

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **849836 (2)**
1. Corporation Name

MUTUAL OF AMERICA LIFE INSURANCE COMPANY-ASSOCIATION, INC.



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

01/03/45

3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last Report 04/10/1995
4. FEI Number 13-1614399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 320 Park Avenue Suite, Apt. #, etc.	26 320 Park Avenue Suite, Apt. #, etc.
22 Corporate Finance City & State	27 Corporate Finance City & State
23 NY NY Zip Country	28 NY NY Zip Country
24 10022 USA	29 10022 USA

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) 700001873847 -06/24/96--01058--032 83 84 City ***225.00 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE _____
Signature type not preferred for e-filing. Use the following: _____ DATE _____
Printed Name of the Agent or Registered Office

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD THOMAS, MORAN 666 FIFTH AVENUE NEW YORK NY	<input type="checkbox"/> DELETE	1. TITLE President & CEO Moran Thomas Joseph 320 Park Avenue NY NY
NAME	SEVP ALTSTADT, MANFRED 666 FIFTH AVENUE NEW YORK NY	<input type="checkbox"/> DELETE	2. TITLE Senior Exec VP - CFO Altstadt, Manfred 320 Park Avenue, NY, NY
STREET ADDRESS	VPAC MISEO, CHRISTOPHER M. 666 FIFTH AVE NEW YORK NY	<input type="checkbox"/> DELETE	3. TITLE VP & Asst Controller Miseo, Christopher M. 320 Park Avenue NY, NY
CITY- ST- ZIP	SEV BURNS, PATRICK A. 666 FIFTH AVENUE NEW YORK NY	<input type="checkbox"/> DELETE	4. TITLE SEVP & General Counsel Burns, Patrick A. 320 Park Avenue NY, NY
TITLE	EVT DEMILT, WILLIAM A. 666 5TH AVENUE NEW YORK NY	<input type="checkbox"/> DELETE	5. TITLE EVP & Treasurer DeMilt, William A. 320 Park Avenue Ny, NY
NAME	C FLYNN, WILLIAM J. 666 FIFTH AVENUE NEW YORK NY	<input type="checkbox"/> DELETE	6. TITLE Chairman Flynn, William J. 320 Park Avenue NY, NY
STREET ADDRESS			
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 119.07(3)(k), 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: *Patrick A. Burns*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (212) 224-1558
Date Date of Filing

CR2E034 (12/95)