

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90151 047 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 837171

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified
10/08/1976

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 owes the current year Intangible Personal Property Tax. 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 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD CHEN, BILL S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD STE 1200	1.2 NAME	
STREET ADDRESS	HOUSTON TX	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD WANG, DON J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD STE 1200	2.2 NAME	
STREET ADDRESS	HOUSTON TX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D CHEN, L C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BVD STE 1200	3.2 NAME	
STREET ADDRESS	HOUSTON TX	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TAI, DAVID	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD STE 1200	4.2 NAME	
STREET ADDRESS	HOUSTON TX	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HOUSE, E M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD STE 1200	5.2 NAME	
STREET ADDRESS	HOUSTON TX	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S FRAZIER, MARY D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WESTLAKE PARK BLVD STE 1200	6.2 NAME	
STREET ADDRESS	HOUSTON TX	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ DATE: **April 12, 99** (281)-368-7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)