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Mailing Address 320 PARK AVENUE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 849836

1. Corporation Name

Principal Place of Business

320 PARK AVENUE

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

2. Principal Place of Business 2a. Mailing Address 4. Fill Number Applied For 21 26 3.2 3.2 3.2 3.2 3.2 3.3 3.2 3.3 3.2 3.3 3.4 3.3 3.3 3.4 3.3 3.4 3.3	C/O CORPORATE FINANCE		C/O CORPORATE FINANCE				DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		10022	NEW YORK NY 10022							
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Zip			—							
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9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA CAPITAL BLIDG TALLAHASSEE FL FL 32301 84 City		· · · · · ·	— ` r	·			•	_	□No	
INSURANCE COMMISSIONER STATE OF FLORIDA CAPITAL BLDG TALLAHASSEE FL FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the acceptability of registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607,0502 and 607,1508, Florida Statutes, the observations of sections of the special strength of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the observations is board of directors. I hereby accept the appointment as registered agent, and an accept the obligations of, Section 607,0503, Florida Statutes, the department of majorized with a provisions in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0503, Florida Statutes, and the statement for the purpose of changing its registered agent, and the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0503, Florida Statutes, and the statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appo	24		<u></u>					Total and Total		
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NEW YORK NY 10022

14. I 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, with all other like empowered.

SIGNATURE: