


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 849836**


1. Entity Name  
 MUTUAL OF AMERICA LIFE INSURANCE COMPANY



Principal Place of Business      Mailing Address

320 PARK AVENUE      320 PARK AVENUE  
 C/O CORPORATE TAX      C/O CORPORATE TAX  
 NEW YORK, NY 10022 US      NEW YORK, NY 10022 US

**DO NOT WRITE IN THIS SPACE**



04072005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 13-1614399      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000333226  
 04/26/05-80089-025 150.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without other like empowered.

SIGNATURE: *Harold J Gannon*      SR. VICE PRES.      4/26/05

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #