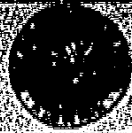


**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF REVENUE  
 Bureau of Administration  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 818964 (9)**  
 1. Corporation Name  
**NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST**

**FILED**  
**95 JUL -7 AM 9 37**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Principal Place of Business: **200 Westlake Park Blvd. #1200 Houston, TX 77079 US**  
 Mailing Address: **P.O. Box 4884 Houston, TX 77210-4884 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/17/1965	06/28/1994
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Country	35-1048733	Not Applicable
24	25	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	<input type="checkbox"/>
		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>INSURANCE COMMISSIONER</b> <b>THE CAPITOL BUILDING</b> <b>TALLAHASSEE FL 32399</b>	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	B5 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, BILL S.	1.2 NAME	Chen, Bill S.
STREET ADDRESS	10565 KATY FREEWAY, 4TH FLOOR	1.3 STREET ADDRESS	200 Westlake Park Blvd. #1200
CITY - ST - ZIP	HOUSTON TX	1.4 CITY - ST - ZIP	Houston, TX 77079
TITLE	CD	2.1 TITLE	CD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, DON J.	2.2 NAME	Wang, Don J.
STREET ADDRESS	10565 KATY FREEWAY, 4TH FLOOR	2.3 STREET ADDRESS	200 Westlake Park Blvd. #1200
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	Houston, TX 77079
TITLE	D	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, L.C.	3.2 NAME	Chen, L.C.
STREET ADDRESS	10565 KATY FREEWAY, 4TH FLOOR	3.3 STREET ADDRESS	200 Westlake Park Blvd. #1200
CITY - ST - ZIP	HOUSTON TX	3.4 CITY - ST - ZIP	Houston, TX 77079
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAI, DAVID	4.2 NAME	Tai, David
STREET ADDRESS	10565 KATY FREEWAY, 4TH FLOOR	4.3 STREET ADDRESS	200 Westlake Park Blvd #1200
CITY - ST - ZIP	HOUSTON TX	4.4 CITY - ST - ZIP	Houston, TX 77079
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI, DR. CHIA-YIN	5.2 NAME	Tsai, Dr. Chia-yin
STREET ADDRESS	10565 KATY FREEWAY, 4TH FLOOR	5.3 STREET ADDRESS	200 Westlake Park Blvd.
CITY - ST - ZIP	HOUSTON TX	5.4 CITY - ST - ZIP	Houston, TX 77079
TITLE	S	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, MARY D.	6.2 NAME	Frazier, Mary D.
STREET ADDRESS	10565 KATY FREEWAY, 4TH FLOOR	6.3 STREET ADDRESS	200 Westlake Park Blvd. #1200
CITY - ST - ZIP	HOUSTON TX	6.4 CITY - ST - ZIP	Houston, TX 77079

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bill S. Chen 6/24/95 (7/13)-368-7201  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date (Month/Day/Year)

CR2E034 (3/95)