

837171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

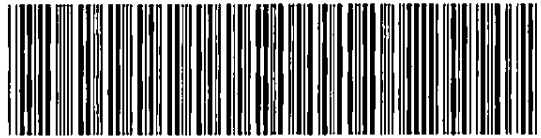
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SECRETARY OF STATE  
CORPORATION  
2023 MAR 14 PM 1:04

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Era Life Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 837171

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

Name of Contact Person

at (281) 368-7298

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

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: 02-15-1993 Document number: 837171

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)

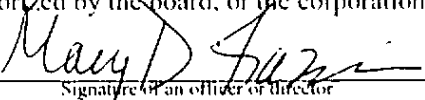
Chief Financial Officer  
200 E. Gaines St.  
Tallahassee, FL 32399-000

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

Legallnc 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.

  
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