

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90152 028 ***150.00

DOCUMENT # 818964

1. Entity Name

NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST

Principal Place of Business

Mailing Address

200 WESTLAKE PARK BLVD
 SUITE 1200
 HOUSTON TE 77079
 US

PO BOX 4884
~~4TH FLOOR~~
 HOUSTON TE 77210-4884
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1048733

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

**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, BILL S.	NAME	
STREET ADDRESS	200 WESTLAKE PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, DON J.	NAME	
STREET ADDRESS	200 WESTLAKE PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, L.C.	NAME	
STREET ADDRESS	200 WESTLAKE PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAI, DAVID	NAME	
STREET ADDRESS	200 WESTLAKE PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LO, MING	NAME	
STREET ADDRESS	200 WESTLAKE PRK BLVD	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, MARY D.	NAME	
STREET ADDRESS	200 WESTLAKE PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	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)(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 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 27, 2000 (281) 368-1200
 Date Daytime Phone #

CR2E034 (9/99)