

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90167 003 \*\*\*150.00

**DOCUMENT # 837171**

1. Entity Name

**NEW ERA LIFE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**200 WESTLAKE PARK DR  
 STE 1200  
 HOUSTON TX 77079  
 US**

**P O BOX 4884  
 HOUSTON TX 77210-4884  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**74-2552025**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:

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

*April 25, 2000*  
 Date

*(281)-368-7200*  
 Daytime Phone #