

FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Primary Business Name: NEW YORK LIFE INVESTMENT MANAGEMENT LLC	CRD Number: 109591
Annual Amendment - All Sections	Rev. 10 / 2021
3 / 30 / 2026 3:23:48 PM	

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an *umbrella registration*, the information in Item 1 should be provided for the *filing adviser* only. General Instruction 5 provides information to assist you with filing an *umbrella registration*.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):
NEW YORK LIFE INVESTMENT MANAGEMENT LLC

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.
NEW YORK LIFE INVESTMENT MANAGEMENT LLC

List on [Section 1.B. of Schedule D](#) any additional names under which you conduct your advisory business.

(2) If you are using this Form ADV to register more than one investment adviser under an *umbrella registration*, check this box ☐

If you check this box, complete a Schedule R for each relying adviser.

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of
☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-57396**
(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:
(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

CIK Number
1133639

E. (1) If you have a number ("CRD Number") assigned by the *FINRA's CRD* system or by the IARD system, your *CRD* number: **109591**

If your firm does not have a *CRD* number, skip this Item 1.E. Do not provide the *CRD* number of one of your officers, employees, or affiliates.

(2) If you have additional *CRD* Numbers, your additional *CRD* numbers:
No Information Filed

F. Principal Office and Place of Business

(1) Address (do not use a P.O. Box):
Number and Street 1: Number and Street 2:
51 MADISON AVENUE
City: State: Country: ZIP+4/Postal Code:
NEW YORK New York United States 10010

If this address is a private residence, check this box: ☐

List on [Section 1.F. of Schedule D](#) any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest twenty-five offices in terms of numbers of employees as of the end of your most recently completed fiscal year.

(2) Days of week that you normally conduct business at your principal office and place of business:
☒ Monday - Friday ☐ Other:

Normal business hours at this location:
9:00 A.M - 5:00 P.M.

(3) Telephone number at this location:
888-474-7725

(4) Facsimile number at this location, if any:

(5) What is the total number of offices, other than your principal office and place of business, at which you conduct investment advisory business as of

the end of your most recently completed fiscal year?

0

G.

Mailing address, if different from your *principal office and place of business* address:

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

H.

If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

I.

Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?

Yes

No

If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on [Section 1.I. of Schedule D](#). If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses of websites or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (e-mail) addresses of employees or the addresses of employee accounts on publicly available social media platforms.

J.

Chief Compliance Officer

(1) Provide the name and contact information of your Chief Compliance Officer. If you are an *exempt reporting adviser*, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:

Telephone number:

Number and Street 1:

City:

Other titles, if any:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

Electronic mail (e-mail) address, if Chief Compliance Officer has one:

(2) If your Chief Compliance Officer is compensated or employed by any *person* other than you, a *related person* or an investment company registered under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the *person's* name and IRS Employer Identification Number (if any):

Name:

IRS Employer Identification Number:

K.

Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.

Name:

Telephone number:

Number and Street 1:

City:

Titles:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

Electronic mail (e-mail) address, if contact person has one:

L.

Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your *principal office and place of business*?

Yes

No

If "yes," complete [Section 1.L. of Schedule D](#).

M.

Are you registered with a *foreign financial regulatory authority*?

Yes

No

Answer "no" if you are not registered with a foreign financial regulatory authority, even if you have an affiliate that is registered with a foreign financial regulatory authority. If "yes," complete [Section 1.M. of Schedule D](#).

N.

Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934?

Yes

No

O.

Did you have \$1 billion or more in assets on the last day of your most recent fiscal year?

If yes, what is the approximate amount of your assets:

☐ \$1 billion to less than \$10 billion

☐ \$10 billion to less than \$50 billion

☒ \$50 billion or more

For purposes of Item 1.O. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your total assets using the total assets shown on the balance sheet for your most recent fiscal year end.

P. Provide your *Legal Entity Identifier* if you have one:
IGJ1X7QLRC5K7CY9GE11

A *legal entity identifier* is a unique number that companies use to identify each other in the financial marketplace. You may not have a *legal entity identifier*.

SECTION 1.B. Other Business Names

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: NEW YORK LIFE INVESTMENT MANAGEMENT

Jurisdictions

☒ AL	☒ IL	☒ NE	☒ SC
☒ AK	☒ IN	☒ NV	☒ SD
☒ AZ	☒ IA	☒ NH	☒ TN
☒ AR	☒ KS	☒ NJ	☒ TX
☒ CA	☒ KY	☒ NM	☒ UT
☒ CO	☒ LA	☒ NY	☒ VT
☒ CT	☒ ME	☒ NC	☒ VI
☒ DE	☒ MD	☒ ND	☒ VA
☒ DC	☒ MA	☒ OH	☒ WA
☒ FL	☒ MI	☒ OK	☒ WV
☒ GA	☒ MN	☒ OR	☒ WI
☒ GU	☒ MS	☒ PA	☒ WY
☒ HI	☒ MO	☒ PR	☐ Other:
☒ ID	☒ MT	☒ RI	

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: NYLI

Jurisdictions

☒ AL	☒ IL	☒ NE	☒ SC
☒ AK	☒ IN	☒ NV	☒ SD
☒ AZ	☒ IA	☒ NH	☒ TN
☒ AR	☒ KS	☒ NJ	☒ TX
☒ CA	☒ KY	☒ NM	☒ UT
☒ CO	☒ LA	☒ NY	☒ VT
☒ CT	☒ ME	☒ NC	☒ VI
☒ DE	☒ MD	☒ ND	☒ VA
☒ DC	☒ MA	☒ OH	☒ WA
☒ FL	☒ MI	☒ OK	☒ WV
☒ GA	☒ MN	☒ OR	☒ WI
☒ GU	☒ MS	☒ PA	☒ WY
☒ HI	☒ MO	☒ PR	☐ Other:
☒ ID	☒ MT	☒ RI	

SECTION 1.F. Other Offices

SECTION 1.I. Website Addresses

List your website addresses, including addresses for accounts on publicly available social media platforms where you control the content (including, but not limited to, Twitter, Facebook and/or LinkedIn). You must complete a separate Schedule D Section 1.I. for each website or account on a publicly available social media platform.

Address of Website/Account on Publicly Available Social Media Platform:

https://www.linkedin.com/company/nylim

Address of Website/Account on Publicly Available Social Media Platform:

https://www.instagram.com/nyinvestmentmanagement/

Address of Website/Account on Publicly Available Social Media Platform:

https://www.linkedin.com/company/mackay-municipal-managers

Address of Website/Account on Publicly Available Social Media Platform:

https://reddit.com/user/NYLInvestments

Address of Website/Account on Publicly Available Social Media Platform:

https://youtube.com/@NYLInvestmentManagement

Address of Website/Account on Publicly Available Social Media Platform:

https://facebook.com/NYLInvestmentManagement/

Address of Website/Account on Publicly Available Social Media Platform:

https://nylim.com

Address of Website/Account on Publicly Available Social Media Platform:

https://x.com/NYLIManagement

Address of Website/Account on Publicly Available Social Media Platform:

https://www.tiktok/@nylinvestmentmanagement

Address of Website/Account on Publicly Available Social Media Platform:

https://twitter.com/mackayshields

Address of Website/Account on Publicly Available Social Media Platform:

https://www.linkedin.com/company/mackay-shields

Address of Website/Account on Publicly Available Social Media Platform:

https://twitter.com/MacKayMuniMgrs

Address of Website/Account on Publicly Available Social Media Platform:

https://www.linkedin.com/company/apogem-capital

Address of Website/Account on Publicly Available Social Media Platform:

https://www.nylim.jp/

SECTION 1.L. Location of Books and Records

Complete the following information for each location at which you keep your books and records, other than your *principal office and place of business*. You must complete a separate Schedule D, Section 1.L. for each location.

Name of entity where books and records are kept:

FINANCIAL RECOVERY TECHNOLOGIES

Number and Street 1:
400 RIVERS EDGE DRIVE 4TH FLOOR

City:
MEDFORD

State:
Massachusetts

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
02155

If this address is a private residence, check this box: ☐

Telephone Number:
339-674-1000

Facsimile number, if any:

This is (check one):

☐ one of your branch offices or affiliates.

☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.

NYLI ETF CLASS ACTIONS RECORDS

Number and Street 1:
1055 BROADWAY BLVD

City:
KANSAS CITY

State:
Missouri

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
64105-1594

If this address is a private residence, check this box: ☐

Telephone Number:
816-435-1000

Facsimile number, if any:

This is (check one):

☐ one of your branch offices or affiliates.

☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.

NYLI FUND RECORDS

Number and Street 1:
1 FREEDOM VALLEY DRIVE

City:
OAKS

State:
Pennsylvania

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
19456

If this address is a private residence, check this box: ☐

Telephone Number:
610-676-1000

Facsimile number, if any:

This is (check one):

☐ one of your branch offices or affiliates.

☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.

"BOOKS AND RECORDS THAT ARE REQUIRED TO BE KEPT PURSUANT TO RULE 204 (2) OF THE INVESTMENT ADVISERS ACT OF 1940 RELATING TO OUR MANAGED ACCOUNTS BUSINESS"

Name of entity where books and records are kept:
NYLIM SERVICE COMPANY LLC

Number and Street 1:
30 HUDSON STREET

Number and Street 2:

City: JERSEY CITY State: New Jersey Country: United States ZIP+4/Postal Code: 07302

If this address is a private residence, check this box: ☐

Telephone Number: 800-624-6782 Facsimile number, if any:

- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
NYLI FUND RECORDS

Name of entity where books and records are kept:
AMAZON WEB SERVICES

Number and Street 1:
410 TERRY AVENUE NORTH

Number and Street 2:

City: SEATTLE State: Washington Country: United States ZIP+4/Postal Code: 98109

If this address is a private residence, check this box: ☐

Telephone Number: 202-266-1000 Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
BOOKS AND RECORDS THAT ARE REQUIRED UNDER SECTION 204 OF THE ADVISERS ACT

Name of entity where books and records are kept:
STATE STREET BANK AND TRUST COMPANY

Number and Street 1:
ONE LINCOLN STREET

Number and Street 2:

City: BOSTON State: Massachusetts Country: United States ZIP+4/Postal Code: 02111-2900

If this address is a private residence, check this box: ☐

Telephone Number: (617) 786-3000 Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.

☒ other.

Briefly describe the books and records kept at this location.
NYLI FUNDS RECORDS

Name of entity where books and records are kept:
THE CLINTON DATA CENTER

Number and Street 1: 110 COKESBURY ROAD		Number and Street 2:	
City: LEBANON	State: New Jersey	Country: United States	ZIP+4/Postal Code: 08833

If this address is a private residence, check this box: ☐

Telephone Number: 908-236-3361	Facsimile number, if any:
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This is (check one):

☐ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☒ other.

Briefly describe the books and records kept at this location.
BOOKS AND RECORDS THAT ARE REQUIRED TO BE KEPT PURSUANT TO RULE 204 (2) OF THE INVESTMENT ADVISERS ACT OF 1940.

Name of entity where books and records are kept:
JP MORGAN

Number and Street 1: 383 MADISON AVENUE		Number and Street 2:	
City: NEW YORK	State: New York	Country: United States	ZIP+4/Postal Code: 10179

If this address is a private residence, check this box: ☐

Telephone Number: 212-270-6000	Facsimile number, if any:
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This is (check one):

☐ one of your branch offices or affiliates.

☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
NYLI FUNDS RECORDS

Name of entity where books and records are kept:
INSTITUTIONAL SHAREHOLDER SERVICES INC

Number and Street 1: 702 KING FARM BOULEVARD		Number and Street 2: SUITE 400	
City: ROCKVILLE	State: Maryland	Country: United States	ZIP+4/Postal Code: 20850

If this address is a private residence, check this box: ☐

Telephone Number: (646) 680-6350	Facsimile number, if any:
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- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
PROXY VOTING RECORDS

Name of entity where books and records are kept:
MACKAY SHIELDS LLC

Number and Street 1: 1345 AVENUE OF THE AMERICAS		Number and Street 2: 43RD FLOOR	
City: NEW YORK	State: New York	Country: United States	ZIP+4/Postal Code: 10105

If this address is a private residence, check this box: ☐

Telephone Number: (212) 758-5400	Facsimile number, if any:
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
TRADING RECORDS FOR MULTI ASSETS SOLUTIONS TEAM (MAS).

Name of entity where books and records are kept:
ULTIMUS FUND SOLUTIONS LLC

Number and Street 1: 225 PITORIA DRIVE #450		Number and Street 2:	
City: CINCINNATI	State: Ohio	Country: United States	ZIP+4/Postal Code: 05246

If this address is a private residence, check this box: ☐

Telephone Number: 513-587-3400	Facsimile number, if any:
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- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
NYLI FUND RECORDS

Name of entity where books and records are kept:
ALPS DISTRIBUTORS INC

Number and Street 1: 1290 BROADWAY		Number and Street 2: SUITE 1100	
City: DENVER	State: Colorado	Country: United States	ZIP+4/Postal Code: 80203

If this address is a private residence, check this box: ☐

Telephone Number: 866-759-5679
Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
NYLI ETF FUND RECORDS

Name of entity where books and records are kept:
COMPLYSCI

Number and Street 1:	Number and Street 2:		
136 MADISON AVE	6TH FL		
City:	State:	Country:	ZIP+4/Postal Code:
NEW YORK	New York	United States	10016

If this address is a private residence, check this box: ☐

Telephone Number: 212-327-1433
Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
CODE OF ETHICS RECORDS

Name of entity where books and records are kept:
NEW YORK LIFE INVESTMENT MANAGEMENT LLC

Number and Street 1:	Number and Street 2:		
30 HUDSON STREET			
City:	State:	Country:	ZIP+4/Postal Code:
JERSEY CITY	New Jersey	United States	07302

If this address is a private residence, check this box: ☐

Telephone Number: 888-474-7725
Facsimile number, if any: 973-394-4635

- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
INFORMATION RELATED TO REGISTRANT'S CODE OF ETHICS, INSIDER TRADING POLICIES AND PROCEDURES, WRAP FEE PROGRAMS, MARKETING MATERIALS AND CERTAIN REQUIRED ACCOUNTING JOURNALS.

Name of entity where books and records are kept:
BANK OF NEW YORK MELLON CORPORATION

Number and Street 1:
240 GREENWICH STREET

City:
NEW YORK

State:
New York

Number and Street 2:

Country:
United States

ZIP+4/Postal Code:
10286

If this address is a private residence, check this box: ☐

Telephone Number:
212-495-1784

Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.

BANK OF NEW YORK MELLON WILL ACTS AS THE TRANSFER AGENT, ADMINISTRATOR, AND CUSTODIAN FUND ACCOUNTANT, ETC. FOR CERTAIN OF THE NYLI EXCHANGE TRADED FUNDS AND MAINTAINS BOOKS AND RECORDS THAT ARE REQUIRED TO BE KEPT PURSUANT TO RULE 204-2 OF THE INVESTMENT ADVISERS ACT OF 1940. BNY ARCHER MAINTAINS CERTAIN BOOKS AND RECORDS REALTING TO THE SMA BUSINESS.

Name of entity where books and records are kept:

COMPUTERSHARE INC

Number and Street 1:
150 ROYALL SREET

City:
CANTON

State:
Massachusetts

Number and Street 2:

Country:
United States

ZIP+4/Postal Code:
02021

If this address is a private residence, check this box: ☐

Telephone Number:
781-575-2000

Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.

