

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90061 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 818964

1. Corporation Name
NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST

Principal Place of Business
**200 WESTLAKE PARK BLVD
 SUITE 1200
 HOUSTON TE 77079
 US**

Mailing Address
**PO BOX 4884
 4TH FLOOR
 HOUSTON TE 77210
 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
08/17/1965

4. FEI Number
35-1048733

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

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 _____ 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 CHEN, BILL S.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD.	1.2 NAME	
STREET ADDRESS	HOUSTON TX	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD WANG, DON J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD.	2.2 NAME	
STREET ADDRESS	HOUSTON TX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D CHEN, L.C.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD.	3.2 NAME	
STREET ADDRESS	HOUSTON TX	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TAI, DAVID	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD.	4.2 NAME	
STREET ADDRESS	HOUSTON TX	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D LO, MING	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PRK BLVD	5.2 NAME	
STREET ADDRESS	HOUSTON TX	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S FRAZIER, MARY D.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD.	6.2 NAME	
STREET ADDRESS	HOUSTON TX	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [Signature] S. CHEN APR 7, 99 (281)-368-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)