Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE CO

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1945

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE FL 2
NEW YORK, NY 10022-6839

2b Employer Identification Number (EIN)
13-1614399

2c Plan Sponsor's telephone number
212-224-1015

2d Business code (see instructions)
525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	JENNY LUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2552
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	676
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	547
b	Retired or separated participants receiving benefits	**6b**	255
c	Other retired or separated participants entitled to future benefits	**6c**	1566
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2368
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	94
f	Total. Add lines **6d** and **6e**.	**6f**	2462
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[ ] Trust	**(3)**	[ ] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE CO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MUTUAL OF AMERICA LIFE INSURANCE CO

D Employer Identification Number (EIN)
13-1614399

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	050001	2462	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	212545
5	Current value of plan's interest under this contract in separate accounts at year end	5	251265489

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	359804
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	7760		
	(4) Transferred from separate account	7c(4)	49176418		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	49184178
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	49543982
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	49280731		
	(2) Administration charge made by carrier	7e(2)	49		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ ADJUSTMENTS	7e(4)	50656		
	(5) Total deductions			7e(5)	49331436
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	212546

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE CO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MUTUAL OF AMERICA LIFE INSURANCE CO

D Employer Identification Number (EIN)
13-1614399

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	273834580
b Actuarial value	**2b**	260580481

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	1559	98024124	98093496
c For active participants	769	164555808	168432711
d Total	2328	262579932	266526207

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.43 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	397611
c Target normal cost	**6c**	397611

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/11/2026
Date

ANDRE STUART
Type or print name of actuary

26-07057
Most recent enrollment number

MUTUAL OF AMERICA
Firm name

212-224-1529
Telephone number (including area code)

320 PARK AVENUE
NEW YORK, NY 10022-6839
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	82913383
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	21499628
9	Amount remaining (line 7 minus line 8)	0	61413755
10	Interest on line 9 using prior year's actual return of 8.49 %	0	5214028
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.31 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	19268268
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	47359515

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	397611
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	53305241	5815908
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6213519

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6213519	6213519

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE CO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MUTUAL OF AMERICA LIFE INSURANCE CO

D Employer Identification Number (EIN)
13-1614399

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN CENTURY INVESTMENT MANGT	PO BOX 419786 KANSAS CITY, MO 64141

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CALVERT INVESTMENT MANAGEMENT	4550 MONTGOMERY AVE SUITE 1000N BETHESDA, MD 20814

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CAPITAL RESEARCH & MANGT CO	333 SOUTH HOPE STREET LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DELAWARE VIP TRUST	ONE COMMERCE SQ 2005 MARKET ST PHILADELPHIA, PA 19103

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DEUTSCHE INVESTMENT MANGT AMERICAS
222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY MANAGEMENT & RESEARCH CO
82 DEVONSHIRE STREET
BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS VARIABLE INS TR
200 WEST STREET
NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS VARIABLE INSURANCE TRUST III
111 HUNTINGTON AVE
BOSTON, MA 02199

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN DB LLC
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER FUNDS, INC
PO BOX 5270
DENVER, CO 80217

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO
840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE ASSOCIATES INC
100 EAST PRATT STREET
BALTIMORE, MD 21202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC.

PO BOX 2600
VALLEY FORGE, PA 19482

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY VARIABLE INS FUNDS

4900 TIEDEMAND RD
4TH FLOOR
BROOKLYN, OH 44144

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

13-1614399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	INSURANCE CARRIER	50910	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE CO

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MUTUAL OF AMERICA LIFE INSURANCE CO

D Employer Identification Number (EIN)
13-1614399

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA1

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1614399-000	P	251265489

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE CO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MUTUAL OF AMERICA LIFE INSURANCE CO

D Employer Identification Number (EIN)
13-1614399

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	273760982	251265489
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	359804	212545
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	274120786	251478034
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	274120786	251478034

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7760	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7760
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		26928833
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		26936593
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	49281817	
(3) Other	2e(3)	297528	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		49579345
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		49579345
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-22642752
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584351.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE CO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MUTUAL OF AMERICA LIFE INSURANCE CO

D Employer Identification Number (EIN)
13-1614399

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 115

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☒ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 51.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 47.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 2.0 % Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

RETIREMENT PLAN FOR EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE COMPANY

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

RETIREMENT PLAN FOR EMPLOYEES OF
MUTUAL OF AMERICA LIFE INSURANCE COMPANY

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Note: All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

KPMG LLP
Two Manhattan West
375 9th Avenue, 17th Floor
New York, NY 10001

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Retirement Plan for Employees of Mutual of America Life Insurance Company:

Opinion

We have audited the financial statements of Retirement Plan for Employees of Mutual of America Life Insurance Company (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits as of December 31, 2025 and 2024, and the changes in its net assets available for plan benefits for the year ended December 31, 2025, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not

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a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2025 and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

KPMG LLP

New York, New York
October 14, 2026

RETIREMENT PLAN FOR EMPLOYEES OF
MUTUAL OF AMERICA LIFE INSURANCE COMPANY
Statements of Net Assets Available for Plan Benefits
December 31, 2025 and 2024