NYLI FUND RECORDS

Name of entity where books and records are kept:

SMARSH

Number and Street 1:
11 TIMES SQUARE

City:
NEW YORK

State:
New York

Number and Street 2:
31ST FL

Country:
United States

ZIP+4/Postal Code:
10036

If this address is a private residence, check this box: ☐

Telephone Number:
888-959-8017

Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.

Name of entity where books and records are kept:
 AXS-ONE

Number and Street 1: 100 TORMEE DR		Number and Street 2: #100	
City: TINTON FALLS	State: New Jersey	Country: United States	ZIP+4/Postal Code: 07712

If this address is a private residence, check this box: ☐

Telephone Number: 800-333-0568	Facsimile number, if any:
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This is (check one):

☐ one of your branch offices or affiliates.

☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
 RECORDS RELATING TO ELECTRONIC COMMUNICATIONS

Name of entity where books and records are kept:
 NORMAI

Number and Street 1: 250 GREENWICH ST		Number and Street 2: 39TH FL	
City: NEW YORK	State: New York	Country: United States	ZIP+4/Postal Code: 10007

If this address is a private residence, check this box: ☐

Telephone Number: 646-494-7655	Facsimile number, if any:
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This is (check one):

☐ one of your branch offices or affiliates.

☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
 RECORDS RELATING TO MARKETING MATERIALS

Name of entity where books and records are kept:
 ALLEGO

Number and Street 1: 130 TURNER ST		Number and Street 2: SUITE 700, BLDG 3	
City: WALTHAM	State: Massachusetts	Country: United States	ZIP+4/Postal Code: 02435

If this address is a private residence, check this box: ☐

Telephone Number: 781-400-2035	Facsimile number, if any:
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This is (check one):

☐ one of your branch offices or affiliates.

- ☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RELATING TO ELECTRONIC COMMUNICATIONS

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

List the name and country, in English, of each *foreign financial regulatory authority* with which you are registered. You must complete a separate Schedule D Section 1.M. for each *foreign financial regulatory authority* with whom you are registered.

Name of Country/*Foreign Financial Regulatory Authority*:
South Korea - Financial Supervisory Commission / Financial Supervisory Service

Other:

Item 2 SEC Registration / Reporting

Responses to this Item help us (and you) determine whether you are eligible to register with the SEC. Complete this Item 2.A. only if you are applying for SEC registration or submitting an *annual updating amendment* to your SEC registration. If you are filing an *umbrella registration*, the information in Item 2 should be provided for the *filing adviser* only.

- A. To register (or remain registered) with the SEC, you must check **at least one** of the Items 2.A.(1) through 2.A.(12), below. If you are submitting an *annual updating amendment* to your SEC registration and you are no longer eligible to register with the SEC, check Item 2.A.(13). [Part 1A Instruction 2](#) provides information to help you determine whether you may affirmatively respond to each of these items.
- You (the adviser):
- ☒ (1) are a **large advisory firm** that either:

(a) has regulatory assets under management of \$100 million (in U.S. dollars) or more; or

(b) has regulatory assets under management of \$90 million (in U.S. dollars) or more at the time of filing its most recent *annual updating amendment* and is registered with the SEC;

☐ (2) are a **mid-sized advisory firm** that has regulatory assets under management of \$25 million (in U.S. dollars) or more but less than \$100 million (in U.S. dollars) and you are either:

(a) not required to be registered as an adviser with the *state securities authority* of the state where you maintain your *principal office and place of business*; or

(b) not subject to examination by the *state securities authority* of the state where you maintain your *principal office and place of business*;

Click [HERE](#) for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

☐ (3) Reserved

☐ (4) have your *principal office and place of business* **outside the United States**;

☒ (5) are **an investment adviser (or subadviser) to an investment company** registered under the Investment Company Act of 1940;

☐ (6) are **an investment adviser to a company which has elected to be a business development company** pursuant to section 54 of the Investment Company Act of 1940 and has not withdrawn the election, and you have at least \$25 million of regulatory assets under management;

☐ (7) are a **pension consultant** with respect to assets of plans having an aggregate value of at least \$200,000,000 that qualifies for the exemption in rule 203A-2(a);

☐ (8) are a **related adviser** under rule 203A-2(b) that *controls*, is *controlled* by, or is under common *control* with, an investment adviser that is registered with the SEC, and your *principal office and place of business* is the same as the registered adviser;

If you check this box, complete [Section 2.A.\(8\) of Schedule D](#).

☐ (9) are an **adviser** relying on rule 203A-2(c) because you **expect to be eligible for SEC registration within 120 days**;

If you check this box, complete [Section 2.A.\(9\) of Schedule D](#).

☐ (10) are a **multi-state adviser** that is required to register in 15 or more states and is relying on rule 203A-2(d);

If you check this box, complete [Section 2.A.\(10\) of Schedule D](#).

☐ (11) are an **Internet adviser** relying on rule 203A-2(e);

If you check this box, complete [Section 2.A.\(11\) of Schedule D](#).

☐ (12) have **received an SEC order** exempting you from the prohibition against registration with the SEC;

If you check this box, complete [Section 2.A.\(12\) of Schedule D](#).

☐ (13) are **no longer eligible** to remain registered with the SEC.

State Securities Authority Notice Filings and State Reporting by Exempt Reporting Advisers

C. Under state laws, SEC-registered advisers may be required to provide to *state securities authorities* a copy of the Form ADV and any amendments they file with the SEC. These are called *notice filings*. In addition, *exempt reporting advisers* may be required to provide *state securities authorities* with a copy of reports and any amendments they file with the SEC. If this is an initial application or report, check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to direct your *notice filings* or reports to additional state(s), check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to your registration to stop your *notice filings* or reports from going to state(s) that currently receive them, uncheck the box(es) next to those state(s).

Jurisdictions

☒ AL	☒ IL	☒ NE	☒ SC
☒ AK	☒ IN	☒ NV	☒ SD
☒ AZ	☒ IA	☒ NH	☒ TN
☒ AR	☒ KS	☒ NJ	☒ TX
☒ CA	☒ KY	☒ NM	☒ UT
☒ CO	☒ LA	☒ NY	☒ VT
☒ CT	☒ ME	☒ NC	☒ VI
☒ DE	☒ MD	☒ ND	☒ VA
☒ DC	☒ MA	☒ OH	☒ WA
☒ FL	☒ MI	☒ OK	☒ WV
☒ GA	☒ MN	☒ OR	☒ WI
☐ GU	☒ MS	☒ PA	☒ WY
☒ HI	☒ MO	☒ PR	
☒ ID	☒ MT	☒ RI	

If you are amending your registration to stop your notice filings or reports from going to a state that currently receives them and you do not want to pay that state's notice filing or report filing fee for the coming year, your amendment must be filed before the end of the year (December 31).

SECTION 2.A.(8) Related Adviser

If you are relying on the exemption in rule 203A-2(b) from the prohibition on registration because you *control*, are *controlled* by, or are under common *control* with an investment adviser that is registered with the SEC and your *principal office and place of business* is the same as that of the registered adviser, provide the following information:

Name of Registered Investment Adviser

CRD Number of Registered Investment Adviser

SEC Number of Registered Investment Adviser

-

SECTION 2.A.(9) Investment Adviser Expecting to be Eligible for Commission Registration within 120 Days

If you are relying on rule 203A-2(c), the exemption from the prohibition on registration available to an adviser that expects to be eligible for SEC registration within 120 days, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations. You must make both of these representations:

- ☐ I am not registered or required to be registered with the SEC or a *state securities authority* and I have a reasonable expectation that I will be eligible to register with the SEC within 120 days after the date my registration with the SEC becomes effective.
- ☐ I undertake to withdraw from SEC registration if, on the 120th day after my registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

SECTION 2.A.(10) Multi-State Adviser

If you are relying on rule 203A-2(d), the multi-state adviser exemption from the prohibition on registration, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations.

If you are applying for registration as an investment adviser with the SEC, you must make both of these representations:

- ☐ I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of 15 or more states to register as an investment adviser with the *state securities authorities* in those states.
- ☐ I undertake to withdraw from SEC registration if I file an amendment to this registration indicating that I would be required by the laws of fewer than 15 states to register as an investment adviser with the *state securities authorities* of those states.

If you are submitting your *annual updating amendment*, you must make this representation:

☐ Within 90 days prior to the date of filing this amendment, I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of at least 15 states to register as an investment adviser with the *state securities authorities* in those states.

SECTION 2.A.(11) Internet Adviser

If you are relying on rule 203A-2(e), the Internet adviser exemption from the prohibition on registration, you are required to make a representation about your eligibility for SEC registration. By checking the appropriate box, you will be deemed to have made the required representation.

If you are applying for registration as an investment adviser with the SEC or changing your existing Item 2 response regarding your eligibility for SEC registration, you must make this representation:

☐ I will provide investment advice on an ongoing basis to more than one client exclusively through an *operational interactive website*.

If you are filing an annual updating amendment to your existing registration and are continuing to rely on the Internet adviser exemption for SEC registration, you must make this representation:

☐ I have provided and will continue to provide investment advice on an ongoing basis to more than one client exclusively through an *operational interactive website*.

SECTION 2.A.(12) SEC Exemptive Order

If you are relying upon an SEC order exempting you from the prohibition on registration, provide the following information:

Application Number:

803-

Date of order:

Item 3 Form of Organization

If you are filing an *umbrella registration*, the information in Item 3 should be provided for the *filing adviser* only.

A. How are you organized?

- ☐ Corporation
- ☐ Sole Proprietorship
- ☐ Limited Liability Partnership (LLP)
- ☐ Partnership
- ☒ Limited Liability Company (LLC)
- ☐ Limited Partnership (LP)
- ☐ Other (specify):

If you are changing your response to this Item, see [Part 1A Instruction 4](#).

B. In what month does your fiscal year end each year?
DECEMBER

C. Under the laws of what state or country are you organized?

State	Country
Delaware	United States

If you are a partnership, provide the name of the state or country under whose laws your partnership was formed. If you are a sole proprietor, provide the name of the state or country where you reside.

If you are changing your response to this Item, see [Part 1A Instruction 4](#).

Item 4 Successions

Yes No

A. Are you, at the time of this filing, succeeding to the business of a registered investment adviser, including, for example, a change of your structure or legal status (e.g., form of organization or state of incorporation)?

If "yes", complete Item 4.B. and Section 4 of Schedule D.

B. Date of Succession: (MM/DD/YYYY)

Item 5 Information About Your Advisory Business - Employees, Clients, and Compensation

Responses to this Item help us understand your business, assist us in preparing for on-site examinations, and provide us with data we use when making regulatory policy. [Part 1A Instruction 5.a](#). provides additional guidance to newly formed advisers for completing this Item 5.

Employees

If you are organized as a sole proprietorship, include yourself as an employee in your responses to Item 5.A. and Items 5.B.(1), (2), (3), (4), and (5). If an employee performs more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5).

A.

Approximately how many *employees* do you have? Include full- and part-time *employees* but do not include any clerical workers.

364

B.

(1)

Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?

18

(2)

Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer?

192

(3)

Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*?

0

(4)

Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives* for an investment adviser other than you?

0

(5)

Approximately how many of the *employees* reported in 5.A. are licensed agents of an insurance company or agency?

0

(6)

Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?

0

In your response to Item 5.B.(6), do not count any of your employees and count a firm only once – do not count each of the firm's employees that solicit on your behalf.

Clients

In your responses to Items 5.C. and 5.D. do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship with those investors.

C.

(1)

To approximately how many *clients* for whom you do not have regulatory assets under management did you provide investment advisory services during your most recently completed fiscal year?

1

(2)

Approximately what percentage of your *clients* are non-*United States persons*?

1%

D.

For purposes of this Item 5.D., the category "*individuals*" includes trusts, estates, and 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships.

The category "*business development companies*" consists of companies that have made an election pursuant to section 54 of the Investment Company Act of 1940. Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, do not answer (1)(d) or (3)(d) below.

Indicate the approximate number of your *clients* and amount of your total regulatory assets under management (reported in Item 5.F. below) attributable to each of the following type of *client*. If you have fewer than 5 *clients* in a particular category (other than (d), (e), and (f)) you may check Item 5.D.(2) rather than respond to Item 5.D.(1).

The aggregate amount of regulatory assets under management reported in Item 5.D.(3) should equal the total amount of regulatory assets under management reported in Item 5.F.(2)(c) below.

If a *client* fits into more than one category, select one category that most accurately represents the *client* to avoid double counting *clients* and assets. If you advise a registered investment company, business development company, or pooled investment vehicle, report those assets in categories (d), (e), and (f) as applicable.

Type of <i>Client</i>	(1) Number of <i>Client(s)</i>	(2) Fewer than 5 <i>Clients</i>	(3) Amount of Regulatory Assets under Management
(a) Individuals (other than <i>high net worth individuals</i>)	808	☐	\$ 572,863,507
(b) <i>High net worth individuals</i>		☐	\$
(c) Banking or thrift institutions		☐	\$
(d) Investment companies	105		\$ 116,175,031,663
(e) Business development companies			\$
(f) Pooled investment vehicles (other than investment companies and business development companies)	2		\$ 1,141,605,103
(g) Pension and profit sharing plans (but not the plan participants or government pension plans)		☒	\$ 292,506,696
(h) Charitable organizations		☒	\$ 27,101,109
(i) State or municipal <i>government entities</i> (including government pension plans)		☐	\$
(j) Other investment advisers		☐	\$
(k) Insurance companies		☒	\$ 1,023,977,809
(l) Sovereign wealth funds and foreign official institutions		☒	\$ 57,764,681
(m) Corporations or other businesses not listed above	18	☐	\$ 1,407,042,460
(n) Other:		☐	\$

Compensation Arrangements

E. You are compensated for your investment advisory services by (check all that apply):

- ☒ (1) A percentage of assets under your management
- ☐ (2) Hourly charges
- ☐ (3) Subscription fees (for a newsletter or periodical)
- ☒ (4) Fixed fees (other than subscription fees)
- ☐ (5) Commissions
- ☐ (6) *Performance-based fees*
- ☐ (7) Other (specify):

Item 5 Information About Your Advisory Business - Regulatory Assets Under Management

Regulatory Assets Under Management

YesNo

F. (1) Do you provide continuous and regular supervisory or management services to securities portfolios?

(2) If yes, what is the amount of your regulatory assets under management and total number of accounts?

	U.S. Dollar Amount	Total Number of Accounts
Discretionary:	(a) \$ 118,627,503,709	(d) 928
Non-Discretionary:	(b) \$ 2,070,389,319	(e) 11
Total:	(c) \$ 120,697,893,028	(f) 939

Part 1A Instruction 5.b. explains how to calculate your regulatory assets under management. You must follow these instructions carefully when completing this Item.

(3) What is the approximate amount of your total regulatory assets under management (reported in Item 5.F.(2)(c) above) attributable to *clients* who are non-*United States persons*?

\$ 926,943,338

Item 5 Information About Your Advisory Business - Advisory Activities

Advisory Activities

G. What type(s) of advisory services do you provide? Check all that apply.

- ☐ (1) Financial planning services
- ☒ (2) Portfolio management for individuals and/or small businesses
- ☒ (3) Portfolio management for investment companies (as well as "business development companies" that have made an election pursuant to section 54 of the Investment Company Act of 1940)
- ☒ (4) Portfolio management for pooled investment vehicles (other than investment companies)
- ☒ (5) Portfolio management for businesses (other than small businesses) or institutional *clients* (other than registered investment companies and other pooled investment vehicles)
- ☐ (6) Pension consulting services
- ☐ (7) Selection of other advisers (including *private fund* managers)
- ☐ (8) Publication of periodicals or newsletters
- ☐ (9) Security ratings or pricing services
- ☐ (10) Market timing services
- ☐ (11) Educational seminars/workshops

(12) Other(specify):

Do not check Item 5.G.(3) unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, including as a subadviser. If you check Item 5.G.(3), report the 811 or 814 number of the investment company or investment companies to which you provide advice in [Section 5.G.\(3\) of Schedule D](#).

