

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE * <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 837171 (8)**  
1. Corporation Name  
**NEW ERA LIFE INSURANCE COMPANY**



Principal Place of Business <b>200 WESTLAKE PARK DR STE 1200 HOUSTON TX 77079 US</b>	Mailing Address <b>P O BOX 4894 HOUSTON TX 77210-4894 US</b>
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<b>3.</b> Date Incorporated or Qualified <b>10/08/1976</b>	<b>3a.</b> Date of Last Report <b>01/30/1996</b>
<b>4.</b> FEI Number <b>74-2552025</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip Country	<b>29</b> Zip Country
<b>25</b> Country	<b>30</b> Country

**9. Name and Address of Current Registered Agent**  
**STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**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 reinstating)

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LO, MING	
1.3 STREET ADDRESS	200 WESTLAKE PARK BLVD., STE 1200	
1.4 CITY-STATE-ZIP	HOUSTON, TEXAS	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 if changed, or on an attachment with an address.

**SIGNATURE:** *Bill S. Chen* **May 15, 97** **(713)-368-7200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)