

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **837171 (8)**

1. Corporation Name  
**NEW ERA LIFE INSURANCE COMPANY**



Principal Place of Business: **200 WESTLAKE PARK DR STE 1200 HOUSTON TX 77079 US**  
Mailing Address: **P O BOX 4884 HOUSTON TX 77210-4884 US**

3. Date Incorporated or Qualified: **10/08/1976**  
3a. Date of Last Report: **07/27/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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 s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Special or alternate holder of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CHEN, BILL S	
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 1200	
CITY - ST - ZIP	HOUSTON TX	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WANG, DON J	
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 1200	
CITY - ST - ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHEN, L C	
STREET ADDRESS	200 WESTLAKE PARK BVD STE 1200	
CITY - ST - ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAI, DAVID	
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 1200	
CITY - ST - ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUSE, E M	
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 1200	
CITY - ST - ZIP	HOUSTON TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRAZIER, MARY D	
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 1200	
CITY - ST - ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *[Signature]* 1/24/1996 (713) - 368-7207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)