	2025	2024
Assets held and invested under a Group Annuity Contract with Mutual of America Life Insurance Company at fair value:		
Mutual of America Separate Account No. 1 (Notes 2 and 4)	$ 251,047,265	$ 273,571,189
General Account (Note 2)	113,811	263,391
Total invested assets	251,161,076	273,834,580
Net assets available for plan benefits	$ 251,161,076	$ 273,834,580

See accompanying notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
MUTUAL OF AMERICA LIFE INSURANCE COMPANY
Statement of Changes in Net Assets Available for Plan Benefits
Year ended December 31, 2025

Additions to net assets attributable to:		
Investment Income:		
Net appreciation of funds invested in Mutual of America Separate Account No. 1	$	26,899,298
General Account interest income		4,869
Total investment income		26,904,167
Total additions		26,904,167
Deductions from net assets attributable to:		
Benefits paid and annuities purchased		49,280,198
Administrative and other expenses		297,472
Total deductions from net assets		49,577,670
Net decrease in net assets available for plan benefits		(22,673,503)
Net assets available for benefits		
Beginning of year		273,834,580
End of year	$	251,161,076

See accompanying notes to the financial statements.

(1) Description of Plan

The following brief description of the Retirement Plan for Employees of Mutual of America Life Insurance Company (the Plan) is provided for general information purposes only. Participants should refer to the Plan document agreement for more complete information.

(a) General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees hired by Mutual of America Life Insurance Company (the Company or the Plan Administrator) prior to January 1, 2023. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) Eligibility for Participation

Employees hired on or after January 1, 2017, will be subject to a five-year cliff vesting schedule. As such, these employees will be entitled to a vested benefit under the Plan at the earlier of (i) completing five years of service or (ii) attaining age 55. If an employee hired on or after January 1, 2017, terminates employment prior to completing five years of employment or attaining age 55, they will not be vested in the Retirement Plan and will not be eligible for a benefit payable under the Plan.

Employees hired on or before December 31, 2016, will not be affected by this amendment. These employees will be covered under the pre-existing Retirement Plan provisions of a one-year eligibility waiting period and full and immediate vesting.

Effective January 1, 2023, employees, with the exception of Grandfathered Employees (generally defined as a Participant in the plan who was hired before January 1, 2023 and is credited with at least 5 years of vesting service as of December 31, 2022 and meet a 45 point requirement), will no longer accumulate future Plan benefits but will keep the benefits earned up through December 31, 2022, the date the plan was frozen.

(c) Pension Benefits

Employees are entitled to annual pension benefits beginning at normal retirement age (65) equal to the sum of (1) and (2) below:

(1) The Participant's Frozen Accrued Benefit as of December 31, 1996.

(2) The sum of 1.50% of the Participant's Final Average Earnings multiplied by the number of years of Benefit Accrued Service completed after December 31, 1996, and 0.30% of the excess, if any, of the Participant's Final Average Earnings over the Social Security Average Monthly Wage multiplied by the lesser of (i) the number of years of Benefit Accrual Service completed after December 31, 1996, or (ii) 35 reduced (but not below

zero) by the sum of the years of Benefit Accrual Service counted in the computation of his/her Frozen Accrued Benefit.

For the purpose of calculating any pension benefit, Final Average Earnings, as defined in the Plan document, shall be based on the highest 36 consecutive months of employment with the Company within the last consecutive 120 months which end with the end of the month in which the Participant terminates employment with Mutual of America. Participant's benefits are provided either through the purchase of annuities from Mutual of America, the Plan Administrator, or receipt of a single lump sum in lieu of a monthly annuity. Purchased annuities are contracts under which Mutual of America is obligated to pay benefits to named employees or their beneficiaries.

(d) Death and Disability Benefits

If a vested participant dies before retirement benefits have begun, a monthly annuity is payable to a spouse or (if there is no spouse and death occurs after age 55) a child under 19 in specified amounts as if the employee had retired on the date of death and elected a 66 2/3% joint and survivor annuity with ten years certain (in the case of a spouse) or a ten-year certain and continuous option (in the case of a child). Alternatively, the surviving spouse or beneficiary may elect to receive a lump sum pre-retirement benefit equal to the present value of the retirement benefit that would have been payable under the Plan if the participant had terminated employment with the Company on the day before death or if the participant had already terminated employment, on the actual date that employment terminated. Disability service credits are credited to the normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

(2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan.

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with United States Generally Accepted Accounting Principles (U.S. GAAP) requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(c) Benefits

Benefits are recorded when paid.

(d) Administrative Expenses

Certain administrative expenses of the Plan are paid by the Company as provided in the Plan document. Pension Benefit Guaranty Corporation (PBGC) premiums for the year were approximately $246,768.

(e) Investment Valuation and Income Recognition

U.S. GAAP establishes a framework that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Fair value is an estimate of the price the Separate Account would receive upon selling an investment in an orderly arms-length transaction. Investments are categorized based on a three-level valuation hierarchy for measurement and disclosure of fair value. The valuation hierarchy is based upon the transparency of inputs used to measure fair value. These inputs are summarized in the three broad levels listed below:

- Level 1 – Quoted market prices in active markets for identical investments.
- Level 2 – Other significant observable inputs (including yield, quality, coupon rate, maturity, issue type, quoted prices for similar securities, prepayment speeds, trading characteristics, etc.).
- Level 3 – Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

As of December 31, 2025 and 2024, management determined that the underlying investments of the funds in which Separate Account No. 1 invests are based on quoted market prices in active markets. Accordingly, the investments are classified as Level 1 in the fair value hierarchy, and fair value is based on readily determinable market values The investments are exposed to the overall market risks associated with investments held in the domestic equity and fixed-income markets, and as such the value of these investments could materially increase or decrease from the amounts reported in the statements of net assets available for plan benefits as conditions in the financial market change.

