

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 849836

**Entity Name:** MUTUAL OF AMERICA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

320 PARK AVENUE  
NEW YORK, NY 10022

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**3370653354CC**

**Current Mailing Address:**

320 PARK AVENUE  
NEW YORK, NY 10022 US

**FEI Number: 13-1614399**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200E. 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            PRESIDENT, CEO, DIRECTOR  
Name            GREED, JOHN  
Address         320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title            OTHER  
Name            SEVERIN, BRIAN  
Address         320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title            CFO  
Name            FESTOG, CHRIS  
Address         320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title            OTHER  
Name            D'ANGELO, JASON A  
Address         320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title            SECRETARY  
Name            CURABBA, NICHOLAS  
Address         320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

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

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

Title            DIRECTOR  
Name            ADAMS, MATTHEW  
Address         320 PARK AVENUE  
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 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: NICHOLAS CURABBA**

**SECRETARY**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BERKERY, ROSEMARY T  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name CASIANO, KIMBERLY  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name HAVER, MAURINE A  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name PH.D, ELLEN OCHOA  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name PRICE, PAULA A  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name DENNIS J. REIMER, GENERAL  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name BUTLER, GWENDOLYN HATTEN  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name WAYNE A. I, FREDERICK, M.D  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name MCGUIRE, ESQ, ROBERT J  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name PORTER, PH.D, ROGER B  
Address 320 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name BERKERY, ROSEMARY THERESA  
Address 320 PARK AVENUE  
C/O CORPORATE TAX 7TH FLOOR  
City-State-Zip: NEW YORK NY 10022