H.

If you provide financial planning services, to how many *clients* did you provide these services during your last fiscal year?

0

1 - 10

11 - 25

26 - 50

51 - 100

101 - 250

251 - 500

More than 500

If more than 500, how many?

(round to the nearest 500)

In your responses to this Item 5.H., do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship with those investors.

I.

(1) Do you participate in a *wrap fee program*?

(2) If you participate in a *wrap fee program*, what is the amount of your regulatory assets under management attributable to acting as:

(a) *sponsor* to a *wrap fee program*

\$ 0

(b) portfolio manager for a *wrap fee program*?

\$ 1,979,905,967

(c) *sponsor* to and portfolio manager for the same *wrap fee program*?

\$ 0

If you report an amount in Item 5.I.(2)(c), do not report that amount in Item 5.I.(2)(a) or Item 5.I.(2)(b).

If you are a portfolio manager for a *wrap fee program*, list the names of the programs, their sponsors and related information in [Section 5.I.\(2\) of Schedule D](#).

If your involvement in a *wrap fee program* is limited to recommending *wrap fee programs* to your clients, or you advise a mutual fund that is offered through a *wrap fee program*, do not check Item 5.I.(1) or enter any amounts in response to Item 5.I.(2).

Yes

No

(1) In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments?

(2) Do you report *client* assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under management?

J.

K.

Separately Managed Account *Clients*

(1) Do you have regulatory assets under management attributable to *clients* other than those listed in Item 5.D.(3)(d)-(f) (separately managed account *clients*)?

If yes, complete [Section 5.K.\(1\) of Schedule D](#).

(2) Do you engage in borrowing transactions on behalf of any of the separately managed account *clients* that you advise?

If yes, complete [Section 5.K.\(2\) of Schedule D](#).

(3) Do you engage in derivative transactions on behalf of any of the separately managed account *clients* that you advise?

If yes, complete [Section 5.K.\(2\) of Schedule D](#).

(4) After subtracting the amounts in Item 5.D.(3)(d)-(f) above from your total regulatory assets under management, does any custodian hold ten percent or more of this remaining amount of regulatory assets under management?

If yes, complete [Section 5.K.\(3\) of Schedule D](#) for each custodian.

Yes

No

L.

Marketing Activities

(1) Do any of your *advertisements* include:

Yes

No

(a) Performance results?	☒	☐
(b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?	☐	☒
(c) <i>Testimonials</i> (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	☐	☒
(d) <i>Endorsements</i> (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	☐	☒
(e) <i>Third-party ratings</i> ?	☒	☐
(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly, in connection with the use of <i>testimonials</i> , <i>endorsements</i> , or <i>third-party ratings</i> ?	☐	☒
(3) Do any of your <i>advertisements</i> include <i>hypothetical performance</i> ?	☒	☐
(4) Do any of your <i>advertisements</i> include <i>predecessor performance</i> ?	☒	☐

SECTION 5.G.(3) Advisers to Registered Investment Companies and Business Development Companies

If you check Item 5.G.(3), what is the SEC file number (811 or 814 number) of each of the registered investment companies and business development companies to which you act as an adviser pursuant to an advisory contract? You must complete a separate Schedule D Section 5.G.(3) for each registered investment company and business development company to which you act as an adviser.

SEC File Number
811 - 03833

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SEC File Number
811 - 04550

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SEC File Number
811 - 22227

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SEC File Number
811 - 22321

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SEC File Number
811 - 22551

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SEC File Number
811 - 22739

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SEC File Number
811 - 23654

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SEC File Number
811 - 23905

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SECTION 5.I.(2) *Wrap Fee Programs*

If you are a portfolio manager for one or more *wrap fee programs*, list the name of each program and its *sponsor*. You must complete a separate Schedule D Section 5.I.(2) for each *wrap fee program* for which you are a portfolio manager.

Name of *Wrap Fee Program*
AAP

Name of *Sponsor*
UBS FINANCIAL SERVICES INC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
ACCESS

Name of *Sponsor*
UBS FINANCIAL SERVICES INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
COMMUNITIES

Name of *Sponsor*
ORION PORTFOLIO SOLUTIONS, LLC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 57265

Sponsor's CRD Number (if any):
107975

Name of *Wrap Fee Program*
CONSULTING SOLUTIONS

Name of *Sponsor*
RBC WEALTH MANAGEMENT

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
IAS

Name of *Sponsor*
OPPENHEIMER ASSET MANAGEMENT

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 31427

Sponsor's CRD Number (if any):
105559

Name of *Wrap Fee Program*
IMS

Name of *Sponsor*
MORGAN STANLEY

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
INVESTMENT ADVISORY PROGRAM

Name of *Sponsor*
BANK OF AMERICA/MERRILL LYNCH

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
MA COMMAND

Name of *Sponsor*
BNY MELLON ADVISORS INC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
MAC (MANAGED ACCOUNTS CONSULTING)

Name of *Sponsor*
UBS FINANCIAL SERVICES INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
MANAGED ACCOUNT PROGRAM

Name of *Sponsor*
CHARLES SCHWAB

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of Wrap Fee Program

MANAGED ACCOUNT PROGRAM

Name of Sponsor

SIMPLICITY SOLUTIONS INC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of Wrap Fee Program

MANAGED ACCOUNT PROGRAM

Name of Sponsor

RBC WEALTH MANAGEMENT

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of Wrap Fee Program

MANAGED ACCOUNT UTILITY

Name of Sponsor

BNY MELLON ADVISORS INC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of Wrap Fee Program

MANAGED DIVERSIFIED PORTFOLIOS

Name of Sponsor

WELLS FARGO BANK

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of Wrap Fee Program

Name of *Sponsor*

LPL FINANCIAL

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*

MARKETPLACE

Name of *Sponsor*

CHARLES SCHWAB

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*

MAS (MANAGED ACCOUNT SERVICES)

Name of *Sponsor*

BANK OF AMERICA/MERRILL LYNCH

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*

NETWORK

Name of *Sponsor*

WELLS FARGO ADVISORS LLC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*

OPPORTUNITY

Name of *Sponsor*

STIFEL, NICOLAUS, & COMPANY, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):
Name of <i>Wrap Fee Program</i> OSM Name of <i>Sponsor</i> RAYMOND JAMES Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-): - Sponsor's CRD Number (if any):
Name of <i>Wrap Fee Program</i> PERSONALIZED UMA Name of <i>Sponsor</i> WELLS FARGO ADVISORS LLC Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-): - Sponsor's CRD Number (if any):
Name of <i>Wrap Fee Program</i> PNC Name of <i>Sponsor</i> PNC BANK Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-): - Sponsor's CRD Number (if any):
Name of <i>Wrap Fee Program</i> RAYMOND JAMES FREEDOM UNIFIED MANAGED ACCOUNT PROGRAM Name of <i>Sponsor</i> RAYMOND JAMES Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-): - Sponsor's CRD Number (if any):
Name of <i>Wrap Fee Program</i> SELECT SEPERATE ACCOUNT PROGRAM Name of <i>Sponsor</i>

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*

SELECT UMA

Name of *Sponsor*

MORGAN STANLEY

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*

SMARTX ADVISORY SOLUTIONS

Name of *Sponsor*

SMARTX ADVISORY SOLUTIONS

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*

SPA (STRATEGIC PORTFOLIO ADVISER)

Name of *Sponsor*

BANK OF AMERICA/MERRILL LYNCH

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*

SPS (SELECT PORTFOLIO SOLUTIONS)

Name of *Sponsor*

BANK OF AMERICA/MERRILL LYNCH

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
SWP (STRATEGIC WEALTH PORTFOLIO)

Name of *Sponsor*
UBS FINANCIAL SERVICES INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
THIRD PARTY SMA MODELS

Name of *Sponsor*
ENVESTNET

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
UNIFIED MANAGED ACCOUNT

Name of *Sponsor*
OPPENHEIMER

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
UNIFIED PORTFOLIO

Name of *Sponsor*
RBC WEALTH MANAGEMENT

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
VESTMARK MANAGER MARKETPLACE

Name of *Sponsor*
VESTMARK ADVISORY SOLUTIONS, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

Sponsor's CRD Number (if any):
221518

Name of Wrap Fee Program
VESTMARK MANAGER MARKETPLACE

Name of Sponsor
UBS FINANCIAL SERVICES INC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

SECTION 5.K.(1) Separately Managed Accounts

After subtracting the amounts reported in Item 5.D.(3)(d)-(f) from your total regulatory assets under management, indicate the approximate percentage of this remaining amount attributable to each of the following categories of assets. If the remaining amount is at least \$10 billion in regulatory assets under management, complete Question (a). If the remaining amount is less than \$10 billion in regulatory assets under management, complete Question (b).

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

End of year refers to the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment* . Mid-year is the date six months before the end of year date. Each column should add up to 100% and numbers should be rounded to the nearest percent.

Investments in derivatives, registered investment companies, business development companies, and pooled investment vehicles should be reported in those categories. Do not report those investments based on related or underlying portfolio assets. Cash equivalents include bank deposits, certificates of deposit, bankers' acceptances and similar bank instruments.

Some assets could be classified into more than one category or require discretion about which category applies. You may use your own internal methodologies and the conventions of your service providers in determining how to categorize assets, so long as the methodologies or conventions are consistently applied and consistent with information you report internally and to current and prospective clients. However, you should not double count assets, and your responses must be consistent with any instructions or other guidance relating to this Section.

(a)	Asset Type	Mid-year	End of year
	(i) Exchange-Traded Equity Securities	11 %	12 %
	(ii) Non Exchange-Traded Equity Securities	0 %	0 %
	(iii) U.S. Government/Agency Bonds	0 %	0 %
	(iv) U.S. State and Local Bonds	16 %	15 %
	(v) Sovereign Bonds	0 %	0 %
	(vi) Investment Grade Corporate Bonds	53 %	53 %
	(vii) Non-Investment Grade Corporate Bonds	0 %	0 %
	(viii) Derivatives	0 %	0 %
	(ix) Securities Issued by Registered Investment Companies or Business Development Companies	0 %	0 %
	(x) Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	0 %	0 %
	(xi) Cash and Cash Equivalents	1 %	2 %
	(xii) Other	19 %	18 %

Generally describe any assets included in "Other"
CONVERTIBLE BONDS/CONVERTIBLE PREFERRED

(b)	Asset Type	End of year
	(i) Exchange-Traded Equity Securities	%
	(ii) Non Exchange-Traded Equity Securities	%
	(iii) U.S. Government/Agency Bonds	%

(iv)	U.S. State and Local Bonds	%
(v)	Sovereign Bonds	%
(vi)	Investment Grade Corporate Bonds	%
(vii)	Non-Investment Grade Corporate Bonds	%
(viii)	Derivatives	%
(ix)	Securities Issued by Registered Investment Companies or Business Development Companies	%
(x)	Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	%
(xi)	Cash and Cash Equivalents	%
(xii)	Other	%

Generally describe any assets included in "Other"

SECTION 5.K.(2) Separately Managed Accounts - Use of *Borrowings*and Derivatives

☒ **No information is required to be reported in this Section 5.K.(2) per the instructions of this Section 5.K.(2)**

If your regulatory assets under management attributable to separately managed accounts are at least \$10 billion, you should complete Question (a). If your regulatory assets under management attributable to separately managed accounts are at least \$500 million but less than \$10 billion, you should complete Question (b).

(a) In the table below, provide the following information regarding the separately managed accounts you advise. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise. End of year refers to the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. Mid-year is the date six months before the end of year date.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of *borrowings* for the accounts included in column 1.

In column 3, provide aggregate *gross notional value* of derivatives divided by the aggregate regulatory assets under management of the accounts included in column 1 with respect to each category of derivatives specified in 3(a) through (f).

You may, but are not required to, complete the table with respect to any separately managed account with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

(i) Mid-Year

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) <i>Borrowings</i>	(3) Derivative Exposures					
			(a) <i>Interest Rate Derivative</i>	(b) <i>Foreign Exchange Derivative</i>	(c) <i>Credit Derivative</i>	(d) <i>Equity Derivative</i>	(e) <i>Commodity Derivative</i>	(f) <i>Other Derivative</i>
Less than 10 %	\$	\$	%	%	%	%	%	%
10-149 %	\$	\$	%	%	%	%	%	%
150 % or more	\$	\$	%	%	%	%	%	%

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

(ii) End of Year

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) <i>Borrowings</i>	(3) Derivative Exposures					
			(a) <i>Interest Rate Derivative</i>	(b) <i>Foreign Exchange Derivative</i>	(c) <i>Credit Derivative</i>	(d) <i>Equity Derivative</i>	(e) <i>Commodity Derivative</i>	(f) <i>Other Derivative</i>
Less than 10 %	\$	\$	%	%	%	%	%	%
10-149 %	\$	\$	%	%	%	%	%	%
150 % or more	\$	\$	%	%	%	%	%	%

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

(b) In the table below, provide the following information regarding the separately managed accounts you advise as of the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of *borrowings* for the accounts included in column 1.

You may, but are not required to, complete the table with respect to any separately managed accounts with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings
Less than 10 %	\$	\$
10-149 %	\$	\$
150 % or more	\$	\$

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

SECTION 5.K.(3) Custodians for Separately Managed Accounts

Complete a separate Schedule D Section 5.K.(3) for each custodian that holds ten percent or more of your aggregate separately managed account regulatory assets under management.

(a)

Legal name of custodian:
MERRILL LYNCH, PIERCE, FENNER & SMITH INCORPORATED

(b)

Primary business name of custodian:
MERRILL LYNCH, PIERCE, FENNER & SMITH INCORPORATED

(c)

The location(s) of the custodian's office(s) responsible for *custody* of the assets :

City:
NEW YORK

State:
New York

Country:
United States

(d)

Is the custodian a *related person* of your firm?

Yes

No

(e)

If the custodian is a broker-dealer, provide its SEC registration number (if any)
8 - 7221

(f)

If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its *legal entity identifier* (if any)

(g)

What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?
\$ 952,325,492

(a)

Legal name of custodian:
MORGAN STANLEY SMITH BARNEY LLC

(b)

Primary business name of custodian:
MORGAN STANLEY

(c)

The location(s) of the custodian's office(s) responsible for *custody* of the assets :

City:
PURCHASE

State:
New York

Country:
United States

(d)

Is the custodian a *related person* of your firm?

Yes

No

(e)

If the custodian is a broker-dealer, provide its SEC registration number (if any)

8 - 68191

(f)

If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its *legal entity identifier* (if any)

(g)

What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?
\$ 331,273,226

(a)

Legal name of custodian:
UBS FINANCIAL SERVICES INC.

(b)

Primary business name of custodian:
UBS FINANCIAL SERVICES INC.

(c)

The location(s) of the custodian's office(s) responsible for *custody* of the assets :

City:
WEEHAWKEN

State:
New Jersey

Country:
United States

Yes

No

(d)

Is the custodian a *related person* of your firm?

