

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90152 028 \*\*\*150.00

**DOCUMENT # 818964**

1. Entity Name

**NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST**

Principal Place of Business

Mailing Address

200 WESTLAKE PARK BLVD  
 SUITE 1200  
 HOUSTON TE 77079  
 US

PO BOX 4884  
~~4TH FLOOR~~  
 HOUSTON TE 77210-4884  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**35-1048733**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHEN, BILL S.</b>	NAME	
STREET ADDRESS	<b>200 WESTLAKE PARK BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WANG, DON J.</b>	NAME	
STREET ADDRESS	<b>200 WESTLAKE PARK BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHEN, L.C.</b>	NAME	
STREET ADDRESS	<b>200 WESTLAKE PARK BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAI, DAVID</b>	NAME	
STREET ADDRESS	<b>200 WESTLAKE PARK BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LO, MING</b>	NAME	
STREET ADDRESS	<b>200 WESTLAKE PRK BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAZIER, MARY D.</b>	NAME	
STREET ADDRESS	<b>200 WESTLAKE PARK BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bill S. Chen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 27, 2000* (281) 368-1200  
 Date Daytime Phone #

CR2E034 (9/99)