

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849836

Entity Name: MUTUAL OF AMERICA LIFE INSURANCE COMPANY

Current Principal Place of Business:

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

FILED
Apr 16, 2013
Secretary of State
CC8557163572

Current Mailing Address:

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

FEI Number: 13-1614399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEOD
Name MORAN, THOMAS J
Address 320 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title COO
Name CONWAY, WILLIAM S
Address 320 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title SVPD
Name GREED, JOHN R
Address 320 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title EVP
Name ROTH, JAMES J
Address 320 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title EVP
Name BROWN, JEREMY J
Address 320 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title SVP
Name GANNON, HAROLD J
Address 320 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

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 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 all other like empowered.

SIGNATURE: HAROLD GANNON

SR. VICE PRESIDENT

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date