

818 964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

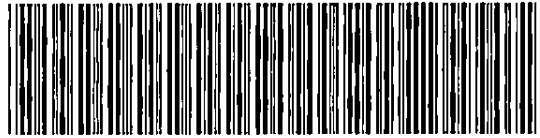
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

JUN - 5 2023

Office Use Only



200404402972

03/14/23--01012--002 **35.00

2023 MAR 14 PM 1:01

FILED
SECRETARY OF STATE
CORPORATION DIVISION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Era Life Insurance Company of the Midwest
Name of Corporation

DOCUMENT NUMBER: 818964

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Kathryn House
Name of Contact Person
New Era Life Insurance Company of the Midwest
Firm/Company
11720 Katy Freeway, Suite 1700
Address
Houston, TX 77079
City/State and Zip Code

KHouse@neweralife.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn House at (281) 368-7298
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: New Era Life Insurance Company of the Midwest
2. The principal office address: 11720 Katy Freeway, Suite 1700; Houston, TX 77079
3. The mailing address (if different): P.O. Box 4884; Houston, TX 77210-4884
4. Date of incorporation/qualification: 08-17-1965 Document number: 818964
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Chief Financial Officer

200 E. Gaines St.

Tallahassee, FL 32399-000

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Legallne Corporat~~e~~ Services Inc.

476 Riverside Ave

Jacksonville, FL 32202 P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mary D. Frazier Signature of an officer or director

Mary D. Frazier, COO & Secretary Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)