


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90395 049 ***150.00

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04112008 Chg-P CR2E034 (12/06)

4. FEI Number 13-1614399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent 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 _____ 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, 2008 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 MORAN, THOMAS J	TITLE	
NAME	320 PARK AVENUE	NAME	
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CFOD ALTSTADT, MANFRED	TITLE	COOD
NAME	320 PARK AVENUE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	SEVD CURIALE, SALVATORE R	TITLE	SEVP CMO
NAME	320 PARK AVENUE	NAME	Conway, William
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	320 Park Avenue
CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	New York, NY 10022
TITLE	SEVD BURNS, PATRICK A.	TITLE	
NAME	320 PARK AVENUE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	EVPT GREED, JOHN R	TITLE	SEVP CFO
NAME	320 PARK AVENUE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	SVP GANNON, HAROLD J	TITLE	
NAME	320 PARK AVENUE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **Harold J. Gannon** 4/11/2008 (212) 224-1847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #