

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 837171

**Entity Name:** NEW ERA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

11720 KATY FREEWAY  
SUITE 1700  
HOUSTON, TX 77079

**Current Mailing Address:**

P O BOX 4884  
HOUSTON, TX 77210-4884 US

**FEI Number:** 74-2552025

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE  
JACKSONVILLE, FL 32202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           CHEN, BILL S  
Address        11720 KATY FREEWAY  
                  SUITE 1700  
City-State-Zip: HOUSTON TX 77079

Title           DIRECTOR  
Name           WANG, DON J  
Address        11720 KATY FREEWAY  
                  SUITE 1700  
City-State-Zip: HOUSTON TX 77079

Title           COO  
Name           FRAZIER, MARY D  
Address        11720 KATY FREEWAY  
                  SUITE 1700  
City-State-Zip: HOUSTON TX 77079

Title           DIRECTOR  
Name           ASKEW, BOB  
Address        P O BOX 4884  
City-State-Zip: HOUSTON TX 77210-4884

Title           DIRECTOR  
Name           BENNETT, ANDREA M  
Address        P O BOX 4884  
City-State-Zip: HOUSTON TX 77210-4884

Title           DIRECTOR  
Name           BROPHY, THOMAS  
Address        P O BOX 4884  
City-State-Zip: HOUSTON TX 77210-4884

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY D. FRAZIER

**SECRETARY**

**02/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date