(e)

If the custodian is a broker-dealer, provide its SEC registration number (if any)
8 - 16267

(f)

If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its *legal entity identifier* (if any)

(g)

What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?
\$ 194,021,158

Item 6 Other Business Activities

In this Item, we request information about your firm's other business activities.

A.

You are actively engaged in business as a (check all that apply):

☐

(1)

broker-dealer (registered or unregistered)

☐

(2)

registered representative of a broker-dealer

☒

(3)

commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

☐

(4)

futures commission merchant

☐

(5)

real estate broker, dealer, or agent

☐

(6)

insurance broker or agent

☐

(7)

bank (including a separately identifiable department or division of a bank)

☐

(8)

trust company

☐

(9)

registered municipal advisor

☐

(10)

registered security-based swap dealer

☐

(11)

major security-based swap participant

☐

(12)

accountant or accounting firm

☐

(13)

lawyer or law firm

☐

(14)

other financial product salesperson (specify):

If you engage in other business using a name that is different from the names reported in Items 1.A. or 1.B.(1), complete *Section 6.A. of Schedule D.*

Yes

No

B.

(1)

Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)?

(2)

If yes, is this other business your primary business?

If "yes," describe this other business on *Section 6.B.(2) of Schedule D*, and if you engage in this business under a different name, provide that name.

Yes

No

(3)

Do you sell products or provide services other than investment advice to your advisory *clients*?

If "yes," describe this other business on *Section 6.B.(3) of Schedule D*, and if you engage in this business under a different name, provide that name.

SECTION 6.A. Names of Your Other Businesses

No Information Filed

SECTION 6.B.(2) Description of Primary Business

Describe your primary business (not your investment advisory business):

If you engage in that business under a different name, provide that name:

SECTION 6.B.(3) Description of Other Products and Services

Describe other products or services you sell to your *client*. You may omit products and services that you listed in Section 6.B.(2) above.

If you engage in that business under a different name, provide that name:

Item 7 Financial Industry Affiliations

In this Item, we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur between you and your *clients*.

A. This part of Item 7 requires you to provide information about you and your *related persons*, including foreign affiliates. Your *related persons* are all of your *advisory affiliates* and any *person* that is under common *control* with you.

You have a *related person* that is a (check all that apply):

- ☒ (1) broker-dealer, municipal securities dealer, or government securities broker or dealer (registered or unregistered)
- ☒ (2) other investment adviser (including financial planners)
- ☐ (3) registered municipal advisor
- ☐ (4) registered security-based swap dealer
- ☐ (5) major security-based swap participant
- ☒ (6) commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (7) futures commission merchant
- ☐ (8) banking or thrift institution
- ☒ (9) trust company
- ☐ (10) accountant or accounting firm
- ☐ (11) lawyer or law firm
- ☒ (12) insurance company or agency
- ☒ (13) pension consultant
- ☐ (14) real estate broker or dealer
- ☒ (15) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
- ☒ (16) sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Note that Item 7.A. should not be used to disclose that some of your employees perform investment advisory functions or are registered representatives of a broker-dealer. The number of your firm's employees who perform investment advisory functions should be disclosed under Item 5.B.(1). The number of your firm's employees who are registered representatives of a broker-dealer should be disclosed under Item 5.B.(2).

Note that if you are filing an umbrella registration, you should not check Item 7.A.(2) with respect to your relying advisers, and you do not have to complete Section 7.A. in Schedule D for your relying advisers. You should complete a Schedule R for each relying adviser.

For each related person, including foreign affiliates that may not be registered or required to be registered in the United States, complete [Section 7.A. of Schedule D](#).

You do not need to complete Section 7.A. of Schedule D for any related person if: (1) you have no business dealings with the related person in connection with advisory services you provide to your clients; (2) you do not conduct shared operations with the related person; (3) you do not refer clients or business to the related person, and the related person does not refer prospective clients or business to you; (4) you do not share supervised persons or premises with the related person; and (5) you have no reason to believe that your relationship with the related person otherwise creates a conflict of interest with your clients.

You must complete [Section 7.A. of Schedule D](#) for each related person acting as qualified custodian in connection with advisory services you provide to your clients (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.

SECTION 7.A. Financial Industry Affiliations

Complete a separate Schedule D Section 7.A. for each *related person* listed in Item 7.A.

1. Legal Name of *Related Person*:

ANDERA PARTNERS
2. Primary Business Name of *Related Person*:

ANDERA PARTNERS
3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

-

or

Other
4. *Related Person's*

(a) CRD Number (if any):

(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☒ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☐ insurance company or agency

(m) ☐ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☒ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

6. Do you control or are you controlled by the related person?

Yes

No

7. Are you and the related person under common control?

Yes

No

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?

Yes

No

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?

Yes

No

(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

Yes

No

9. (a) If the related person is an investment adviser, is it exempt from registration?

Yes

No

(b) If the answer is yes, under what exemption?

CURRENTLY IN THE PROCESS OF REGISTERING AS AN EXEMPT REPORTING ADVISER UNER RULE 203(M)-1

10. (a) Is the related person registered with a foreign financial regulatory authority ?

Yes

No

(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.

Name of Country/English Name of Foreign Financial Regulatory Authority

France - Financial Markets Authority

11. Do you and the related person share any supervised persons?

Yes

No

12. Do you and the related person share the same physical location?

Yes

No

1. Legal Name of Related Person:

SEGUROS MONTERREY NEW YORK LIFE, S.A. DE C.V.

2. Primary Business Name of Related Person:

SEGUROS MONTERREY NEW YORK LIFE, S.A. DE C.V.

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

-

or

Other

4. Related Person's

(a) CRD Number (if any):

(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☐ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☒ insurance company or agency

(m) ☐ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes

No

6. Do you control or are you controlled by the related person?

7. Are you and the related person under common control?

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?

(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:

Number and Street 1:City:State:If this address is a private residence, check this box: ☐

Number and Street 2:Country:ZIP+4/Postal Code:

Yes

No

9. (a) If the related person is an investment adviser, is it exempt from registration?

(b) If the answer is yes, under what exemption?

10. (a) Is the related person registered with a foreign financial regulatory authority ?

(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.

No Information Filed

11. Do you and the related person share any supervised persons?

12. Do you and the related person share the same physical location?

1. Legal Name of Related Person:

NYL INVESTMENTS EUROPE LIMITED

2. Primary Business Name of Related Person:

NYL INVESTMENTS EUROPE LIMITED

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

802 - 117758

or

Other

4. Related Person's

(a) CRD Number (if any):

306388

(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☒ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

- (f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- (g) ☐ futures commission merchant
- (h) ☐ banking or thrift institution
- (i) ☐ trust company
- (j) ☐ accountant or accounting firm
- (k) ☐ lawyer or law firm
- (l) ☐ insurance company or agency
- (m) ☐ pension consultant
- (n) ☐ real estate broker or dealer
- (o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
- (p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes No

6. Do you *control* or are you *controlled* by the *related person*? ☐ ☒

7. Are you and the *related person* under common *control*? ☒ ☐

8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*? ☐ ☒

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1:		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
If this address is a private residence, check this box: ☐			

Yes No

9. (a) If the *related person* is an investment adviser, is it exempt from registration?

(b) If the answer is yes, under what exemption?
 RULE 203(M)-1(B)

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ? ⦿ ○

(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

Name of Country/English Name of <i>Foreign Financial Regulatory Authority</i>
Ireland - Central Bank of Ireland

11. Do you and the *related person* share any *supervised persons*? 🔍

12. Do you and the *related person* share the same physical location? ☐ ☒

1. Legal Name of <i>Related Person</i> :	NYLIFE INSURANCE COMPANY ARIZONA
--	----------------------------------

2. Primary Business Name of <i>Related Person</i> :	NYLIFE INSURANCE COMPANY ARIZONA
---	----------------------------------

3. <i>Related Person's</i> SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
-
or
Other

4. *Related Person's*

(a) CRD Number (if any):

(b) CIK Number(s) (if any):	No Information Filed
-----------------------------	----------------------

5. *Related Person* is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☐ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

- Yes No



assets

Number and Street 2:

State:

Country:

ZIP+4/Postal Code:

Yes No



d.

No Information Filed



FAIRVIEW CAPITAL PARTNERS, LLC

FAIRVIEW CAPITAL PARTNERS, LLC

801 - 74743

or

Other

(a) *CRD* Number (if any):

161258

No Information Filed

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(c) ☐ registered municipal advisor

(d) registered security-based swap dealer

(e) major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☐ insurance company or agency

(m) pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box:

Yes

No

9.

(a)

If the *related person* is an investment adviser, is it exempt from registration?

(b)

If the answer is yes, under what exemption?

SECTION 203(B)(3)

10.

(a)

Is the *related person* registered with a *foreign financial regulatory authority* ?

(b)

If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

Name of Country/English Name of Foreign Financial Regulatory Authority

United Kingdom - Financial Conduct Authority

11.

Do you and the *related person* share any *supervised persons*?

12.

Do you and the *related person* share the same physical location?

1.

Legal Name of *Related Person*:

KARTESIA MANAGEMENT SÀRL

2.

Primary Business Name of *Related Person*:

KARTESIA MANAGEMENT

3.

Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

802 - 111039

or

Other

4.

Related Person's

(a)

CRD Number (if any):

289175

(b)

CIK Number(s) (if any):

No Information Filed

5.

Related Person is: (check all that apply)

(a)

broker-dealer, municipal securities dealer, or government securities broker or dealer

(b)

☑

other investment adviser (including financial planners)

(c)

registered municipal advisor

(d)

registered security-based swap dealer

(e)

major security-based swap participant

(f)

commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g)

futures commission merchant

(h)

banking or thrift institution

(i)

trust company

(j)

accountant or accounting firm

(k)

lawyer or law firm

(l)

insurance company or agency

(m)

pension consultant

(n)

real estate broker or dealer

(o)

sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p)

☑

sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes

No

6.

Do you *control* or are you *controlled* by the *related person*?

7.

Are you and the *related person* under common *control*?

8.

(a)

Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?

(b)

If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

(c)

If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box:

Yes

No

9.

(a)

If the *related person* is an investment adviser, is it exempt from registration?

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ? ☒ ☐
- (b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.
- | Name of Country / English Name of Foreign Financial Regulatory Authority |
|---|
| Luxembourg, Grand Duchy of - Commission to Surveillance of the Finance Sector |
11. Do you and the *related person* share any *supervised persons*? ☐ ☒
12. Do you and the *related person* share the same physical location? ☐ ☒

1. Legal Name of *Related Person*:
APOGEM CAPITAL LLC
2. Primary Business Name of *Related Person*:
APOGEM CAPITAL LLC
3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
801 - 118844
or
Other
4. *Related Person's*
 - (a) CRD Number (if any):
309234
 - (b) CIK Number(s) (if any):

No Information Filed
5. *Related Person is:* (check all that apply)
 - (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
 - (b) ☒ other investment adviser (including financial planners)
 - (c) ☐ registered municipal advisor
 - (d) ☐ registered security-based swap dealer
 - (e) ☐ major security-based swap participant
 - (f) ☒ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
 - (g) ☐ futures commission merchant
 - (h) ☐ banking or thrift institution
 - (i) ☐ trust company
 - (j) ☐ accountant or accounting firm
 - (k) ☐ lawyer or law firm
 - (l) ☐ insurance company or agency
 - (m) ☐ pension consultant
 - (n) ☐ real estate broker or dealer
 - (o) ☒ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
 - (p) ☒ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

No Information Filed

6. Do you *control* or are you *controlled* by the *related person*? ☐ ☒

7. Are you and the *related person* under common *control*? ☐ ☒

8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*? ☐ ☒

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*? ☐ ☒

(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets

Number and Street 1: _____ Number and Street 2: _____

City: _____ State: _____ Country: _____ ZIP+4/Postal Code: _____

If this address is a private residence, check this box: ☐

9. (a) If the *related person* is an investment adviser, is it exempt from registration?
- (b) If the answer is yes, under what exemption?

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ? ☐ ☒
- (b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

No Information Filed

11. Do you and the *related person* share any *supervised persons*?

12. Do you and the *related person* share the same physical location?

1. Legal Name of *Related Person*:
NYLIFE SECURITIES LLC

2. Primary Business Name of *Related Person*:
NYLIFE SECURITIES LLC

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
8 - 15517
or
Other

4. *Related Person's*
(a) *CRD* Number (if any):
5167
(b) CIK Number(s) (if any):

No Information Filed

5. *Related Person* is: (check all that apply)
(a) ☒ broker-dealer, municipal securities dealer, or government securities broker or dealer
(b) ☐ other investment adviser (including financial planners)
(c) ☐ registered municipal advisor
(d) ☐ registered security-based swap dealer
(e) ☐ major security-based swap participant
(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
(g) ☐ futures commission merchant
(h) ☐ banking or thrift institution
(i) ☐ trust company
(j) ☐ accountant or accounting firm
(k) ☐ lawyer or law firm
(l) ☐ insurance company or agency
(m) ☐ pension consultant
(n) ☐ real estate broker or dealer
(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes

No

6. Do you *control* or are you *controlled* by the *related person*?

7. Are you and the *related person* under common *control*?

8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

Yes

No

9. (a) If the *related person* is an investment adviser, is it exempt from registration?

(b) If the answer is yes, under what exemption?

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ?

(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

No Information Filed

11. Do you and the *related person* share any *supervised persons*?

12. Do you and the *related person* share the same physical location?

2. Primary Business Name of *Related Person*:

NEW YORK LIFE INVESTMENT MANAGEMENT ASIA LIMITED

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

-

or

Other

4. Related Person's

(a) CRD Number (if any):

(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☒ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☐ insurance company or agency

(m) ☐ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

6. Do you control or are you controlled by the related person?

Yes

No

7. Are you and the related person under common control?

Yes

No

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?

(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

9. (a) If the related person is an investment adviser, is it exempt from registration?

(b) If the answer is yes, under what exemption?

FOREIGN PRIVATE ADVISOR

10. (a) Is the related person registered with a foreign financial regulatory authority ?

(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.

Name of Country / English Name of Foreign Financial Regulatory Authority
Cayman Islands - Cayman Islands Monetary Authority
Japan - Financial Services Agency

11. Do you and the related person share any supervised persons?

Yes

No

12. Do you and the related person share the same physical location?

Yes

No

1. Legal Name of Related Person:

EAGLE STRATEGIES LLC

2. Primary Business Name of Related Person:

EAGLE STRATEGIES LLC

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

801 - 32987

or

Other

4. Related Person's

(a) CRD Number (if any):
110826

(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☒ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☐ insurance company or agency

(m) ☒ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

6. Do you control or are you controlled by the related person?

Yes

No

7. Are you and the related person under common control?

Yes

No

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?

(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:
Number and Street 1: Number and Street 2:
City: State: Country: ZIP+4/Postal Code:
If this address is a private residence, check this box: ☐

Yes

No

9. (a) If the related person is an investment adviser, is it exempt from registration?

(b) If the answer is yes, under what exemption?

Yes

No

10. (a) Is the related person registered with a foreign financial regulatory authority ?

(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.

