


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 818964**

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



Principal Place of Business      Mailing Address

200 WESTLAKE PARK BLVD      PO BOX 4884  
SUITE 1200                              4TH FLOOR  
HOUSTON, TE 77079 US              HOUSTON, TE 77210 US



02012005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
35-1048733      Not Applicable

5. Certificate of Status Desired        \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

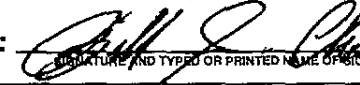
10. OFFICERS AND DIRECTORS

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

0000002128603  
03/28/05-20032-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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      3/18/05      (281) 368-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #