


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-1614399	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAN, THOMAS J		NAME		
STREET ADDRESS	320 PARK AVENUE		STREET ADDRESS	U00000541135	
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP	05/10/06-80045-013 150.00	
TITLE	CFOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTSTADT, MANFRED		NAME		
STREET ADDRESS	320 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	SEVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURIALE, SALVATORE R		NAME		
STREET ADDRESS	320 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	SEVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, PATRICK A.		NAME		
STREET ADDRESS	320 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	EVPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREED, JOHN R		NAME		
STREET ADDRESS	320 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANNON, HAROLD J		NAME		
STREET ADDRESS	320 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date: 4/21/06		Daytime Phone #: 212 22	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					