No Information Filed

Yes

No

11. Do you and the related person share any supervised persons?

Yes

No

12. Do you and the related person share the same physical location?

Yes

No

1. Legal Name of Related Person:
MACKAY SHIELDS LLC

2. Primary Business Name of Related Person:
MACKAY SHIELDS LLC

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
801 - 5594
or
Other

4. Related Person's

(a) CRD Number (if any):

(b) CIK Number(s) (if any):

No Information Filed

5. *Related Person* is: (check all that apply)

- (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
- (b) ☒ other investment adviser (including financial planners)
- (c) ☐ registered municipal advisor
- (d) ☐ registered security-based swap dealer
- (e) ☐ major security-based swap participant
- (f) ☒ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- (g) ☐ futures commission merchant
- (h) ☐ banking or thrift institution
- (i) ☐ trust company
- (j) ☐ accountant or accounting firm
- (k) ☐ lawyer or law firm
- (l) ☐ insurance company or agency
- (m) ☐ pension consultant
- (n) ☐ real estate broker or dealer
- (o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
- (p) ☒ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes No

6. Do you *control* or are you *controlled* by the *related person*?

☐ ☒

7. Are you and the *related person* under common *control*?

☒ ☐

8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?

☐ ☒

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

☐ ☐

(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

Yes No

9. (a) If the *related person* is an investment adviser, is it exempt from registration?

☐ ☒

(b) If the answer is yes, under what exemption?

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ?

☐ ☒

(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

No Information Filed

11. Do you and the *related person* share any *supervised persons*?

☒ ☐

12. Do you and the *related person* share the same physical location?

☒ ☐

1. Legal Name of *Related Person*:

NEW YORK LIFE TRUST COMPANY

2. Primary Business Name of *Related Person*:

NEW YORK LIFE TRUST COMPANY

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

-

or

Other

028-12938

4. *Related Person's*

(a) *CRD* Number (if any):

(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☐ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☒ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☐ insurance company or agency

(m) ☐ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes

No

6. Do you control or are you controlled by the related person?

7. Are you and the related person under common control?

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?

(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:

Number and Street 1:Number and Street 2:

City:State:Country:ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

Yes

No

9. (a) If the related person is an investment adviser, is it exempt from registration?

(b) If the answer is yes, under what exemption?

10. (a) Is the related person registered with a foreign financial regulatory authority ?

(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.

No Information Filed

11. Do you and the related person share any supervised persons?

12. Do you and the related person share the same physical location?

1. Legal Name of Related Person:

NYLINK INSURANCE AGENCY INC.

2. Primary Business Name of Related Person:

NYLINK INSURANCE AGENCY INC.

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

-

or

Other

4. Related Person's

(a) CRD Number (if any):

(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☐ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f)	☐	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)		
(g)	☐	futures commission merchant		
(h)	☐	banking or thrift institution		
(i)	☐	trust company		
(j)	☐	accountant or accounting firm		
(k)	☐	lawyer or law firm		
(l)	☒	insurance company or agency		
(m)	☐	pension consultant		
(n)	☐	real estate broker or dealer		
(o)	☐	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
(p)	☐	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		
			Yes	No
6.	Do you <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ?		☐	☒
7.	Are you and the <i>related person</i> under common <i>control</i> ?		☒	☐
8.	(a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?		☐	☒
	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ?		☐	☐
	(c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:			
	Number and Street 1:		Number and Street 2:	
	City:		Country:	ZIP+4/Postal Code:
	If this address is a private residence, check this box: ☐			
			Yes	No
9.	(a) If the <i>related person</i> is an investment adviser, is it exempt from registration?		☐	☐
	(b) If the answer is yes, under what exemption?			
10.	(a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?		☐	☒
	(b) If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered.			
	No Information Filed			
11.	Do you and the <i>related person</i> share any <i>supervised persons</i> ?		☒	☐
12.	Do you and the <i>related person</i> share the same physical location?		☒	☐

1.	Legal Name of <i>Related Person</i> :	AUSBIL INVESTMENT MANAGEMENT LIMITED
2.	Primary Business Name of <i>Related Person</i> :	AUSBIL INVESTMENT MANAGEMENT LIMITED
3.	<i>Related Person's</i> SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)	801 - 118742
	or	
	Other	
4.	<i>Related Person's</i>	
	(a) <i>CRD</i> Number (if any):	289468
	(b) CIK Number(s) (if any):	No Information Filed
5.	<i>Related Person</i> is: (check all that apply)	
(a)	☐	broker-dealer, municipal securities dealer, or government securities broker or dealer
(b)	☒	other investment adviser (including financial planners)
(c)	☐	registered municipal advisor
(d)	☐	registered security-based swap dealer
(e)	☐	major security-based swap participant
(f)	☐	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
(g)	☐	futures commission merchant
(h)	☐	banking or thrift institution
(i)	☐	trust company
(j)	☐	accountant or accounting firm
(k)	☐	lawyer or law firm

- Yes No



assets:

Number and Street 2:

State:

Country:

ZIP+4/Postal Code:

Yes No



d.

Australia - Australian Securities and Investments Commission



No Information Filed

- (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
- (b) ☐ other investment adviser (including financial planners)
- (c) ☐ registered municipal advisor
- (d) ☐ registered security-based swap dealer
- (e) ☐ major security-based swap participant
- (f) ☒ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- (g) ☐ futures commission merchant
- (h) ☐ banking or thrift institution
- (i) ☐ trust company
- (j) ☐ accountant or accounting firm
- (k) ☐ lawyer or law firm
- (l) ☒ insurance company or agency
- (m) ☐ pension consultant
- (n) ☐ real estate broker or dealer
- (o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
- (p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

-

Yes No

-

- 

Name of Country/English Name of <i>Foreign Financial Regulatory Authority</i>
Canada - Ontario Securities Commission

-

-

- No Information Filed

- Yes No**

- 

- 

- 

-

- ```
assets:
```

|                                                                                  |                                                                            |                                                                                                                                                                       |                                                        |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Number and Street 1:                                                             |                                                                            | Number and Street 2:                                                                                                                                                  |                                                        |
| City:                                                                            | State:                                                                     | Country:                                                                                                                                                              | ZIP+4/Postal Code:                                     |
| If this address is a private residence, check this box: <input type="checkbox"/> |                                                                            |                                                                                                                                                                       |                                                        |
|                                                                                  |                                                                            |                                                                                                                                                                       | Yes No                                                 |
| 9.                                                                               | (a)                                                                        | If the <i>related person</i> is an investment adviser, is it exempt from registration?                                                                                | <input type="radio"/> <input checked="" type="radio"/> |
|                                                                                  | (b)                                                                        | If the answer is yes, under what exemption?                                                                                                                           |                                                        |
| 10.                                                                              | (a)                                                                        | Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?                                                                        | <input type="radio"/> <input checked="" type="radio"/> |
|                                                                                  | (b)                                                                        | If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered. |                                                        |
|                                                                                  |                                                                            |                                                                                                                                                                       | No Information Filed                                   |
| 11.                                                                              | Do you and the <i>related person</i> share any <i>supervised persons</i> ? |                                                                                                                                                                       | <input checked="" type="radio"/> <input type="radio"/> |
| 12.                                                                              | Do you and the <i>related person</i> share the same physical location?     |                                                                                                                                                                       | <input checked="" type="radio"/> <input type="radio"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                        |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. Legal Name of <i>Related Person</i> :                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                        |                                                        |
| TRISTAN CAPITAL PARTNERS                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                        |                                                        |
| 2. Primary Business Name of <i>Related Person</i> :                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                        |                                                        |
| TRISTAN CAPITAL PARTNERS                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                        |                                                        |
| 3. <i>Related Person's</i> SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                        |                                                        |
| -                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                        |                                                        |
| or                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                        |                                                        |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                        |                                                        |
| 4. <i>Related Person's</i>                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                        |                                                        |
| (a) <i>CRD</i> Number (if any):                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                        |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                        |                                                        |
| (b) CIK Number(s) (if any):                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                        |                                                        |
| No Information Filed                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                        |                                                        |
| 5. <i>Related Person</i> is: (check all that apply)                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                        |                                                        |
| (a) <input type="checkbox"/> broker-dealer, municipal securities dealer, or government securities broker or dealer                                                                                                                                                                                                                                                                                                   |                    |                                                                                        |                                                        |
| (b) <input checked="" type="checkbox"/> other investment adviser (including financial planners)                                                                                                                                                                                                                                                                                                                      |                    |                                                                                        |                                                        |
| (c) <input type="checkbox"/> registered municipal advisor                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                        |                                                        |
| (d) <input type="checkbox"/> registered security-based swap dealer                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                        |                                                        |
| (e) <input type="checkbox"/> major security-based swap participant                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                        |                                                        |
| (f) <input type="checkbox"/> commodity pool operator or commodity trading advisor (whether registered or exempt from registration)                                                                                                                                                                                                                                                                                   |                    |                                                                                        |                                                        |
| (g) <input type="checkbox"/> futures commission merchant                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                        |                                                        |
| (h) <input type="checkbox"/> banking or thrift institution                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                        |                                                        |
| (i) <input type="checkbox"/> trust company                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                        |                                                        |
| (j) <input type="checkbox"/> accountant or accounting firm                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                        |                                                        |
| (k) <input type="checkbox"/> lawyer or law firm                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                        |                                                        |
| (l) <input type="checkbox"/> insurance company or agency                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                        |                                                        |
| (m) <input type="checkbox"/> pension consultant                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                        |                                                        |
| (n) <input type="checkbox"/> real estate broker or dealer                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                        |                                                        |
| (o) <input type="checkbox"/> sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles                                                                                                                                                                                                                                                                                     |                    |                                                                                        |                                                        |
| (p) <input type="checkbox"/> sponsor, general partner, managing member (or equivalent) of pooled investment vehicles                                                                                                                                                                                                                                                                                                 |                    |                                                                                        |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                        |                                                        |
| 6. Do you <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ?                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                        |                                                        |
| <input type="radio"/> <input checked="" type="radio"/>                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                        |                                                        |
| 7. Are you and the <i>related person</i> under common <i>control</i> ?                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                        |                                                        |
| <input checked="" type="radio"/> <input type="radio"/>                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                        |                                                        |
| 8. (a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?                                                                                                                                                                                                                                                      |                    |                                                                                        |                                                        |
| <input type="radio"/> <input checked="" type="radio"/>                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                        |                                                        |
| (b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ? |                    |                                                                                        |                                                        |
| <input type="radio"/> <input checked="" type="radio"/>                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                        |                                                        |
| (c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:                                                                                                                                                                                                                                    |                    |                                                                                        |                                                        |
| Number and Street 1:                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                        |                                                        |
| Number and Street 2:                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                        |                                                        |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                | State:             |                                                                                        |                                                        |
| Country:                                                                                                                                                                                                                                                                                                                                                                                                             | ZIP+4/Postal Code: |                                                                                        |                                                        |
| If this address is a private residence, check this box: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                        |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                        |                                                        |
| Yes No                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                        |                                                        |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                   | (a)                | If the <i>related person</i> is an investment adviser, is it exempt from registration? | <input checked="" type="radio"/> <input type="radio"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                      | (b)                | If the answer is yes, under what exemption?                                            |                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| 1. Legal Name of <i>Related Person</i> :                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |                                  |                                  |
| LIFE INSURANCE COMPANY OF NORTH AMERICA                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| 2. Primary Business Name of <i>Related Person</i> :                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                  |                                  |
| LIFE INSURANCE COMPANY OF NORTH AMERICA                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| 3. <i>Related Person's</i> SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                |                                  |                                  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                |                                  |                                  |
| or                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |                                  |                                  |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| 4. <i>Related Person's</i>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                |                                  |                                  |
| (a) CRD Number (if any):                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| (b) CIK Number(s) (if any):                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                  |                                  |
| No Information Filed                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| 5. <i>Related Person is:</i> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                  |                                  |
| (a)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> broker-dealer, municipal securities dealer, or government securities broker or dealer                 |                                  |                                  |
| (b)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> other investment adviser (including financial planners)                                               |                                  |                                  |
| (c)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> registered municipal advisor                                                                          |                                  |                                  |
| (d)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> registered security-based swap dealer                                                                 |                                  |                                  |
| (e)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> major security-based swap participant                                                                 |                                  |                                  |
| (f)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> commodity pool operator or commodity trading advisor (whether registered or exempt from registration) |                                  |                                  |
| (g)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> futures commission merchant                                                                           |                                  |                                  |
| (h)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> banking or thrift institution                                                                         |                                  |                                  |
| (i)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> trust company                                                                                         |                                  |                                  |
| (j)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> accountant or accounting firm                                                                         |                                  |                                  |
| (k)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> lawyer or law firm                                                                                    |                                  |                                  |
| (l)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> insurance company or agency                                                                |                                  |                                  |
| (m)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> pension consultant                                                                                    |                                  |                                  |
| (n)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> real estate broker or dealer                                                                          |                                  |                                  |
| (o)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles   |                                  |                                  |
| (p)                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> sponsor, general partner, managing member (or equivalent) of pooled investment vehicles               |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| 6. Do you <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ?                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                | <input type="radio"/>            | <input checked="" type="radio"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| 7. Are you and the <i>related person</i> under common <i>control</i> ?                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                | <input checked="" type="radio"/> | <input type="radio"/>            |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| 8. (a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?                                                                                                                                                                                                                                                      |                                                                                                                                | <input type="radio"/>            | <input checked="" type="radio"/> |
| (b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ? |                                                                                                                                | <input type="radio"/>            | <input type="radio"/>            |
| (c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:                                                                                                                                                                                                                                    |                                                                                                                                |                                  |                                  |
| Number and Street 1:                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                | Number and Street 2:             |                                  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                | State:                                                                                                                         | Country:                         | ZIP+4/Postal Code:               |
| If this address is a private residence, check this box: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| 9. (a) If the <i>related person</i> is an investment adviser, is it exempt from registration?                                                                                                                                                                                                                                                                                                                        |                                                                                                                                | <input type="radio"/>            | <input type="radio"/>            |
| (b) If the answer is yes, under what exemption?                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                  |                                  |
| 10. (a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?                                                                                                                                                                                                                                                                                                               |                                                                                                                                | <input type="radio"/>            | <input checked="" type="radio"/> |
| (b) If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered.                                                                                                                                                                                                                                            |                                                                                                                                |                                  |                                  |
| No Information Filed                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                |                                  |                                  |

11. Do you and the *related person* share any *supervised persons*?

12. Do you and the *related person* share the same physical location?

1. Legal Name of *Related Person*:  
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

2. Primary Business Name of *Related Person*:  
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)  
-  
or  
Other

4. *Related Person's*  
(a) *CRD* Number (if any):  
  
(b) CIK Number(s) (if any):  

No Information Filed

5. *Related Person* is: (check all that apply)  
(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer  
(b) ☐ other investment adviser (including financial planners)  
(c) ☐ registered municipal advisor  
(d) ☐ registered security-based swap dealer  
(e) ☐ major security-based swap participant  
(f) ☒ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)  
(g) ☐ futures commission merchant  
(h) ☐ banking or thrift institution  
(i) ☐ trust company  
(j) ☐ accountant or accounting firm  
(k) ☐ lawyer or law firm  
(l) ☒ insurance company or agency  
(m) ☐ pension consultant  
(n) ☐ real estate broker or dealer  
(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles  
(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

YesNo

6. Do you *control* or are you *controlled* by the *related person*?

7. Are you and the *related person* under common *control*?

8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:  
Number and Street 1: Number and Street 2:  
City: State: Country: ZIP+4/Postal Code:  
If this address is a private residence, check this box: ☐

YesNo

9. (a) If the *related person* is an investment adviser, is it exempt from registration?

(b) If the answer is yes, under what exemption?

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ?

(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.  

No Information Filed

11. Do you and the *related person* share any *supervised persons*?

12. Do you and the *related person* share the same physical location?

1. Legal Name of *Related Person*:  
NEW YORK LIFE GROUP INSURANCE COMPANY OF NEW YORK

2. Primary Business Name of *Related Person*:  
NEW YORK LIFE GROUP INSURANCE COMPANY OF NEW YORK

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)  
-  
or  
Other

4. *Related Person's*  
(a) CRD Number (if any):  
  
(b) CIK Number(s) (if any):  

No Information Filed

5. *Related Person* is: (check all that apply)  
(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer  
(b) ☐ other investment adviser (including financial planners)  
(c) ☐ registered municipal advisor  
(d) ☐ registered security-based swap dealer  
(e) ☐ major security-based swap participant  
(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)  
(g) ☐ futures commission merchant  
(h) ☐ banking or thrift institution  
(i) ☐ trust company  
(j) ☐ accountant or accounting firm  
(k) ☐ lawyer or law firm  
(l) ☒ insurance company or agency  
(m) ☐ pension consultant  
(n) ☐ real estate broker or dealer  
(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles  
(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

YesNo

6. Do you *control* or are you *controlled* by the *related person*?  

☐☒

7. Are you and the *related person* under common *control*?  

☒☐

8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?  
(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?  
(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:  
Number and Street 1: Number and Street 2:  
City: State: Country: ZIP+4/Postal Code:  
If this address is a private residence, check this box: ☐

YesNo

9. (a) If the *related person* is an investment adviser, is it exempt from registration?  
(b) If the answer is yes, under what exemption?

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ?  
(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.  

No Information Filed

11. Do you and the *related person* share any *supervised persons*?  

☒☐

12. Do you and the *related person* share the same physical location?  

☒☐

1. Legal Name of *Related Person*:  
NYL INVESTORS LLC

2. Primary Business Name of *Related Person*:  
NYL INVESTORS LLC

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)  
801 - 78759  
or  
Other

4. Related Person's  
(a) CRD Number (if any):  
169553  
(b) CIK Number(s) (if any):  

No Information Filed

5. Related Person is: (check all that apply)  
(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer  
(b) ☒ other investment adviser (including financial planners)  
(c) ☐ registered municipal advisor  
(d) ☐ registered security-based swap dealer  
(e) ☐ major security-based swap participant  
(f) ☒ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)  
(g) ☐ futures commission merchant  
(h) ☐ banking or thrift institution  
(i) ☐ trust company  
(j) ☐ accountant or accounting firm  
(k) ☐ lawyer or law firm  
(l) ☐ insurance company or agency  
(m) ☐ pension consultant  
(n) ☐ real estate broker or dealer  
(o) ☒ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles  
(p) ☒ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles  

Yes No

6. Do you control or are you controlled by the related person?  

☐ ☒

7. Are you and the related person under common control?  

☒ ☐

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?  
(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?  
(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:  
Number and Street 1: Number and Street 2:  
City: State: Country: ZIP+4/Postal Code:  
If this address is a private residence, check this box: ☐  

Yes No

9. (a) If the related person is an investment adviser, is it exempt from registration?  
(b) If the answer is yes, under what exemption?  

☐ ☒

10. (a) Is the related person registered with a foreign financial regulatory authority ?  
(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.  

No Information Filed

11. Do you and the related person share any supervised persons?  

☒ ☐

12. Do you and the related person share the same physical location?  

☒ ☐

Item 7 Private Fund Reporting

B. Are you an adviser to any private fund?  

☒ ☐

If "yes," then for each private fund that you advise, you must complete a Section 7.B.(1) of Schedule D, except in certain circumstances described in the next sentence and in Instruction 6 of the Instructions to Part 1A. If you are registered or applying for registration with the SEC or reporting as an SEC exempt reporting adviser, and another SEC-registered adviser or SEC exempt reporting adviser reports this information with respect to any such private fund in Section 7.B.(1) of Schedule D of its Form ADV (e.g., if you are a subadviser), do not complete Section 7.B.(1) of Schedule D with respect to that private fund. You must, instead, complete Section 7.B.(2) of Schedule D.  
  
In either case, if you seek to preserve the anonymity of a private fund client by maintaining its identity in your books and records in numerical or alphabetical code, or similar designation, pursuant to rule 204-2(d), you may identify the private fund in Section 7.B.(1) or 7.B.(2) of Schedule D using the same code or

SECTION 7.B.(1) Private Fund Reporting

No Information Filed

SECTION 7.B.(2) Private Fund Reporting

1.

Name of the *private fund*:  
GOLDPOINT CORE OPPORTUNITIES FUND II, L.P. SERIES INTERESTS OF THE SALI MULTI-SERIES FUND, L.P.
2.

*Private fund* identification number:  
(include the "805-" prefix also)  
805-3117850631
3.

Name and SEC File number of adviser that provides information about this *private fund* in Section 7.B.(1) of Schedule D of its Form ADV filing  
Name:  
SALI FUND SERVICES  
SEC File Number:  
801 - 61702
4.

Are your *clients* solicited to invest in this *private fund*?  
  
In answering this question, disregard feeder funds' investment in a master fund. For purposes of this question, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.
- Yes

No

Item 8 Participation or Interest in Client Transactions

In this Item, we request information about your participation and interest in your *clients*' transactions. This information identifies additional areas in which conflicts of interest may occur between you and your *clients*. Newly-formed advisers should base responses to these questions on the types of participation and interest that you expect to engage in during the next year.

Like Item 7, Item 8 requires you to provide information about you and your *related persons*, including foreign affiliates.

- Proprietary Interest in Client Transactions
- A.

Do you or any *related person*:

(1)

buy securities for yourself from advisory *clients*, or sell securities you own to advisory *clients* (principal transactions)?

(2)

buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory *clients*?

(3)

recommend securities (or other investment products) to advisory *clients* in which you or any *related person* has some other proprietary (ownership) interest (other than those mentioned in Items 8.A.(1) or (2))?

Yes

No

Sales Interest in Client Transactions

- B.

Do you or any *related person*:

(1)

as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory *client* securities are sold to or bought from the brokerage customer (agency cross transactions)?

(2)

recommend to advisory *clients*, or act as a purchaser representative for advisory *clients* with respect to, the purchase of securities for which you or any *related person* serves as underwriter or general or managing partner?

(3)

recommend purchase or sale of securities to advisory *clients* for which you or any *related person* has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)?

Yes

No

Investment or Brokerage Discretion

- C.

Do you or any *related person* have *discretionary authority* to determine the:

(1)

securities to be bought or sold for a *client's* account?

(2)

amount of securities to be bought or sold for a *client's* account?

(3)

broker or dealer to be used for a purchase or sale of securities for a *client's* account?

(4)

commission rates to be paid to a broker or dealer for a *client's* securities transactions?

Yes

No



If you checked Item 9.C.(2), C.(3) or C.(4), list in [Section 9.C. of Schedule D](#) the accountants that are engaged to perform the audit or examination or prepare an internal control report. (If you checked Item 9.C.(2), you do not have to list auditor information in [Section 9.C. of Schedule D](#) if you already provided this information with respect to the private funds you advise in [Section 7.B.\(1\) of Schedule D](#)).

D. Do you or your *related person(s)* act as qualified custodians for your *clients* in connection with advisory services you provide to *clients*? **Yes No**

(1) you act as a qualified custodian ☐ ☒

(2) your *related person(s)* act as qualified custodian(s) ☐ ☒

If you checked "yes" to Item 9.D.(2), all related persons that act as qualified custodians (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)) must be identified in [Section 7.A. of Schedule D](#), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.

E. If you are filing your *annual updating amendment* and you were subject to a surprise examination by an *independent public accountant* during your last fiscal year, provide the date (MM/YYYY) the examination commenced:

F. If you or your *related persons* have *custody of client* funds or securities, how many *persons*, including, but not limited to, you and your *related persons*, act as qualified custodians for your *clients* in connection with advisory services you provide to *clients*?

No Information Filed

B. If any *person* named in Schedules A, B, or C or in Section 10.A. of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, please complete [Section 10.B. of Schedule D](#).

No Information Filed

No Information Filed

*If you are registered or registering with the SEC or if you are an exempt reporting adviser, you may limit your disclosure of any event listed in Item 11 to ten years following the date of the event. If you are registered or registering with a state, you must respond to the questions as posed; you may, therefore, limit your disclosure to ten years following the date of an event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purposes of calculating this ten-year period, the date of an event is the date the final order, judgment, or decree was entered, or the date any rights of appeal from preliminary orders, judgments, or decrees lapsed.*

|                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                             | Yes                   | No                               |
| Do any of the events below involve you or any of your <i>supervised persons</i> ?                                                                                                                                                                                                                                                                                                           | <input type="radio"/> | <input checked="" type="radio"/> |
| For "yes" answers to the following questions, complete a Criminal Action DRP:                                                                                                                                                                                                                                                                                                               |                       |                                  |
| A. In the past ten years, have you or any <i>advisory affiliate</i> :                                                                                                                                                                                                                                                                                                                       | Yes                   | No                               |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?                                                                                                                                                                                                                                                     | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) been <i>charged</i> with any <i>felony</i> ?                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> | <input checked="" type="radio"/> |
| If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.A.(2) to charges that are currently pending.                                                                                                                                                                                              |                       |                                  |
| B. In the past ten years, have you or any <i>advisory affiliate</i> :                                                                                                                                                                                                                                                                                                                       |                       |                                  |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> involving: investments or an <i>investment-related</i> business, or any fraud, false statements, or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) been <i>charged</i> with a <i>misdemeanor</i> listed in Item 11.B.(1)?                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> | <input checked="" type="radio"/> |
| If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.B.(2) to charges that are currently pending.                                                                                                                                                                                              |                       |                                  |

For "yes" answers to the following questions, complete a Regulatory Action DRP:

|                                                                                                                                                                                                                                                                                                                     |                                  |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| C. Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:                                                                                                                                                                                                                                             | Yes                              | No                               |
| (1) <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission?                                                                                                                                                                                                                   | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of SEC or CFTC regulations or statutes?                                                                                                                                                                           | <input type="radio"/>            | <input checked="" type="radio"/> |
| (3) <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?                                                                                                              | <input type="radio"/>            | <input checked="" type="radio"/> |
| (4) entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with <i>investment-related</i> activity?                                                                                                                                                                                     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (5) imposed a civil money penalty on you or any <i>advisory affiliate</i> , or <i>ordered</i> you or any <i>advisory affiliate</i> to cease and desist from any activity?                                                                                                                                           | <input type="radio"/>            | <input checked="" type="radio"/> |
| D. Has any other federal regulatory agency, any state regulatory agency, or any <i>foreign financial regulatory authority</i> :                                                                                                                                                                                     |                                  |                                  |
| (1) ever <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission, or been dishonest, unfair, or unethical?                                                                                                                                                                     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) ever <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of <i>investment-related</i> regulations or statutes?                                                                                                                                                        | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) ever <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?                                                                                                         | <input type="radio"/>            | <input checked="" type="radio"/> |
| (4) in the past ten years, entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with an <i>investment-related</i> activity?                                                                                                                                                           | <input checked="" type="radio"/> | <input type="radio"/>            |
| (5) ever denied, suspended, or revoked your or any <i>advisory affiliate's</i> registration or license, or otherwise prevented you or any <i>advisory affiliate</i> , by <i>order</i> , from associating with an <i>investment-related</i> business or restricted your or any <i>advisory affiliate's</i> activity? | <input type="radio"/>            | <input checked="" type="radio"/> |
| E. Has any <i>self-regulatory organization</i> or commodities exchange ever:                                                                                                                                                                                                                                        |                                  |                                  |
| (1) <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission?                                                                                                                                                                                                                   | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the SEC)?                                                                                           | <input type="radio"/>            | <input checked="" type="radio"/> |
| (3) <i>found</i> you or any <i>advisory affiliate</i> to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?                                                                                                            | <input type="radio"/>            | <input checked="" type="radio"/> |
| (4) disciplined you or any <i>advisory affiliate</i> by expelling or suspending you or the <i>advisory affiliate</i> from membership, barring or suspending you or the <i>advisory affiliate</i> from association with other members, or otherwise restricting your or the <i>advisory affiliate's</i> activities?  | <input type="radio"/>            | <input checked="" type="radio"/> |
| F. Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any <i>advisory affiliate</i> ever been revoked or suspended?                                                                                                                                                    | <input type="radio"/>            | <input checked="" type="radio"/> |
| G. Are you or any <i>advisory affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?                                                                                                                                     | <input type="radio"/>            | <input checked="" type="radio"/> |

For "yes" answers to the following questions, complete a Civil Judicial Action DRP:

|                                                                                                                                                                                                                      |                       |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| H. (1) Has any domestic or foreign court:                                                                                                                                                                            | Yes                   | No                               |
| (a) in the past ten years, <i>enjoined</i> you or any <i>advisory affiliate</i> in connection with any <i>investment-related</i> activity?                                                                           | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) ever <i>found</i> that you or any <i>advisory affiliate</i> were <i>involved</i> in a violation of <i>investment-related</i> statutes or regulations?                                                            | <input type="radio"/> | <input checked="" type="radio"/> |
| (c) ever dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you or any <i>advisory affiliate</i> by a state or <i>foreign financial regulatory authority</i> ? | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) Are you or any <i>advisory affiliate</i> now the subject of any civil <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.H.(1)?                                                        | <input type="radio"/> | <input checked="" type="radio"/> |

Item 12 Small Businesses

The SEC is required by the Regulatory Flexibility Act to consider the effect of its regulations on small entities. In order to do this, we need to determine whether you meet the definition of "small business" or "small organization" under rule 0-7.

Answer this Item 12 only if you are registered or registering with the SEC **and** you indicated in response to Item 5.F.(2)(c) that you have regulatory assets under management of less than \$25 million. You are not required to answer this Item 12 if you are filing for initial registration as a state adviser, amending a current state registration, or switching from SEC to state registration.

For purposes of this Item 12 only:

- Total Assets refers to the total assets of a firm, rather than the assets managed on behalf of *clients*. In determining your or another *person's* total assets, you may use the total assets shown on a current balance sheet (but use total assets reported on a consolidated balance sheet with subsidiaries included, if that amount is larger).
- *Control* means the power to direct or cause the direction of the management or policies of a *person*, whether through ownership of securities, by contract, or otherwise. Any *person* that directly or indirectly has the right to vote 25 percent or more of the voting securities, or is entitled to 25 percent or more of the profits, of another *person* is presumed to *control* the other *person*.

YesNo

A. Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?

If "yes," you do not need to answer Items 12.B. and 12.C.

B. Do you:

(1) control another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?

(2) control another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?

C. Are you:

(1) controlled by or under common control with another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?

(2) controlled by or under common control with another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?

Schedule A

Direct Owners and Executive Officers

1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.

2. Direct Owners and Executive Officers. List below the names of:

(a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer(Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;

(b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);  
Direct owners include any person that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a person beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.

(c) if you are organized as a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;

(d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and

(e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.

3. Do you have any indirect owners to be reported on Schedule B? 

YesNo

4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.

5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).

6. Ownership codes are: 

NA - less than 5%

B - 10% but less than 25%

D - 50% but less than 75%

A - 5% but less than 10%

C - 25% but less than 50%

E - 75% or more

7. (a) In the Control Person column, enter "Yes" if the person has control as defined in the Glossary of Terms to Form ADV, and enter "No" if the person does not have control. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are control persons.

(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.

