

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 818964
 1. Entity 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
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1048733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHEN, BILL S. 200 WESTLAKE PARK BLVD. HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WANG, DON J. 200 WESTLAKE PARK BLVD. HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, L.C. 200 WESTLAKE PARK BLVD. HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAI, DAVID 200 WESTLAKE PARK BLVD. HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LO, MING 200 WESTLAKE PRK BLVD HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRAZIER, MARY D. 200 WESTLAKE PARK BLVD. HOUSTON, TX

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00000140732
 04-29-04-80172-018-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill S. Chen **BILL S. CHEN** 4/26/04 281-368-7267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #