

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address
**10565 KATY FREEWAY
4TH FLOOR
HOUSTON TE 77024
US** **10565 KATY FREEWAY
4TH FLOOR
HOUSTON TE 77024
US**

2. Principal Place of Business 2a. Mailing Address
21 **200 WESTLAKE PARK BLVD** 26 **P.O. BOX 4884**
Suite, Apt #, etc Suite, Apt #, etc.
22 **SUITE 1200** 27
City & State City & State
23 **HOUSTON, TX** 28 **HOUSTON, TX**
Zip Country Zip Country
24 **77079** 25 **USA** 29 **77210-4884** 30 **USA**

3. Date Incorporated or Qualified **08/17/1965** 3a. Date of Last Report **07/07/1995**
4. FEI Number **35-1048733** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent **INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, BILL S.	12 NAME	
STREET ADDRESS	10585 KATY FREEWAY, 4TH FLOOR	13 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	14 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, DON J.	22 NAME	
STREET ADDRESS	10585 KATY FREEWAY, 4TH FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, L.C.	32 NAME	
STREET ADDRESS	10585 KATY FREEWAY, 4TH FLOOR	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAI, DAVID	42 NAME	
STREET ADDRESS	10585 KATY FREEWAY, 4TH FLOOR	43 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI, DR. CHIA-YIN	52 NAME	
STREET ADDRESS	10585 KATY FREEWAY, 4TH FLOOR	53 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	54 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, MARY D.	62 NAME	
STREET ADDRESS	10585 KATY FREEWAY, 4TH FLOOR	63 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	64 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JUNE 17, 1996 (713) 368-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISTRICT OFFICE #

CR2E034 (3/96)