

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837171

FILED
Feb 14, 2011
Secretary of State

Entity Name: NEW ERA LIFE INSURANCE COMPANY

Current Principal Place of Business:

200 WESTLAKE PARK BLVD
STE 1200
HOUSTON, TX 77079 US

New Principal Place of Business:

11720 KATY FREEWAY
SUITE 1700
HOUSTON, TX 77079 US

Current Mailing Address:

P O BOX 4884
HOUSTON, TX 772104884 US

New Mailing Address:

FEI Number: 74-2552025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: CHEN, BILL S
Address: 11720 KATY FREEWAY, SUITE 1700
City-St-Zip: HOUSTON, TX 77079

Title: CD
Name: WANG, DON J
Address: 11720 KATY FREEWAY, SUITE 1700
City-St-Zip: HOUSTON, TX 77079

Title: D
Name: CHEN, L C
Address: 11720 KATY FREEWAY, SUITE 1700
City-St-Zip: HOUSTON, TX 77079

Title: D
Name: TAI, DAVID
Address: 11720 KATY FREEWAY, SUITE 1700
City-St-Zip: HOUSTON, TX 77079

Title: D
Name: HOUSE, E M
Address: 11720 KATY FREEWAY, SUITE 1700
City-St-Zip: HOUSTON, TX 77079

Title: S
Name: FRAZIER, MARY D
Address: 11720 KATY FREEWAY, SUITE 1700
City-St-Zip: HOUSTON, TX 77079

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SILVANA LAI

SVP

02/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date