

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90185 042 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 849836

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
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date incorporated or Qualified
07/27/1981

4. FEI Number
13-1614399

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 checked="" 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 | EVP | <input checked="" type="checkbox"/> DELETE |
| NAME | DEMILT, WILLIAM A | |
| STREET ADDRESS | 320 PARK AVENUE | |
| CITY-ST-ZIP | NEW YORK NY 10022 | |
| TITLE | C | <input checked="" 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | CFO, D |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | SVP, C |
| 3.3 STREET ADDRESS | FESTOG, CHRIS W. |
| 3.4 CITY-ST-ZIP | 320 PARK AVENUE NEW YORK, NY 10022 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | SEVP, D |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | AVP, TR |
| 5.3 STREET ADDRESS | GREED, JOHN R. |
| 5.4 CITY-ST-ZIP | 320 PARK AVENUE NEW YORK, NY 10022 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | SVP |
| 6.3 STREET ADDRESS | GANNON, HAROLD J. |
| 6.4 CITY-ST-ZIP | 320 PARK AVENUE 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: HAROLD J. GANNON Date: 4/30/99 Daytime Phone #: (212) 224-1847

CR2E034 (1/198)