

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849836 (2)

1. Corporation Name
MUTUAL OF AMERICA LIFE INSURANCE COMPANY



Principal Place of Business 320 PARK AVENUE C/O CORPORATE FINANCE NEW YORK NY 10022 US	Mailing Address 320 PARK AVENUE C/O CORPORATE FINANCE NEW YORK NY 10022-6615 US
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3. Date Incorporated or Qualified 07/27/1981	3a. Date of Last Report 05/01/1996
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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	THOMAS, MORAN	
STREET ADDRESS	320 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	SEVP	<input type="checkbox"/> DELETE
NAME	ALTSTADT, MANFRED	
STREET ADDRESS	320 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	VPAC	<input type="checkbox"/> DELETE
NAME	MISEO, CHRISTOPHER M.	
STREET ADDRESS	320 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	SEV	<input type="checkbox"/> DELETE
NAME	BURNS, PATRICK A.	
STREET ADDRESS	320 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	EVT	<input type="checkbox"/> DELETE
NAME	DEMILT, WILLIAM A	
STREET ADDRESS	320 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FLYNN, WILLIAM J.	
STREET ADDRESS	320 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEVP & CFO
2.3 STREET ADDRESS	Altstadt, Manfred
2.4 CITY - ST - ZIP	320 Park Avenue New York, NY 10022
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 4/18/97 DAYTIME PHONE: # _____

CR2E034 (9/96)