The inputs used for valuing investments are not necessarily an indication of the risk associated with investing in those investments. Furthermore, although the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of Plan investments could result in a different fair value measurement at the reporting date. There have been no changes in the methodology used to determine fair value from December 31, 2024 to December 31, 2025.

The Plan's group annuity contract held in the General Account of Mutual of America, the insurance carrier for the Plan, is valued at contract value which is equal to fair value and is considered to be a cash equivalent. Contract value represents contributions made under the contract, plus interest at the credited rate, less funds used to purchase annuities and pay

administrative expenses charged. The General Account has been excluded from the fair value hierarchy described herein.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

The following table summarizes the valuation of the Plan's investment according to fair value hierarchy levels as of December 31, 2025 and 2024:

12/31/2025	Level 1	Level 2	Level 3	Total
Investment under a Group Annuity Contract with Mutual of America Life Insurance Company Mutual of America Separate Account No. 1:				
Index Funds	$ 77,753,284	$ —	$ —	$ 77,753,284
Balanced Funds	16,727,525	—	—	16,727,525
Growth Funds	32,791,433	—	—	32,791,433
Fixed Income Funds	123,775,025	—	—	123,775,025
Total	$ 251,047,265	$ —	$ —	$ 251,047,265

12/31/2024	Level 1	Level 2	Level 3	Total
Investment under a Group Annuity Contract with Mutual of America Life Insurance Company Mutual of America Separate Account No. 1:				
Index Funds	$ 88,515,139	$ —	$ —	$ 88,515,139
Balanced Funds	18,332,378	—	—	18,332,378
Growth Funds	33,899,809	—	—	33,899,809
Fixed Income Funds	132,823,864	—	—	132,823,864
Total	$ 273,571,189	$ —	$ —	$ 273,571,189

(f) Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For the 2025 and 2024 plan years, the Company satisfied its funding requirements through the application of prefunding credit balances of $6,213,519 and $21,499,628, respectively; accordingly, no cash contributions were required for those years.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the plan subject to the provisions set forth in ERISA.

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their

beneficiaries (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average compensation during their highest 36 consecutive months of credited service (within the last 120 months of service). Benefits payable under all circumstances – retirement, death, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date. Guaranteed benefits purchased under the annuity contracts offered by the Plan Sponsor are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by a qualified actuary from Mutual of America and is the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the actuarial present value of accumulated plan benefits as of December 31, 2025 were (a) life expectancy of participants (the PRI-2012 white collar mortality table for Non-Disabled participants and the Disabled Retiree version of PRI-2012 for Disabled participants both projected by mortality improvement scale MP-2021, separate for males and females and the IRS 2026 Unisex Static Mortality Table for females and males), (b) retirement age assumptions (rates of retirements ranging from age 55 to 70 in 2025 and 2024, and (c) an assumed investment return. The valuations assumed an average rate of return on Plan assets of 7.00% as of December 31, 2025 and 7.25% as of December 31, 2024. This expected long-term rate of return was determined based upon the current projected benefit period and the current mix of Plan investments, which consists of approximately 50% in equity investments and 50% in fixed-income investments in 2025 and 2024. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. In addition, the Plan provides for future disability benefits which are not continued at termination of employment and therefore are considered nonvested benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024 were:

	2025	2024
Vested benefits	$ 210,352,961	$ 235,731,097
Nonvested benefits	2,925,837	3,352,346
Total actuarial present value of accumulated plan benefits	$ 213,278,798	$ 239,083,443

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2025 were:

Actuarial present value of accumulated plan benefits, beginning of year	$ 239,083,443
Changes during the year attributable to:	
Change in actuarial assumptions	3,707,551
Benefits accumulated and miscellaneous	4,306,407
Increase for interest due to reduction in the discount period	15,574,381
Benefits paid, annuities purchased and annuity death benefits	(49,392,984)
Net increase	(25,804,645)
Actuarial present value of accumulated plan benefits, end of year	$ 213,278,798

The investment return assumption has a significant effect on the amounts reported as the actuarial present value of accumulated plan benefits. If the assumed rate decreased by one percentage point, that would increase the actuarial present value of accumulated plan benefits as of December 31, 2025 by approximately $16 million.

(4) Investments

The Plan's investments are held and administered by Mutual of America. The following presents the fair value of investments.

	2025	2024
Mutual of America Separate Account No. 1	$ 251,047,265	$ 273,571,189
Mutual of America General Account	$ 113,811	$ 263,391

There are no reserves against contract value for the issuer of the insurance contract for credit risk of the contract issuer or otherwise. The credited interest rate for the General Account was 2.85% for the year ended December 31, 2025 and for the year ended December 31, 2024.

