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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 849836 (2)

**1. Corporation Name
MUTUAL OF AMERICA LIFE INSURANCE COMPANY ASSOCIA
TION, INC.**

**Principal Place of Business Mailing Address
666 FIFTH AVENUE 666 FIFTH AVENUE
CORPORATE TAXES 4TH FLOOR CORPORATE TAXES 4TH FLOOR
NEW YORK NY 10103-0012 NEW YORK NY 10103-0012
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/27/1981 3a. Date of Last Report 06/15/1994

4. FEI Number 13-1614399 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301**

**81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file # applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PCEO
NAME THOMAS, MORAN
STREET ADDRESS 666 FIFTH AVENUE
CITY - ST - ZIP NEW YORK NY**

**1.1 TITLE PCEO Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**TITLE SEVC
NAME ALTSTADT, MANFRED
STREET ADDRESS 666 FIFTH AVENUE
CITY - ST - ZIP NEW YORK NY**

**2.1 TITLE SEVPCFO Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**TITLE V
NAME GANNON, HAROLD J.
STREET ADDRESS 666 FIFTH AVENUE
CITY - ST - ZIP NEW YORK NY**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS DELETE
3.4 CITY - ST - ZIP**

**TITLE SEV
NAME BURNS, PATRICK A.
STREET ADDRESS 666 FIFTH AVENUE
CITY - ST - ZIP NEW YORK NY**

**4.1 TITLE V.P. & Asst. Controller Change Addition
4.2 NAME Christopher M. Misco
4.3 STREET ADDRESS 666 Fifth Avenue
4.4 CITY - ST - ZIP New York, NY 10103**

**TITLE EVT
NAME DEMILT, WILLIAM A
STREET ADDRESS 666 5TH AVENUE
CITY - ST - ZIP NEW YORK NY**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**TITLE CCEO
NAME FLING, WILLIAM J.
STREET ADDRESS 666 FIFTH AVENUE
CITY - ST - ZIP NEW YORK NY**

**6.1 TITLE Chairman Change Addition
6.2 NAME Flynn, William J.
6.3 STREET ADDRESS 666 Fifth Avenue
6.4 CITY - ST - ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/95 (12) JPP-GDYC
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