

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **837171 (8)**

1. Corporation Name
NEW ERA LIFE INSURANCE COMPANY



Principal Place of Business: **200 WESTLAKE PARK DR STE 1200 HOUSTON TX 77079 US**
Mailing Address: **P O BOX 4884 HOUSTON TX 77210-4884 US**

3. Date Incorporated or Qualified: **10/08/1976**
3a. Date of Last Report: **07/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **74-2552025**
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
**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ DATE: _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | CHEN, BILL S | |
| STREET ADDRESS | 200 WESTLAKE PARK BLVD STE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | WANG, DON J | |
| STREET ADDRESS | 200 WESTLAKE PARK BLVD STE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CHEN, L C | |
| STREET ADDRESS | 200 WESTLAKE PARK BVD STE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TAI, DAVID | |
| STREET ADDRESS | 200 WESTLAKE PARK BLVD STE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HOUSE, E M | |
| STREET ADDRESS | 200 WESTLAKE PARK BLVD STE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | FRAZIER, MARY D | |
| STREET ADDRESS | 200 WESTLAKE PARK BLVD STE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/24/1996 (713) 368-7207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)