#### **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000003154

Entity Name: MUTUAL OF AMERICA CAPITAL MANAGEMENT LLC

FILED Feb 11, 2019 Secretary of State 7676644865CC

# **Current Principal Place of Business:**

320 PARK AVE CORPORATE TAX 7TH FLOOR NEW YORK, NY 10022

## **Current Mailing Address:**

320 PARK AVE CORPORATE TAX 7TH FLOOR NEW YORK, NY 10022 US

FEI Number: 13-3701801 Certificate of Status Desired: No

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

NEW YORK NY 10022

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Name

City-State-Zip:

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title EVP, DEPUTY GENERAL COUNSEL, Title DIRECTOR, CHAIRMAN, CEO

 CORPORATE SECRETARY
 Name
 LEAR, AMIR

 ROTHSTEIN, SCOTT H
 Address
 320 PARK AVE

Address 320 PARK AVE City-State-Zip: NEW YORK NY 10022

City-State-Zip: NEW YORK NY 10022

Title DIRECTOR

Name CULHANE, NOREEN M
Name BISCHOFF, THERESA A

Address 320 PARK AVE

Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title DIRECTOR

Title DIRECTOR Name GOLDEN, ROBERT C

Name DAVIS, NATHANIEL A
Address 320 PARK AVE
Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

City-State-Zip: NEW YORK NY 10022

Title DIRECTOR

Title DIRECTOR Name QUICK, CHRISTOPHER C

Name HAIRE, JOHN E Address 320 PARK AVE

Address 320 PARK AVE City-State-Zip: NEW YORK NY 10022

City-State-Zip: NEW YORK NY 10022

Continues on page 2

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS W. FESTOG TREASURER 02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

## Authorized Person(s) Detail Continued:

Title DIRECTOR

Name QUINN, JAMES E

Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title DIRECTOR

Name STACK, JOHN J Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title SEVP, GEN. COUNSEL

Name ROTH, JAMES J Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title SEVP, TREASURER, CFO

Name FESTOG, CHRIS W Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title EVP, CCO

Name LU, KATHRYN A Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title EVP

Name WAGNER, MARGUERITE H

Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title DIRECTOR

Name SMITH IV, ALFRED E

Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title PRESIDENT

Name RICH, STEPHEN J

Address 320 PARK AVE

Title SVP, INTERNAL AUDITOR

NEW YORK NY 10022

Name GLYNN, DIANA H Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title EVP

City-State-Zip:

Name HEISKELL, ANDREW L

Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title EVP, COO

Name GAFFOGLIO, JOSEPH R

Address 320 PARK AVE

City-State-Zip: NEW YORK NY 10022