(5) Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding a plan termination. Upon retirement, the Plan Sponsor purchases an annuity contract for their retirees. As such recurring payments are no longer the obligation of the Plan and the Plan's obligation to the participant ceases at that time.

b. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.

c. All other vested benefits not insured by the PBGC.

d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC, a U.S. Government agency, if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025, that ceiling, which is adjusted periodically, is $7,432 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of single-life annuity and are 65 years of age at the time of retirement or plan termination (whichever comes later). For annuitants over or under 65, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are adjusted lower. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's assets to provide those benefits and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

(6) Party-In-Interest Transactions

As Mutual of America Life Insurance Company is the insurance carrier as well as the Plan Sponsor, record keeper and the Plan Administrator, all transactions are with a known party-in-interest as defined by ERISA Section 3(14).

(7) Tax Status

The plan obtained its latest determination letter on February 26, 2016, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements for the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, there is no tax provision recorded in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2025, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing and regulatory jurisdictions; however, there are currently no audits in progress for any tax period.

(8) Risks and Uncertainties

The Plan invests in various separate accounts that are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits and participant account balances. Plan investments include a variety of investments that may directly or indirectly invest in securities with

contractual cash flows. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

(9) Reconciliation to Form 5500

The Plan contains a Voluntary Employee Contribution (VEC) feature that, prior to 1987, permitted participants in the Plan with an opportunity to make voluntary contributions on an after-tax basis. Voluntary participant contributions of this nature are no longer permitted under the Plan. Assets related to the VEC feature are fully vested.

VEC assets are held under a Group Annuity Contract and consist of $218,224 invested in the Separate Account and $98,734 invested in the General Account at December 31, 2025. Accumulations under the VEC feature are assets of the Plan. However, VEC assets are not available to provide the pension benefits described in note 1(c). Additional information for the VEC feature for the years ended December 31, 2025 and 2024 is presented below.

2025	Amount per Financial Statements	VEC Plan (unaudited)	Amount per Form 5500
Assets held and invested by Mutual of America under a Group Annuity Contract:			
Mutual of America Separate Account No. 1	$ 251,047,265	$ 218,224	$ 251,265,489
General account	113,811	98,734	212,545
Contribution receivable	—		—
Total assets	$ 251,161,076	$ 316,958	$ 251,478,034
Additions to Net Assets attributed to:			
Net appreciation of funds invested in the Separate Account and General Account Investment Income	$ 26,904,167	$ 32,426	$ 26,936,593
Benefits paid and annuities purchased	(49,280,198)	(1,619)	(49,281,817)
Administrative and other expenses	(297,472)	(55)	(297,527)
Net decrease in net assets	$ (22,673,503)	$ 30,752	$ (22,642,751)

2024	Amount per Financial Statements	VEC Plan (unaudited)	Amount per Form 5500
Assets held and invested by Mutual of America under a Group Annuity Contract:			
Mutual of America Separate Account No. 1	$ 273,571,189	$ 189,793	$ 273,760,982
General account	263,391	96,413	359,804
Contribution receivable	—		—
Total assets	$ 273,834,580	$ 286,206	$ 274,120,786
Additions to Net Assets attributed to:			
Net appreciation of funds invested in the Separate Account and General Account Investment Income	$ 23,201,424	$ 73,871	$ 23,275,295
Benefits paid and annuities purchased	(44,830,603)	(526,033)	(45,356,636)
Administrative and other expenses	(397,666)	(88)	(397,754)
Net decrease in net assets	$ (22,026,845)	$ (452,249)	$ (22,479,095)

(10) Subsequent Events

The Plan has evaluated subsequent events from December 31, 2025 through October 14, 2026, the date on which the financial statements were available to be issued, and no events, other than those disclosed above, have occurred that would require adjustment or disclosure in the Plan's financial statements.

Supplemental
Schedule I

RETIREMENT PLAN FOR EMPLOYEES OF
MUTUAL OF AMERICA LIFE INSURANCE COMPANY
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Identity of issuer, Borrower, lessor, or similar party	Description of Investments	Current Value
	Group Annuity Contract:	
* Mutual of America Life Insurance Company	Mutual of America Separate Account No. 1	$ 251,047,265
* Mutual of America Life Insurance Company	General Account with a credited interest rate of 2.85% for the year ended December 31, 2025	113,811
		$ 251,161,076

* Indicates party-in-interest.

Note: The historical cost of investments is not presented as the insurance carrier is unable to provide such information.

See accompanying independent auditors' report.

Supplemental
Schedule II

RETIREMENT PLAN FOR EMPLOYEES OF
MUTUAL OF AMERICA LIFE INSURANCE COMPANY
Schedule H, Line 4j - Schedule of Reportable Transactions
Year ended December 31, 2025

Individual transactions with respect to securities of the same issuer aggregating over 5% of current value of Net Assets Available for Plan Benefits at the beginning of the year:

	Purchase Price	Selling Price	Expenses With Trade	Cost of Assets	Net Gain (Loss)
Series					
Mutual of America General Account	N/A	$ 49,280,198	N/A	$ 49,280,198	$ —
No. of Transactions		141			

See accompanying independent auditors' report.

