

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849836

FILED  
May 04, 2009  
Secretary of State

Entity Name: MUTUAL OF AMERICA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 13-1614399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete  
Name: MORAN, THOMAS J  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022 US

Title: COOD ( ) Delete  
Name: ALTSTADT, MANFRED  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022 US

Title: SEVP ( ) Delete  
Name: CONWAY, WILLIAM  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022 US

Title: SEVD ( ) Delete  
Name: BURNS, PATRICK A.  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022 US

Title: SEVP ( ) Delete  
Name: GREED, JOHN R  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: SVP ( ) Delete  
Name: GANNON, HAROLD J  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEVD (X) Change ( ) Addition  
Name: ROTH, JAMES J  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTELLE E. MILLER

Electronic Signature of Signing Officer or Director

VP

05/04/2009

Date