

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **818964** (9)
1. Corporation Name
NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST



Principal Place of Business: **10565 KATY FREEWAY, 4TH FLOOR, HOUSTON TE 77024 US**
Mailing Address: **10565 KATY FREEWAY, 4TH FLOOR, HOUSTON TE 77024 US**

2. Principal Place of Business: **21 200 WESTLAKE PARK BLVD, SUITE, Apt #, etc: SUITE 1200, City & State: HOUSTON, TX, Zip: 77079, Country: USA**
2a. Mailing Address: **26 P.O. BOX 4884, SUITE, Apt #, etc.: HOUSTON, TX, Zip: 77210-4884, Country: USA**

3. Date Incorporated or Qualified: **08/17/1965**
3a. Date of Last Report: **07/07/1995**
4. FEI Number: **35-1048733**
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: **INSURANCE COMMISSIONER, THE CAPITOL BUILDING, TALLAHASSEE FL 32399**
10. Name and Address of New Registered Agent: **81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code**

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: _____ (Signature, typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when re-registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD CHEN, BILL S. <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10585 KATY FREEWAY, 4TH FLOOR	12 NAME	
STREET ADDRESS	HOUSTON TX	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	CD WANG, DON J. <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10585 KATY FREEWAY, 4TH FLOOR	22 NAME	
STREET ADDRESS	HOUSTON TX	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	D CHEN, L.C. <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10585 KATY FREEWAY, 4TH FLOOR	32 NAME	
STREET ADDRESS	HOUSTON TX	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	D TAI, DAVID <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10585 KATY FREEWAY, 4TH FLOOR	42 NAME	
STREET ADDRESS	HOUSTON TX	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D TSAI, DR. CHIA-YIN <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10585 KATY FREEWAY, 4TH FLOOR	52 NAME	
STREET ADDRESS	HOUSTON TX	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	S FRAZIER, MARY D. <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10585 KATY FREEWAY, 4TH FLOOR	62 NAME	
STREET ADDRESS	HOUSTON TX	63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director)
JUNE 17, 1996 (713) 368-7200
District Office #

CR2E034 (3/96)