Attachment to 2025 Form 5500
Schedule SB, line 26: schedule of active participant data

Plan name: Retirement Plan for Employees of Mutual of America Life Insurance Company **EIN:** 13-1614399

Plan sponsor: Mutual of America Life Insurance Company **PN:** 001

Schedule of active participant data

Years of credited service

	<1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	>40	Total
Attained Age											
<25	12										12
25–29	35	12	3								50
30–34	21	27	23								71
35–39	14	21	22	15	8						80
40–44	16	21	19	23	24	6					109
45–49	9	29	8	10	20	22	5				103
50–54	11	24	13	12	11	13	19	4			107
55–59	9	22	5	10	20	11	11	16	8		112
60–64	7	15	13	5	9	8	15	9	3	1	85
65–69	3	3	5	5	6	4	1	1	4	1	33
>70	1		1	1	1	2		1			7
Total	138	174	112	81	99	66	51	31	15	2	769

Actuarial cost method

Funding target and target normal cost

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

Segment rates through the month of August preceding the valuation date, adjusted so each segment rate is no less than the applicable minimum percentage* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

Asset valuation method

Plan assets for purposes of this actuarial valuation are valued under the Asset Averaging method, including, if applicable, discounted receivable contributions. The value is equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value (including expected earnings) for the two earlier annual determination dates. Expected earnings are calculated using a rate no greater than the third segment rate of the segmented yield-curve in effect at the beginning of each valuation year. The resulting average value must fall between 90 and 110 percent of the fair market value of assets on the valuation date.

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* *Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035*

** *Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035*

Attachment to 2025 Form 5500
Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name:	Retirement Plan for Employees of Mutual of America Life Insurance Company	**EIN:**	13-1614399
Plan sponsor:	Mutual of America Life Insurance Company	**PN:**	001

Actuarial assumptions

Economic Assumptions

PPA Segment Rates	Funding Target	PBGC Funding Target	Max Tax Funding Target
- Segment 1: Up to Year 5	5.07%	4.65%	5.07%
- Segment 2: Years 5-20	5.31%	5.28%	5.33%
- Segment 3: Years 20+	5.50%	5.63%	5.36%

Expected Return on Assets	7.25%
ASC 960 Pre-retirement Discount Rate	7.25%
ASC 960 Post-retirement Discount Rate	5.25%
Cost of Living Increase:	2.50%

Annual rates of increase:

- Salaries	4.00%
- Future Social Security wage bases	4.00%
- Statutory limits on compensation and benefits	N/A

Actuarial assumptions

Demographic Assumptions

Mortality:

- Funding Target / PBGC — Pre-Retirement: IRS 2025 Generational Mortality Table
  Post-Retirement: IRS 2025 Unisex Mortality Table

- ASC 960 — Pre-Retirement: Pri-2012 White Collar Gender Specific Mortality projected by Scale MP-2021
  Post-Retirement: IRS 2025 Unisex Mortality Table

Retirement: The weighted average retirement age is 64.32. Retirement rates are illustrated in the table below.

Decrement Age	Rates of Retirement
55	10%
56	2%
57	2%
58	2%
59	2%
60	10%
61	2%
62	20%
63	10%
64	10%
65	40%
66	20%
67	20%
68	20%
69	20%
70+	100%

Actuarial assumptions

Terminations: 125% T-5 Rates of Withdrawal from the Pension Actuary's Handbook. Illustrative annual rates of withdrawal are as follows:

Decrement Age	Rates
25	9.6553%
30	9.0274%
35	7.8455%
40	6.4380%
45	4.9691%
50	3.2034%
55	1.1743%

Miscellaneous Assumptions

Form of Payment: Lump Sum

Expenses: Assumed equal to prior year's actual expenses

Percent Married: 100.00%

Spouse's Age: Wives assumed to be 3 years younger than husbands

Rationale for significant assumptions

Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.

- **ASC 960 pre-retirement discount rate:** This assumption is based on the **expected return on plan assets** assumption.

- **ASC 960 post-retirement discount rate:** The lump sum conversion interest is based on the long-term expectation of lump sum rated bases on yields on high quality corporate bonds.
- **Salary increase:** This assumption is based on the plan sponsor's long-term expectation of salary increases. We believe that this is representative of anticipated future experience. In addition, based on discussions with the plan sponsor, significant changes in future salary growth or compensation practices are not expected.

Actuarial assumptions

Demographic Assumptions

- **ASC 960 pre-retirement mortality**: The mortality base table and projection scale is based on the most recent mortality table and improvement scale published by the Society of Actuaries (SOA) and in our judgement, adequately reflects expected mortality rates as of the measurement date. The SOA elected not to release a new mortality scale for 2023 which would have included mortality data affected by the COVID-19 pandemic, but instead will continue to study emerging mortality experience and assess what mortality improvement scale options might be considered to be implemented in the future. As such, we have decided not to reflect any adjustments to the most recent mortality improvement scale. The plan's relatively small size would not support a credible mortality study.

- **ASC 960 post-retirement mortality:** The lump sum conversion mortality is based on the IRS lump sum mortality table for the current plan year.

- **Termination:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in termination patterns are not expected.

- **Retirement:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in retirement patterns are not expected.

Miscellaneous assumptions

- **Expenses:** The assumption is based on the expectation of expenses to be paid out during the plan year [assuming expenses will be similar to the prior year.], based on actual PBGC expenses projected for the year, and assuming non-PBGC related expenses will be similar to the prior year.

- **Form of payment:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan.

- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE CO

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MUTUAL OF AMERICA LIFE INSURANCE CO

D Employer Identification Number (EIN)
13-1614399

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	273,834,580
b Actuarial value	**2b**	260,580,481

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	1,559	98,024,124	98,093,496
c For active participants	769	164,555,808	168,432,711
d Total	2,328	262,579,932	266,526,207

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.43%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	397,611
c Target normal cost	**6c**	397,611

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

ADS
Signature of actuary

09/11/2026
Date

ANDRE STUART
Type or print name of actuary

2607057
Most recent enrollment number

MUTUAL OF AMERICA
Firm name

212-224-1529
Telephone number (including area code)

320 PARK AVENUE
NEW YORK NY 10022-6839
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	82,913,383
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	21,499,628
9	Amount remaining (line 7 minus line 8)	0	61,413,755
10	Interest on line 9 using prior year's actual return of 8.49%	0	5,214,028
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.31%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	19,268,268
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	47,359,515

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	397,611
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	53,305,241	5,815,908
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6,213,519

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6,213,519	6,213,519

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

2025 SCHEDULE SB (FORM 5500) PART V

Line 26b - SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

Plan Sponsor: Mutual of America Life Insurance Company **EIN #: 13-1614399**

Plan Name: Retirement Plan for Employees of Mutual of America Life Insurance Company **Plan #: 001**

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	17,663,781	14,063,759	-	31,727,540
2026	14,468,310	7,705,706	-	22,174,016
2027	15,638,521	6,426,747	-	22,065,268
2028	12,762,965	6,586,345	-	19,349,310
2029	14,272,130	7,397,235	-	21,669,365
2030	15,918,370	7,595,367	-	23,513,737
2031	13,770,016	7,255,821	-	21,025,837
2032	12,759,419	6,497,048	-	19,256,467
2033	12,091,445	6,129,173	-	18,220,618
2034	13,524,422	7,357,969	-	20,882,391
2035	12,431,826	6,145,983	-	18,577,809
2036	11,370,341	5,572,942	-	16,943,283
2037	11,116,959	5,455,193	-	16,572,152
2038	10,578,115	5,344,034	-	15,922,149
2039	8,744,618	5,784,794	-	14,529,412
2040	7,644,968	4,707,539	-	12,352,507
2041	8,655,426	4,853,690	-	13,509,116
2042	6,554,849	4,730,094	-	11,284,943
2043	6,131,835	4,395,232	-	10,527,067
2044	5,959,230	4,033,632	-	9,992,862
2045	5,176,144	4,061,762	-	9,237,906
2046	3,985,441	4,252,957	-	8,238,398
2047	3,394,230	3,906,914	-	7,301,144
2048	3,815,199	3,301,359	-	7,116,558
2049	2,954,590	3,017,351	-	5,971,941
2050	2,161,156	3,221,495	-	5,382,651
2051	1,802,062	2,526,507	-	4,328,569
2052	1,437,796	2,268,298	-	3,706,094
2053	1,250,458	1,850,141	-	3,100,599
2054	695,051	1,702,422	-	2,397,473
2055	535,262	1,705,016	-	2,240,278
2056	537,604	1,245,452	-	1,783,056
2057	325,947	993,694	-	1,319,641
2058	256,964	749,682	-	1,006,646
2059	189,070	741,287	-	930,357
2060	125,051	588,220	-	713,271
2061	83,535	574,129	-	657,664
2062	68,800	352,865	-	421,665
2063	58,611	325,655	-	384,266
2064	47,696	266,276	-	313,972
2065	34,965	230,961	-	265,926
2066	22,859	179,584	-	202,443
2067	20,131	165,392	-	185,523
2068	18,078	166,560	-	184,638
2069	16,638	144,190	-	160,828
2070	16,417	129,490	-	145,907
2071	15,020	120,189	-	135,209
2072	14,346	110,984	-	125,330
2073	13,805	101,938	-	115,743
2074	13,211	93,110	-	106,321

Attachment to 2025 Form 5500
Schedule SB, line 22: description of weighted average retirement age

Plan name: Retirement Plan for Employees of Mutual of America Life Insurance Company **EIN:** 13-1614399

Plan sponsor: Mutual of America Life Insurance Company **PN:** 001

Description of weighted average retirement age

Weighted Average Retirement Age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
55	326.8778	0.1000	32.6878	1,797.8280
56	310.7625	0.0200	6.2153	348.0540
57	319.2680	0.0200	6.3854	363.9656
58	334.3024	0.0200	6.6860	387.7908
59	345.5448	0.0200	6.9109	407.7428
60	371.9496	0.1000	37.1950	2,231.6973
61	349.2443	0.0200	6.9849	426.0780
62	355.9811	0.2000	71.1962	4,414.1657
63	297.5036	0.1000	29.7504	1,874.2727
64	282.6395	0.1000	28.2640	1,808.8929
65	270.2294	0.4000	108.0918	7,025.9642
66	167.9542	0.2000	33.5908	2,216.9956
67	142.5566	0.2000	28.5113	1,910.2584
68	117.2956	0.2000	23.4591	1,595.2196
69	96.1594	0.2000	19.2319	1,327.0002
70	76.3188	1.0000	76.3188	5,342.3157
71	2.0000	1.0000	2.0000	142.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	1.0000	1.0000	73.0000
74	2.0000	1.0000	2.0000	148.0000
75	2.0000	1.0000	2.0000	150.0000
Total			528.4794	33,991.2417
Average				64.32