(c) Complete each column.

| FULL LEGAL NAME (Individuals:<br>Last Name, First Name, Middle | DE/FE/I | Title or Status | Date Title or<br>Status Acquired | Ownership<br>Code | Control<br>Person | PR | CRD No. If None: S.S. No. and<br>Date of Birth, IRS Tax No. or |
|----------------------------------------------------------------|---------|-----------------|----------------------------------|-------------------|-------------------|----|----------------------------------------------------------------|
|----------------------------------------------------------------|---------|-----------------|----------------------------------|-------------------|-------------------|----|----------------------------------------------------------------|

| Name)                                            |    |                                                           | MM / YYYY |    |   |   | Employer ID No. |
|--------------------------------------------------|----|-----------------------------------------------------------|-----------|----|---|---|-----------------|
| NEW YORK LIFE INVESTMENT MANAGEMENT HOLDINGS LLC | DE | SOLE MEMBER/DIRECT & SOLE INTEREST HOLDER                 | 12/1999   | E  | Y | N |                 |
| BOPP, KEVIN, MICHAEL                             | I  | CHIEF COMPLIANCE OFFICER                                  | 01/2016   | NA | Y | N | 6468135         |
| HANLEY, DALE, ALEXANDER                          | I  | ELECTED MANAGER                                           | 10/2015   | NA | Y | N | 4213787         |
| Lehneis, Kirk, Christopher                       | I  | CHIEF OPERATING OFFICER                                   | 01/2017   | NA | Y | N | 6773807         |
| HARTE, FRANCIS, MICHAEL                          | I  | ELECTED MANAGER                                           | 06/2014   | NA | Y | N | 1976402         |
| CRONIN, MAUREEN, ANNE                            | I  | SVP, DEPUTY GENERAL COUNSEL AND CHIEF INVESTMENTS COUNSEL | 01/2023   | NA | Y | N | 7693887         |
| ABOU-JAOUDE, NAIM, (NMN)                         | I  | CHIEF EXECUTIVE OFFICER                                   | 05/2023   | NA | Y | N | 6408927         |
| KARAOGLAN, ALAIN, MAURICE                        | I  | ELECTED MANAGER                                           | 10/2022   | NA | Y | N | 1593876         |
| SABAL, CRAIG, ANDREW                             | I  | ELECTED MANAGER                                           | 01/2026   | NA | Y | N | 4591702         |

Schedule B

Indirect Owners

1. Complete Schedule B only if you are submitting an initial application or report. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.
2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.

(b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;

(c) in the case of an owner that is a trust, the trust and each trustee; and

(d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner is an individual.
5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
6. Ownership codes are: C - 25% but less than 50% E - 75% or more  
D - 50% but less than 75% F - Other (general partner, trustee, or elected manager)
7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.  
  
(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.  
  
(c) Complete each column.

| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | DE/FE/I | Entity in Which Interest is Owned                | Status                   | Date Status Acquired MM / YYYY | Ownership Code | Control Person | PR | CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No. |
|-------------------------------------------------------------------|---------|--------------------------------------------------|--------------------------|--------------------------------|----------------|----------------|----|-----------------------------------------------------------------------------|
| NEW YORK LIFE INSURANCE COMPANY                                   | DE      | NEW YORK LIFE INVESTMENT MANAGEMENT HOLDINGS LLC | INDIRECT INTEREST HOLDER | 12/1999                        | E              | Y              | N  |                                                                             |

Schedule D - Miscellaneous

You may use the space below to explain a response to an Item or to provide any other information.

SECTION 1.B-THE NAME "NYLI" MAY BE USED IN CONNECTION WITH THE MARKETING OF CERTAIN PRODUCTS, INCLUDING MUTUAL FUNDS, EXCHANGE TRADED FUNDS AND MANAGED ACCOUNTS. "NEW YORK LIFE INVESTMENT MANAGEMENT" IS BOTH A SERVICE MARK, AND THE COMMON TRADE NAME, OF CERTAIN INVESTMENT ADVISORS AFFILIATED WITH NEW YORK LIFE INSURANCE COMPANY. SECTION 7.A- WE HAVE NOT COMPLETED SECTION 7.A OF SCHEDULE D FOR CERTAIN RELATED PARTIES BECAUSE WE DO NOT HAVE: 1) BUSINESS DEALINGS WITH THESE RELATED PERSONS IN CONNECTION WITH ADVISORY SERVICES THAT WE PROVIDE TO OUR CLIENTS; 2) WE DO NOT CONDUCT SHARED OPERATIONS WITH THESE RELATED PERSONS; 3) WE DO NOT REFER PROSPECTIVE CLIENTS OR BUSINESS TO THESE RELATED PERSONS AND THESE RELATED PERSONS DO NOT REFER PROSPECTIVE CLIENTS OR BUSINESS TO US; 4) WE DO NOT SHARE SUPERVISED PERSONS OR PREMISES WITH THESE RELATED PERSONS; AND 5) WE HAVE NO REASON TO BELIEVE THAT OUR RELATIONSHIP WITH THESE RELATED PERSONS OTHERWISE CREATES A CONFLICT OF INTEREST WITH OUR CLIENTS.

Schedule R

DRP Pages

CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

- ☐ 11.C(1)
- ☐ 11.C(2)
- ☐ 11.C(3)
- ☐ 11.C(4)
- ☐ 11.C(5)
- ☐ 11.D(1)
- ☒ 11.D(2)
- ☐ 11.D(3)
- ☒ 11.D(4)
- ☐ 11.D(5)
- ☐ 11.E(1)
- ☐ 11.E(2)
- ☐ 11.E(3)
- ☐ 11.E(4)
- ☐ 11.F.
- ☐ 11.G.

Use a separate DRP for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

- A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):
- ☐ You (the advisory firm)
- ☐ You and one or more of your *advisory affiliates*
- ☒ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

CRD  
Number:

Registered: ☐ Yes ☒ No

Name: NEW YORK LIFE INSURANCE  
CO.  
(For individuals, Last, First,  
Middle)

This *advisory affiliate* is ☒ a Firm ☐ an Individual

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☒ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- ☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

- B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.
- ☐ Yes ☒ No

PART II

1. Regulatory Action initiated by:  

☐ SEC   ☐ Other Federal   ☒ State   ☐ SRO   ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

ILLINOIS DEPARTMENT OF INSURANCE
2. Principal Sanction:  
Civil and Administrative Penalt(ies) /Fine(s)  
Other Sanctions:
3. Date Initiated (MM/DD/YYYY):  
12/07/2015   ☒ Exact   ☐ Explanation  
If not exact, provide explanation:
4. Docket/Case Number:  
66915
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:  
Insurance  
Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):  
THE ILLINOIS DEPARTMENT OF INSURANCE CONDUCTED A MARKET EXAM, THE REPORT OF WHICH IDENTIFIED CERTAIN AREAS WHERE NEW YORK LIFE INSURANCE COMPANY ("NYLIC") WAS NOT IN COMPLIANCE WITH ILLINOIS INSURANCE REGULATIONS. NYLIC AND THE IL DEPT OF INSURANCE ENTERED INTO A STIPULATION AND CONSENT ORDER UNDER WHICH NYLIC WILL PAY A CIVIL PENALTY AND INSTITUTE POLICIES AND PROCEDURES TO COMPLY WITH APPROPRIATE REGULATIONS.
8. Current Status?   ☐ Pending   ☐ On Appeal   ☒ Final
9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:
- If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.
10. How was matter resolved:  
Stipulation and Consent
11. Resolution Date (MM/DD/YYYY):  
12/07/2015   ☒ Exact   ☐ Explanation  
If not exact, provide explanation:
12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 26,450.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:  
INSTITUTE POLICIES AND PROCEDURES TO COMPLY WITH APPROPRIATE REGULATIONS.  
Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:  
THE ILLINOIS DEPARTMENT OF INSURANCE CONDUCTED A MARKET EXAM, THE REPORT OF WHICH IDENTIFIED CERTAIN AREAS WHERE NYLIC WAS NOT IN COMPLIANCE WITH ILLINOIS INSURANCE REGULATIONS. NYLIC AND THE IL DEPT OF INSURANCE ENTERED INTO A STIPULATION AND CONSENT ORDER UNDER WHICH NYLIC WILL PAY A CIVIL PENALTY AND INSTITUTE POLICIES AND PROCEDURES TO COMPLY WITH APPROPRIATE REGULATIONS.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response

must fit within the space provided).

THE ILLINOIS DEPARTMENT OF INSURANCE CONDUCTED A MARKET EXAM, THE REPORT OF WHICH IDENTIFIED CERTAIN AREAS WHERE NYLIC WAS NOT IN COMPLIANCE WITH ILLINOIS INSURANCE REGULATIONS. NYLIC AND THE IL DEPT OF INSURANCE ENTERED INTO A STIPULATION AND CONSENT ORDER UNDER WHICH NYLIC WILL PAY A CIVIL PENALTY AND INSTITUTE POLICIES AND PROCEDURES TO COMPLY WITH APPROPRIATE REGULATIONS.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

|                                  |                                             |                                  |                                             |                                  |
|----------------------------------|---------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2)            | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4)            | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input checked="" type="checkbox"/> 11.D(2) | <input type="checkbox"/> 11.D(3) | <input checked="" type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input type="checkbox"/> 11.E(2)            | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4)            |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.              |                                  |                                             |                                  |

Use a separate DRP for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

☐ You (the advisory firm)

☐ You and one or more of your *advisory affiliates*

☒ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

|                                                                                                                                                                                             |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <i>CRD</i><br>Number:<br>Registered: <input type="radio"/> Yes <input checked="" type="radio"/> No<br>Name: NEW YORK LIFE INSURANCE<br>COMPANY<br>(For individuals, Last, First,<br>Middle) | This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> an Individual |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- ☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

☒ Yes ☐ No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

2. Principal Sanction:  
Civil and Administrative Penalt(ies) /Fine(s)  
Other Sanctions:
3. Date Initiated (MM/DD/YYYY):  
10/31/2016 ☐ Exact ☐ Explanation  
If not exact, provide explanation:
4. Docket/Case Number:  
2016-001-A
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:  
Insurance  
Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):  
AS A RESULT OF A ROUTINE MARKET CONDUCT EXAMINATION OF THE AFFAIRS OF NEW YORK LIFE INSURANCE COMPANY FOR THE PERIOD FROM JANUARY 1, 2005-DECEMBER 31, 2009, THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES FOUND THAT NEW YORK LIFE VIOLATED SECTION 53-3.5(A), 53-3.2(A)(2) AND 533.6(B) OF DEPARTMENT REGULATION NO. 74 AS WELL AS NEW YORK INSURANCE LAW SECTION 3201(B)(1).
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:  
Consent
11. Resolution Date (MM/DD/YYYY):  
10/31/2016 ☒ Exact ☐ Explanation  
If not exact, provide explanation:
12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 732,067.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:  
  
Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:  
IN OCTOBER 2016, NEW YORK LIFE PAID A CIVIL PENALTY OF \$732,067.00.
13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).  
THE FINDINGS BY THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES HAVE BEEN RESOLVED THROUGH A CONSENT ORDER.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Check item(s) being responded to:

|                                  |                                             |                                  |                                             |                                  |
|----------------------------------|---------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2)            | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4)            | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input checked="" type="checkbox"/> 11.D(2) | <input type="checkbox"/> 11.D(3) | <input checked="" type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input type="checkbox"/> 11.E(2)            | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4)            |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.              |                                  |                                             |                                  |

Use a separate DRP for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- ☐ You (the advisory firm)
- ☐ You and one or more of your *advisory affiliates*
- ☒ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

|             |                                                                                                               |
|-------------|---------------------------------------------------------------------------------------------------------------|
| CRD Number: | This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> an Individual |
| Registered: | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                 |
| Name:       | NEW YORK LIFE INSURANCE COMPANY<br>(For individuals, Last, First, Middle)                                     |

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- ☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- ☐ Yes
- ☒ No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Regulatory Action initiated by:

☐ SEC

☐ Other Federal

☒ State

☐ SRO

☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

STATE OF CONNECTICUT INSURANCE DEPARTMENT
2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:
3. Date Initiated (MM/DD/YYYY):

01/24/2018

☒ Exact

☐ Explanation

If not exact, provide explanation:
4. Docket/Case Number:

MC 17-47

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:  
Insurance  
Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):  
DURING THE COURSE OF A ROUTINE MARKET CONDUCT EXAM, THE STATE OF CONNECTICUT INSURANCE DEPARTMENT (THE STATE) FOUND NEW YORK LIFE INSURANCE COMPANY DID NOT TIMELY PAY LONG TERM CARE CLAIMS IN FOUR INSTANCES.
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:  
Consent
11. Resolution Date (MM/DD/YYYY):  
01/24/2018 ☒ Exact ☐ Explanation  
If not exact, provide explanation:
12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 1,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:  
  
Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:  
NEW YORK LIFE INSURANCE COMPANY WAS FINED \$1,000.00, WHICH WAS PAID TO THE STATE IN DECEMBER 2017.
13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).  
NEW YORK LIFE INSURANCE COMPANY WAS FINED \$1,000.00, WHICH WAS PAID TO THE STATE IN DECEMBER 2017.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)

☐ 11.C(2)

☐ 11.C(3)

☐ 11.C(4)

☐ 11.C(5)

☐ 11.D(1)

☒ 11.D(2)

☐ 11.D(3)

☒ 11.D(4)

☐ 11.D(5)

☐ 11.E(1)

☐ 11.E(2)

☐ 11.E(3)

☐ 11.E(4)

☐ 11.F.

☐ 11.G.

Use a separate DRP for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

- ☐ You (the advisory firm)
- ☐ You and one or more of your *advisory affiliates*
- ☒ One or more of your *advisory affiliates*

ADV DRP - *ADVISORY AFFILIATE*

|             |                                                                                                               |
|-------------|---------------------------------------------------------------------------------------------------------------|
| CRD         |                                                                                                               |
| Number:     | This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> an Individual |
| Registered: | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                 |
| Name:       | NEW YORK LIFE INSURANCE<br>COMPANY<br>(For individuals, Last, First,<br>Middle)                               |

- If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- B. If the *advisory affiliate* is registered through the IARD system or CRD system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or CRD for the event? If the answer is "Yes," no other information on this DRP must be provided.

- NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or CRD records.

1. Regulatory Action initiated by:  
☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign  
 (Full name of regulator, *foreign financial regulatory authority*, federal, state, or SRO)  
 KENTUCKY DEPARTMENT OF INSURANCE

3. Date Initiated (MM/DD/YYYY):  
 10/04/2021 ☒ Exact ☐ Explanation  
 If not exact, provide explanation:

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:  
Insurance  
Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
- ON OCTOBER 4, 2021 NEW YORK LIFE INSURANCE COMPANY ("NYLIC") RECEIVED AN ORDER OF CIVIL PENALTY AND ADOPTION OF A CORRECTIVE ACTION PLAN FROM THE KENTUCKY DEPARTMENT OF INSURANCE ALLEGING THAT NYLIC INCORRECTLY IMPLEMENTED PREMIUM RATE INCREASES ON 112 INDIVIDUAL LONG TERM CARE CONTRACTS IN VIOLATION OF KENTUCKY INSURANCE LAW.

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Order

11. Resolution Date (MM/DD/YYYY):

10/20/2021 ☒ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 112,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

ON OCTOBER 4, 2021 NEW YORK LIFE INSURANCE COMPANY ("NYLIC") RECEIVED AN ORDER OF CIVIL PENALTY AND ADOPTION OF A CORRECTIVE ACTION PLAN FROM THE KENTUCKY DEPARTMENT OF INSURANCE ALLEGING THAT NYLIC INCORRECTLY IMPLEMENTED PREMIUM RATE INCREASES ON 112 INDIVIDUAL LONG TERM CARE CONTRACTS IN VIOLATION OF KENTUCKY INSURANCE LAW. MONETARY FINE: \$112,000

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

MONETARY FINE: \$112,000

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

- |                                  |                                             |                                  |                                             |                                  |
|----------------------------------|---------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2)            | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4)            | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input checked="" type="checkbox"/> 11.D(2) | <input type="checkbox"/> 11.D(3) | <input checked="" type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input type="checkbox"/> 11.E(2)            | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4)            |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.              |                                  |                                             |                                  |

Use a separate DRP for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- ☐ You (the advisory firm)
- ☐ You and one or more of your *advisory affiliates*
- ☒ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

CRD

This *advisory affiliate* is ☒ a Firm ☐ an Individual

Number:

Registered: ☐ Yes ☒ No

Name: NEW YORK LIFE INSURANCE COMPANY; NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION  
(For individuals, Last, First, Middle)

- ☐ This *DRP* should be removed from the *ADV* record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This *DRP* should be removed from the *ADV* record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a *DRP* for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a *DRP* for any event listed in Item 11 that occurred more than ten years ago.

- ☐ This *DRP* should be removed from the *ADV* record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

- B. If the *advisory affiliate* is registered through the *IARD* system or *CRD* system, has the *advisory affiliate* submitted a *DRP* (with Form *ADV*, *BD* or *U-4*) to the *IARD* or *CRD* for the event? If the answer is "Yes," no other information on this *DRP* must be provided.
- ☐ Yes ☒ No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its *IARD* or *CRD* records.

PART II

1. Regulatory Action initiated by:  
☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign  
(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)  
OFFICE OF THE MONTANA STATE AUDITOR, COMMISSION OF SECURITIES AND FINANCE
2. Principal Sanction:  
Civil and Administrative Penalt(ies) /Fine(s)  
Other Sanctions:
3. Date Initiated (MM/DD/YYYY):  
03/23/2021 ☒ Exact ☐ Explanation  
If not exact, provide explanation:
4. Docket/Case Number:  
INS 2018-275
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:  
Insurance  
Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):  
THE OFFICE OF THE MONTANA STATE AUDITOR, COMMISSION OF SECURITIES AND INSURANCE ("CSI") FOUND THAT SINCE 2015 NEW YORK LIFE INSURANCE COMPANY AND NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (COLLECTIVELY, "NYL") USED GROUP LIFE INSURANCE AND GROUP ANNUITY FORMS THAT HAD NOT BEEN APPROVED BY THE CSI, PROVIDED COVERAGE UNDER SUCH FORMS TO MONTANA RESIDENTS AND DID NOT SUBMIT THE FORMS FOR APPROVAL AS REQUIRED UNDER MONTANA LAW.
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

11. Resolution Date (MM/DD/YYYY):

03/23/2021 ☒ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

- ☒ Monetary/Fine Amount: \$ 10,000.00
- ☐ Revocation/Expulsion/Denial
- ☐ Censure
- ☐ Bar
- ☐ Disgorgement/Restitution
- ☐ Cease and Desist/Injunction
- ☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

THE OFFICE OF THE MONTANA STATE AUDITOR, COMMISSION OF SECURITIES AND INSURANCE ("CSI") FOUND THAT SINCE 2015 NEW YORK LIFE INSURANCE COMPANY AND NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (COLLECTIVELY, "NYL") USED GROUP LIFE INSURANCE AND GROUP ANNUITY FORMS THAT HAD NOT BEEN APPROVED BY THE CSI, PROVIDED COVERAGE UNDER SUCH FORMS TO MONTANA RESIDENTS AND DID NOT SUBMIT THE FORMS FOR APPROVAL AS REQUIRED UNDER MONTANA LAW. MONETARY FINE: \$10,000 THE MARCH 23, 2021 CONSENT AGREEMENT RESOLVES THE ALLEGATIONS AGAINST NYL AND WAS ENTERED WITHOUT ADJUDICATION OF ANY ISSUE, LAW OR FACT.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

MONETARY FINE: \$10,000 THE MARCH 23, 2021 CONSENT AGREEMENT RESOLVES THE ALLEGATIONS AGAINST NYL AND WAS ENTERED WITHOUT ADJUDICATION OF ANY ISSUE, LAW OR FACT.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

- ☐ 11.C(1)
- ☐ 11.C(2)
- ☐ 11.C(3)
- ☐ 11.C(4)
- ☐ 11.C(5)
- ☐ 11.D(1)
- ☒ 11.D(2)
- ☐ 11.D(3)
- ☒ 11.D(4)
- ☐ 11.D(5)
- ☐ 11.E(1)
- ☐ 11.E(2)
- ☐ 11.E(3)
- ☐ 11.E(4)
- ☐ 11.F.
- ☐ 11.G.

Use a separate DRP for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- ☐ You (the advisory firm)
- ☐ You and one or more of your *advisory affiliates*
- ☒ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

CRD  
Number:

Registered: ☐ Yes ☒ No

Name: NEW YORK LIFE INSURANCE

This *advisory affiliate* is ☒ a Firm ☐ an Individual

CO.  
(For individuals, Last, First,  
Middle)

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- ☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- ☐ Yes
- ☒ No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

LOUISIANA DEPARTMENT OF INSURANCE
2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:

AMEND CURRNET FORMS AS REQUESTED IN THE ORDER AND TO CEASE USING UNAPPROVE FORMS IN THE STATE
3. Date Initiated (MM/DD/YYYY):

12/16/2023 ☒ Exact ☐ Explanation

If not exact, provide explanation:
4. Docket/Case Number:
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:

Insurance

Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

NEW YORK LIFE INSURANCE COMPANY FAILED TO USE POLICY FORMS THAT WERE REVIEWED AND APPROVED BY THE STATE. IN ADDITION, CERTAIN FORMS DID NOT COMPLY WITH STATE REGULATIONS.
8. Current Status?

☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Order
11. Resolution Date (MM/DD/YYYY):

12/16/2023 ☒ Exact ☐ Explanation

If not exact, provide explanation:
12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 100,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

NYL IS ALSO AMENDING FORMS AND AGREEMENT AND RESUBMITTING THEM TO THE STATE TO COMPLY WITH THE APPROPRIATE REGULATIONS. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:  
NEW YORK LIFE AGREED TO A CONSENT ORDER FROM THE STATE AND PAID A FINE OF \$100,000 RELATED TO USE OF FORMS IN THE STATE WHICH WERE NOT APPROVED BY OR DID NOT COMPLY WITH STATE REGULATIONS. IN ADDITION TO PAYING THE FINE OF \$100,000 ON 12/22/2023, NYL IS ALSO AMENDING FORMS AND AGREEMENT AND RESUBMITTING THEM TO THE STATE TO COMPLY WITH THE APPROPRIATE REGULATIONS.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

NEW YORK LIFE AGREED TO A CONSENT ORDER FROM THE STATE AND PAID A FINE OF \$100,000 RELATED TO USE OF FORMS IN THE STATE WHICH WERE NOT APPROVED BY OR DID NOT COMPLY WITH STATE REGULATIONS. IN ADDITION TO PAYING THE FINE OF \$100,000 ON 12/22/2023, NYL IS ALSO AMENDING FORMS AND AGREEMENT AND RESUBMITTING THEM TO THE STATE TO COMPLY WITH THE APPROPRIATE REGULATIONS.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☒ INITIAL **OR** ☐ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)

☐ 11.C(2)

☐ 11.C(3)

☐ 11.C(4)

☐ 11.C(5)

☐ 11.D(1)

☒ 11.D(2)

☐ 11.D(3)

☒ 11.D(4)

☐ 11.D(5)

☐ 11.E(1)

☐ 11.E(2)

☐ 11.E(3)

☐ 11.E(4)

☐ 11.F.

☐ 11.G.

Use a separate **DRP** for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one **DRP**. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one **DRP** to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate **DRP**.

PART I

A. The *person(s)* or entity(ies) for whom this **DRP** is being filed is (are):

☐ You (the advisory firm)

☐ You and one or more of your *advisory affiliates*

☒ One or more of your *advisory affiliates*

If this **DRP** is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV **DRP** - ADVISORY AFFILIATE

CRD Number:

Registered: ☐ Yes ☒ No

Name: NEW YORK LIFE INSURANCE COMPANY  
(For individuals, Last, First, Middle)

This *advisory affiliate* is ☒ a Firm ☐ an Individual

☐ This **DRP** should be removed from the **ADV** record because the *advisory affiliate(s)* is no longer associated with the adviser.

☐ This **DRP** should be removed from the **ADV** record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

☐ Yes ☒ No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

STATE OF CONNECTICUT INSURANCE DEPARTMENT

2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:

3. Date Initiated (MM/DD/YYYY):

08/07/2025 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

MC 25-65

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

Insurance

Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

NYLIC PAID A \$2,000 FINE FOR FAILING TO PAY CLAIMS AND INTEREST ON CLAIMS IN A TIMELY MANNER, IN VIOLATION OF CONNECTICUT STATUTORY REQUIREMENTS.

8. Current Status?

☐ Pending ☐ On Appeal ☒ Final

9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Stipulation and Consent

11. Resolution Date (MM/DD/YYYY):

08/07/2025 ☒ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 2,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal,

Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:  
PURSUANT TO A MARKET CONDUCT EXAMINATION BY THE STATE OF CONNECTICUT INSURANCE DEPARTMENT, STIPULATION AND FINAL ORDER, DATED 08/07/2025, NEW YORK LIFE INSURANCE COMPANY WAS FOUND TO HAVE VIOLATED SECTION 38A-816 OF THE CONNECTICUT GENERAL STATUTES

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).  
PURSUANT TO A MARKET CONDUCT EXAMINATION BY THE STATE OF CONNECTICUT INSURANCE DEPARTMENT, STIPULATION AND FINAL ORDER, DATED 08/07/2025, NEW YORK LIFE INSURANCE COMPANY WAS FOUND TO HAVE VIOLATED SECTION 38A-816 OF THE CONNECTICUT GENERAL STATUTES

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Item 11.H. of Part 1A or Item 2.F. of Part 1B of Form ADV.

Civil Judicial

Check Part 1A item(s) being responded to:  
☐ 11.H(1)(a) ☐ 11.H(1)(b) ☐ 11.H(1)(c) ☐ 11.H(2)

Check Part 1B item(s) being responded to:  
☒ 2.F(1) ☐ 2.F(2) ☐ 2.F(3) ☐ 2.F(4) ☐ 2.F(5)

Use a separate DRP for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Item 11.H. of Part 1A or Item 2.F. of Part 1B. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

PART I

- A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):  
☒ You (the advisory firm)  
☐ You and one or more of your *advisory affiliates*  
☐ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

No Information Filed

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☒ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.H. (1)(a), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- ☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

- B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.  
☐ Yes ☐ No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Court Action initiated by: (Name of regulator, *foreign financial regulatory authority*, SRO, commodities exchange, agency, firm, private plaintiff, etc.)  
PAUL ANDRUS AND RONALD BERRESFORD
2. Principal Relief Sought:  
Money Damages (Private/Civil Complaint)  
Other Relief Sought:
3. Filing Date of Court Action (MM/DD/YYYY):  
07/18/2016 ☒ Exact ☐ Explanation  
If not exact, provide explanation:
4. Principal Product Type:  
Mutual Fund(s)  
Other Product Types:
5. Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):  
CASE NO. 1:16-CV-05698 THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
6. *Advisory Affiliate* Employing Firm when activity occurred which led to the civil judicial action (if applicable):
7. Describe the allegations related to this civil action (your response must fit within the space provided):  
THE MAIN ALLEGATION OF THE COMPLAINT IS THAT PLAN FIDUCIARIES VIOLATED ERISA BY NOT OFFERING THE LEAST EXPENSIVE S&P 500 INDEX FUND AVAILABLE.
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, action appealed to (provide name of court) and Date Appeal Filed (MM/DD/YYYY):
10. If pending, date notice/process was served (MM/DD/YYYY):  
☒ Exact ☐ Explanation  
If not exact, provide explanation:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.

11. How was matter resolved:  
Settled
12. Resolution Date (MM/DD/YYYY):  
06/15/2017 ☒ Exact ☐ Explanation  
If not exact, provide explanation:
13. Resolution Detail:

A. Were any of the following Sanctions Ordered or Relief Granted(check appropriate items)?

☒ Monetary/Fine Amount: \$ 3,000,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions:

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement, or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:  
  
CLASS ACTION WAS APPROVED AND SETTLED FOR ALL PERSONS WHO PARTICIPATED IN THE NEW YORK LIFE INSURANCE COMPANY EMPLOYEE PROGRESS-SHARING INVESTMENT PLAN OR THE NEW YORK LIFE AGENTS PROGRESSSSHARING INVESTMENT PLAN (COLLECTIVELY, THE "PLANS") WHOSE PLAN ACCOUNT INCLUDED AN INVESTMENT IN THE MAINSTAY S&P 500 INDEX FUND AT ANY TIME DURING THE PERIOD BETWEEN JULY 18, 2010 AND JULY 19, 2016 (THE "CLASS PERIOD"), INCLUDING ANY BENEFICIARY OF A DECEASED PERSON WHO PARTICIPATED IN THE PLANS AT ANY TIME DURING THE CLASS PERIOD, AND/OR, ALTERNATE PAYEES, IN THE CASE OF A PERSON SUBJECT TO A QUALIFIED DOMESTIC RELATIONS ORDER WHO PARTICIPATED IN THE PLANS AT ANY TIME DURING THE CLASS PERIOD.
14. Provide a brief summary of circumstances related to the action(s), allegation(s), disposition(s) and/or finding(s) disclosed above (your response must fit within the space provided).  
THE PLAITIFF ALLEGES THAT PLAN FIDUCIARIES VIOLATED ERISA BY NOT OFFERING THE LEAST EXPENSIVE S&P 500 INDEX FUND AVAILABLE.

Part 2

Exemption from brochure delivery requirements for SEC-registered advisers

SEC rules exempt SEC-registered advisers from delivering a firm brochure to some kinds of clients. If these exemptions excuse you from delivering a brochure to *all* of your advisory clients, you do not have to prepare a brochure.

YesNo

Are you exempt from delivering a brochure to all of your clients under these rules?

If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

| Brochure ID | Brochure Name               | Brochure Type(s)                                                                                                                                              |
|-------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 417200      | NYLIM ADV PART 2A JULY 2025 | Individuals, High net worth individuals, Pension plans/profit sharing plans, Foundations/charities, Other institutional, Private funds or pools, Wrap program |

Part 3

| CRS                    | Type(s)            | Affiliate Info | Retire |
|------------------------|--------------------|----------------|--------|
| <div><div></div></div> | Investment Advisor |                |        |

Execution Pages

DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business* and any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding*, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are submitting a *notice filing*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser’s books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature:KEVIN M BOPP

Printed Name:KEVIN M BOPP

Adviser CRD Number:109591

Date: MM/DD/YYYY03/30/2026

Title:CHIEF COMPLIANCE OFFICER

NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State or other legally designated officer, of any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of any state in which you are submitting a *notice filing*.

2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

3. *Non-Resident* Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

|                            |                  |
|----------------------------|------------------|
| Signature:                 | Date: MM/DD/YYYY |
| Printed Name:              | Title:           |
| Adviser <i>CRD</i> Number: |                  |
| 109591                     |                  |