

SERFF Tracking Number: MALI-127187001 State: Arkansas
Filing Company: Mutual of America Life Insurance Company State Tracking Number: 48947
Company Tracking Number: SCC-PL
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.003 Single Premium
Product Name: SCC-PL
Project Name/Number: /

Filing at a Glance

Company: Mutual of America Life Insurance Company

Product Name: SCC-PL SERFF Tr Num: MALI-127187001 State: Arkansas
TOI: A02G Group Annuities - Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 48947
variable Closed
Sub-TOI: A02G.003 Single Premium Co Tr Num: SCC-PL State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 06/09/2011
Authors: Robert Thode, James Dolan
Date Submitted: 06/01/2011 Disposition Status: Approved-Closed
Implementation Date: 06/09/2011
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 06/09/2011
State Status Changed: 06/09/2011 Deemer Date:
Created By: James Dolan Submitted By: James Dolan
Corresponding Filing Tracking Number:
Filing Description:
To the best of our knowledge and belief, this submission complies with the laws and regulations of the State of Arkansas.

We are filing the above-referenced form for your review and approval. Upon approval, this form will be used on a general basis as set forth below.

Participant Listing form SCC-PL will be used in connection with, and will be attached to, contract form SCC-DC-2010, approved by your state on November 17, 2010 [SERFF File No.MALI-126895018].

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Company and Contact

Filing Contact Information

James Dolan, jim.dolan@mutualofamerica.com
 320 Park Avenue 212-224-1125 [Phone]
 212-224-2507 [FAX]

New York, NY 10022

Filing Company Information

Mutual of America Life Insurance Company CoCode: 88668 State of Domicile: New York
 320 Park Ave Group Code: Company Type:
 New York, NY 10022 Group Name: State ID Number:
 (212) 224-1600 ext. 1520[Phone] FEIN Number: 13-1614399

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: One form at \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of America Life Insurance Company	\$50.00	06/01/2011	48215074

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/09/2011	06/09/2011

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Disposition

Disposition Date: 06/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Description of Illustrative and Variable Language (05-06-2011) for SCC-PL	Yes	Yes
Supporting Document	Cover letter	Yes	Yes
Form	Participant Listing	Yes	Yes

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Form Schedule

Lead Form Number: SCC-PL

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SCC-PL	Policy/Cont Participant Listing ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			SCC-PL.pdf

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

[320 PARK AVENUE NEW YORK NY 10022-6839 • 212 224 1600]

PARTICIPANT LISTING

Contract No. [123-456-H] Employer Name [ABC COMPANY]

Plan [ABC DEFINED CONTRIBUTION PENSION PLAN]

<u>Participant Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Employee Annuity Benefit</u>	<u>Employer Annuity Benefit</u>	<u>Normal Retire Date</u>
[John Doe]	[6/9/1963]	[M]	[0.00]	[400.92]	[7/1/2028]
[Jane Doe]	[10/29/1971]	[F]	[77.83]	[122.89]	[11/1/2036]

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Description of Illustrative and Variable Language (05-06-2011) for SCC-PL		
Comments:		
Attachment: Description of Illustrative and Variable Language (05-06-2011) for SCC-PL.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover letter		
Comments:		
Attachment:		

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AR cover letter.pdf

320 PARK AVENUE
NEW YORK NY 10022-6839
212 224 1600
212 224 2500 FAX

**DESCRIPTION OF ILLUSTRATIVE AND
VARIABLE LANGUAGE (05-06-2011) FOR
SCC-PL**

The following comments describe the nature and scope of the illustrative and variable material in the form and are numbered to correspond to the numbers that have been placed adjacent to the bracketed material in the attached copy.

1. The Company's address and telephone number are bracketed to permit any changes that may occur to this information.
2. The John Doe information is bracketed to reflect the specific information for each contract.

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

1 [320 PARK AVENUE NEW YORK NY 10022-6839 • 212 224 1600]

PARTICIPANT LISTING

Contract No. [123-456-H] Employer Name [ABC COMPANY]

Plan [ABC DEFINED CONTRIBUTION PENSION PLAN]

2

<u>Participant Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Employee Annuity Benefit</u>	<u>Employer Annuity Benefit</u>	<u>Normal Retire Date</u>
[John Doe]	[6/9/1963]	[M]	[0.00]	[400.92]	[7/1/2028]
[Jane Doe]	[10/29/1971]	[F]	[77.83]	[122.89]	[11/1/2036]

320 PARK AVENUE
NEW YORK NY 10022-6839
212 224 1600
212 224 2500 FAX

May 26, 2011

Dan Honey
Analyst
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Participant Listing form SCC-PL

Dear Mr. Honey:

To the best of our knowledge and belief, this submission complies with the laws and regulations of the State of Arkansas.

We are filing the above-referenced form for your review and approval. Upon approval, this form will be used on a general basis as set forth below.

Participant Listing form SCC-PL will be used in connection with, and will be attached to, contract form SCC-DC-2010, approved by your state on November 17, 2010 [SERFF File No.MALI-126895018].

Thank you for reviewing this submission. If you should have any questions concerning this filing please e-mail me at jim.dolan@mutualofamerica.com or call me at (212) 224-1125.

Sincerely,



James A. Dolan
Regulatory Specialist
State Compliance and Government Regulations