Plan name:	Retirement Plan for Employees of Mutual of America Life Insurance Company	**EIN:**	13-1614399
Plan sponsor:	Mutual of America Life Insurance Company	**PN:**	001

Summary of plan provisions

Effective Date of Plan	July 1, 1973.
Effective Date of Latest Amendment	December 31, 2024.
Fresh Start Date	December 31, 1996.
Eligibility	Employees hired on or after January 1, 1997 are eligible upon attainment of age 21 and completion of one year of service. A year of eligibility service will be credited if an employee completes at least 1,000 hours of service during a 12-month period which begins on his or her date of hire. Employees hired prior to January 1, 1997 are eligible upon attainment of age 21. Effective January 1, 2023, employees hired or re-hired after December 31, 2022 are not eligible for the Plan.
Grandfathered Employee	Grandfathered Employee means an Employee who satisfies all of the following conditions: - Was hired prior to January 1, 2023; - Is not a former Employee rehired after December 31, 2022; - Has at least 5 years of Vesting Service as of December 31, 2022; and, - As of December 31, 2022, the sum of such Employee's years and months of Vesting Service plus years and months of age, rounded up to the nearest whole number, equals at least 45.

Summary of plan provisions

Compensation	Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. In addition, for years beginning after 2008, compensation includes payments to a participant who does not currently perform services for the Employer by reason of qualified military service. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to $150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to $200,000 annually. The plan also recognizes the change to the $200,000 limit for years prior to 2002. For prospective years after 2002, the $200,000 limit will be indexed for inflation. For 2025, the compensation limit is $350,000.
Final Average Earnings	The highest average monthly compensation for 36 consecutive months within the last consecutive 120 months of service. Final Average Earnings shall not include any Compensation earned after December 31, 2022 for all who are not Grandfathered Employees. Final Average Earnings shall not include any Compensation earned after December 31, 2024 for all Grandfathered Employees.
Social Security Average Monthly Wage	Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the Participant attains Social Security Retirement Age.
Benefit Accrual Service	Years and months of employment after completing the eligibility requirements. Benefit Accrual Service shall also include participation under any other pension plan underwritten by Mutual of America. Effective January 1, 2023, benefit accrual service is frozen for all who are not Grandfathered Employees. Effective December 31, 2024, benefit accrual service is frozen for all Grandfathered Employees.

Accrued Benefit	The annual benefit, as of the date of determination, to which a Participant would be entitled at Normal Retirement Date. Such benefit is determined as the sum of *(i)* and *(ii)* where *(i)* is the Frozen Accrued Benefit as of December 31, 1996 multiplied by a "Final Average Earnings ratio adjustment" and *(ii)* is the benefit based on Benefit Accrual Service after December 31, 1996 assuming the Participant remained in service until his Normal Retirement Date, based on his Final Average Earnings and the Social Security Taxable Wage Base in effect as of the date of determination, multiplied by the ratio of his Benefit Accrual Service, as of the date of determination, divided by the Benefit Accrual Service he would have if he remained in service until his Normal Retirement Date. Benefit Accrual Service that is counted in the computation of the Frozen Accrued Benefit as of December 31, 1996 shall be disregarded for the purpose of this ratio. Effective December 31, 2022, Accrued Benefit is frozen for all who are not Grandfathered Employees and effective December 31, 2024, Accrued Benefit is frozen for all Grandfathered Employees.
Frozen Accrued Benefit	The annual benefit to which a participant would be entitled at Normal Retirement Date based on his Final Average Earnings, the Social Security Taxable Wage Base, his Benefit Accrual Service, and the plan provisions as of December 31, 1996.
Vesting	1) A Participant hired on or before December 31, 2016 shall at all times be 100% vested in his Accrued Benefit attributable to Employer Contributions; and 2) A Participant hired on or after January 1, 2017 shall be 100% vested in his Accrued Benefit attributable to Employer Contributions upon the attainment age of 55 or, if earlier, completion of 5 Years of Vesting Service with the Employer. 3) Every Participant who is not a Grandfathered Employee shall become 100% Vested on January 1, 2023.
Retirement Dates	
Normal	The first of the month coincident with or next following the Participant's 65th birthday.
Early	The first of the month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.
Deferred	The first of any month following Normal Retirement Date on which the Participant elects to retire.

Benefit Formula	The annual benefit at Normal Retirement is the sum of (*i*) and (*ii*): (*i*)*(a)* 1.5% of Final Average Earnings as of December 31, 1996 multiplied by years of Benefit Accrual Service completed on December 31, 1996, plus *(b)* 0.5% of any excess of Final Average Earnings as of December 31, 1996 over the Social Security Average Wage for 1996 multiplied by years of Benefit Accrual Service as of December 31, 1996 up to a maximum of 35 years, all multiplied by a "Final Average Earnings ratio adjustment." The "Final Average Earnings ratio adjustment" is the Final Average Earnings at the benefit determination date divided by Final Average Earnings as of December 31, 1996; (*ii*)*(a)* 1.5% of Final Average Earnings multiplied by years of Benefit Accrual Service completed after December 31, 1996, plus *(b)* 0.3% of Final Average Earnings that exceed the Social Security Monthly Wage multiplied by Benefit Accrual Service completed after December 31, 1996 or, if less, 35 years minus years of Benefit Accrual Service taken into account in determining the benefit in *(i)(b)* above.
Early Retirement Benefit	The Accrued Benefit reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date. A Participant with 30 “years of service” may retire early at age 62 with no reduction in Accrued Benefit, or at younger ages with reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62. For this purpose “years of service” means years of Benefit Accrual Service with the Employer and years of participation in a Prior Employer’s Plan.
Deferred Retirement Benefit	The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.

Summary of plan provisions

Maximum Benefit	The annual benefit shall not exceed the lesser of *(i)* $160,000 indexed after 2002 for inflation adjustments and *(ii)* 100% of the average compensation for the 3 consecutive years producing the highest average. For 2025, the dollar amount of $280,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 or for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.
Minimum Accrued Benefit	The Accrued Benefit computed under the provisions of the plan as of the latest amendment adoption date.
Normal Form of Payment	A non-refund monthly life annuity.
Automatic Form of Payment	For a married Participant, a monthly Joint and 66 2/3% Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the Normal form.
Optional Forms of Payment	The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.
Lump Sum	The Plan allows Participants to receive a single lump sum in lieu of a monthly annuity at retirement. The actuarial basis for determining the lump sum is different than for other optional forms. For the 2025 Plan Year, the interest rate is 100% of monthly spot segment rates based on high quality corporate bonds and mortality using the 2025 Unisex Static Mortality Table specified in IRS Notice 2024-42.
Cost of Living Supplements	Cost of Living Supplements shall be provided to any retired Participant of this Plan. A retiree's benefits under this Plan are increased each year that the Consumer Price Index increases more than 1% from the preceding year, subject to a maximum increase of 4% annually.

Death Benefit Before Retirement	If a vested participant dies before retirement benefits have begun, the death benefit shall be payable in monthly installments, as follows: 1) The spouse shall receive 66 2/3% of the Accrued Benefit, reduced for early commencement, and further reduced to reflect the Automatic Form of Payment. 2) If there is no surviving spouse and the vested participant dies while actively employed by Mutual of America or is at least 55 at the date of death, each child shall receive a pro-rata share of a monthly payment calculated as if the participant had retired on the day before his death and elected the life annuity with 120 monthly payments option. Such payments will cease after 120 monthly payments have been made. 3) If there is no surviving spouse or child and the vested participant dies while actively employed by Mutual of America or is at least 55 at the date of death, the beneficiary shall receive a monthly payment calculated as if the participant had retired on the day before his death and elected the life annuity with 120 monthly payments option. Such payments shall cease after 120 monthly payments have been made. In lieu of monthly payments, if a vested participant dies before retirement benefits have commenced and the vested participant dies while actively employed by Mutual of America or is at least 55 at the date of death, the death benefit shall be equal to the lump sum value of 100% of the retirement benefit otherwise payable. If the participant is not at least age 55 at the date of death, the lump sum will reflect a reduction to recognize the payment of the benefit before age 55.
Disability Annuity Credit	Periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date. The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: RETIREMENT PLAN FOR THE EMPLOYEES OF MUTUAL OF AMERICA LIFE INSURANCE CO

► MUTUAL OF AMERICA LIFE INSURANCE COMPANY

Employer Identification Number:► 13-1614399

For plan year (beginning/ending):► 01/01/2025 - 12/31/2025 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual of America	GROUP ANNUITY CONTRACT GENERAL ACCOUNT COST REPRESENTS CONTRIBUTION REMITTED DURNING THE CURRENT YEAR	0	212,545
	Mutual of America	GROUP ANNUITY CONTRACT SEPARATE ACCOUNT COST REPRESENTS CONTRIBUTION REMITTED DURNING THE CURRENT YEAR	0	251,265,489

Attachment to 2025 Form 5500
Schedule SB, line 32: schedule of amortization bases

Plan name: Retirement Plan for Employees of Mutual of America Life Insurance Company **EIN:** 13-1614399

Plan sponsor: Mutual of America Life Insurance Company **PN:** 001

Schedule of amortization bases

Type of base	Date Established	Years Remaining	Present Value of Remaining Installments	Amortization Installment
Shortfall	1/1/2021	11	$39,540,298	$4,583,625
Shortfall	1/1/2022	12	($16,895,877)	($1,838,017)
Shortfall	1/1/2023	13	$16,179,124	$1,662,820
Shortfall	1/1/2024	14	$12,962,239	$1,265,805
Shortfall	1/1/2025	15	$1,519,457	$141,675
			Total $53,305,241	$5,815,908

Attachment to 2025 Form 5500
Schedule SB, line 24/25: change in actuarial assumptions and methods

Plan name:	Retirement Plan for Employees of Mutual of America Life Insurance Company	**EIN:**	13-1614399
Plan sponsor:	Mutual of America Life Insurance Company	**PN:**	001

Changes in actuarial assumptions and methods

The assumed average long-term rate of return on assets has been changed from 7.50% to 7.25%.

There were no other changes in assumptions and methods other than those mandated to remain in compliance with IRS standards (specifically, the interest discounting rates and mortality table).