


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

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 US**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1048733

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 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, 2005 Fee will be \$550.00**

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

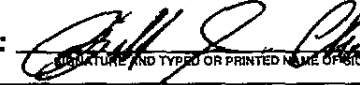
10. OFFICERS AND DIRECTORS

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

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 03/28/05-80032-019 150.00

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** **3/18/05** **(281) 368-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #