



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDGERS BSD
MAY 20 2024 12:51
MP

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 001719735		2. Exact Name of the Limited Liability Company Mutual of America Insurance Agency LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 500 Exchange Street, Suite 9-200			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Joseph P. Gerardi			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is: C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company Kara Korosec, manager			Date 5/17/2024
Signature of Authorized Person of the Limited Liability Company <i>Kara Korosec</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 17139 STAFF