


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 849836

1. Entity Name
MUTUAL OF AMERICA LIFE INSURANCE COMPANY



| | |
|---|---|
| Principal Place of Business 320 PARK AVENUE C/O CORPORATE TAX NEW YORK, NY 10022 US | Mailing Address 320 PARK AVENUE C/O CORPORATE TAX NEW YORK, NY 10022 US |
|---|---|

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 13-1614399 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

000000145004
 05/03/04-80006-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD MORAN, THOMAS J 320 PARK AVENUE NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOD ALTSTADT, MANFRED 320 PARK AVENUE NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEVD CURIALE, SALVATORE R 320 PARK AVENUE NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEVD BURNS, PATRICK A. 320 PARK AVENUE NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPT GREED, JOHN R 320 PARK AVENUE NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP GANNON, HAROLD J 320 PARK AVENUE NEW YORK, NY 10022 |

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Harold J Gannon* 4/29/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #