

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # 837171 (8)

1. Corporation Name

NEW ERA LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

10565 KATY FREEWAY, 4TH FLOOR
HOUSTON TX 77024

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HOUSTON TX 77024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/08/1976

06/21/1994

4. FEI Number

74-2552025

Applied For

Not Applicable

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 has liability for intangible tax under a 199 Q32, Florida Statutes

Yes No

2. Principal Place of Business
21. 200 WestLake Park Blvd.

2a. Mailing Address
26. P.O. Box 4884

Suite, Apt #, etc

Suite, Apt #, etc

22. Suite 1200

27. City & State

City & State

28. Houston, TX

Zip

Country

Zip

Country

24. 77079

25. USA

29. 77210-4884

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and date of signature)

Signature (Typed or printed name of registered agent and date of signature)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD
NAME: CHEN, BILL S **change of address **
STREET ADDRESS: 200 WESTLAKE PARK BLVD, SUITE 1200
CITY, ST, ZIP: HOUSTON, TEXAS 77079

1. TITLE: D
NAME: CLAY CARDINAL
STREET ADDRESS: 200 WESTLAKE PARK BLVD, SUITE 1200
CITY, ST, ZIP: HOUSTON, TEXAS 77079 Change Addition

TITLE: CD
NAME: WANG, DON J
STREET ADDRESS: 200 WESTLAKE PARK BLVD, SUITE 1200
CITY, ST, ZIP: HOUSTON, TEXAS 77079

2. TITLE: Change Addition

TITLE: D
NAME: CHEN, L C
STREET ADDRESS: 200 WESTLAKE PARK BLVD, SUITE 1200
CITY, ST, ZIP: HOUSTON, TEXAS 77079

3. TITLE: Change Addition

TITLE: D
NAME: TAI, DAVID
STREET ADDRESS: 200 WESTLAKE PARK BLVD, SUITE 1200
CITY, ST, ZIP: HOUSTON, TEXAS 77079

4. TITLE: Change Addition

TITLE: D
NAME: HOUSE, E M
STREET ADDRESS: 200 WESTLAKE PARK BLVD, SUITE 1200
CITY, ST, ZIP: HOUSTON, TEXAS 77079

5. TITLE: Change Addition

TITLE: S
NAME: FRAZIER, MARY D
STREET ADDRESS: 200 WESTLAKE PARK BLVD, SUITE 1200
CITY, ST, ZIP: HOUSTON, TEXAS 77079

6. TITLE: Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(6)(b), 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. 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 as an attachment with an address.

SIGNATURE:

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

July 21, 1995 (713)-368-7207
Date (Typed Name)

CR2E034 (3/95)