X] \$		
[*] \$	_[X] <b>\$</b> 0-		
[X] \$ 14,994,500	M \$ -0-		
[x] \$ 14,994,500			

\*\*\* All accounting expenses will be borne by the Company.

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securițies and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Şignature / /	Date
New York Life Insurance Company	V ////	January 10, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Gerard A. Rocchi	Senior Vice President	

ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
.  1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

		~ Y /	
Issuer (Print or Type)		Signature /	Date
New York Life Insurance Company			January 10, 2003
Name of Signer (Print or Type)	7	Title (Print or Type)	
Gerard A. Rocchi		Senior Vice President	

Instruction: