

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 837171
 1. Entity 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



04162004 No Chg-P CR2E034 (10/03)

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 STE 1200
CITY-ST-ZIP	HOUSTON, TX
TITLE	CD
NAME	WANG, DON J
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 1200
CITY-ST-ZIP	HOUSTON, TX
TITLE	D
NAME	CHEN, L C
STREET ADDRESS	200 WESTLAKE PARK BVD STE 1200
CITY-ST-ZIP	HOUSTON, TX
TITLE	D
NAME	TAI, DAVID
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 1200
CITY-ST-ZIP	HOUSTON, TX
TITLE	D
NAME	HOUSE, E M
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 1200
CITY-ST-ZIP	HOUSTON, TX
TITLE	S
NAME	FRAZIER, MARY D
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 1200
CITY-ST-ZIP	HOUSTON, TX

DO NOT WRITE IN THIS SPACE

UN00000140733
 04/29/04-80172-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 BILL S. CHEN 4/26/04 (281)-366-7267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #