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(Business Entity Name)

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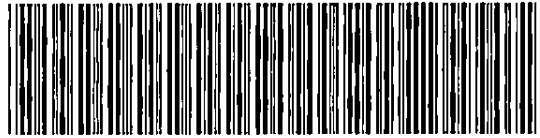
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CORPORATION DIVISION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Era Life Insurance Company of the Midwest
Name of Corporation

DOCUMENT NUMBER: 818964

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Kathryn House
Name of Contact Person
New Era Life Insurance Company of the Midwest
Firm/Company
11720 Katy Freeway, Suite 1700
Address
Houston, TX 77079
City/State and Zip Code

KHouse@neweralife.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn House at (281) 368-7298
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

