


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 818964**  
 1. Entity Name  
**NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST**



Principal Place of Business <b>200 WESTLAKE PARK BLVD          SUITE 1200          HOUSTON, TE 77079 US</b>	Mailing Address <b>PO BOX 4884          4TH FLOOR          HOUSTON, TE 77210 US</b>
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04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>35-1048733</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHEN, BILL S. 200 WESTLAKE PARK BLVD. HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WANG, DON J. 200 WESTLAKE PARK BLVD. HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, L.C. 200 WESTLAKE PARK BLVD. HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAI, DAVID 200 WESTLAKE PARK BLVD. HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LO, MING 200 WESTLAKE PRK BLVD HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRAZIER, MARY D. 200 WESTLAKE PARK BLVD. HOUSTON, TX

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00000140732  
 04-29-04-80172-018-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 4/26/04 281-368-7267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #