FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **808220** **(8)**

1. Corporation Name
NATIONAL INDEMNITY COMPANY

Principal Place of Business	Mailing Address
3024 HARNEY ST. #340730 OMAHA NE 68131	3024 HARNEY ST. #340730 OMAHA NE 68131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/27/1950**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **47-0355979** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25 Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'LEARY, DANIEL C., III
725 PENINSULAR PLC.
JACKSONVILLE FL 32204

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: Robert D. O'Connell TREAS — DATE: 4-19-95
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	XX Change ☐ Addition	
NAME	PETERSON, BETTY J.	12 NAME	Delete this person	
STREET ADDRESS	3024 HARNEY ST	13 STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 00000	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	SVD XX Change ☐ Addition	
NAME	KRUTTER, FORREST N.	22 NAME		
STREET ADDRESS	3024 HARNEY ST	23 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	☐ Change ☐ Addition	
NAME	O'CONNELL, ROBERT D.	32 NAME		
STREET ADDRESS	3024 HARNEY ST	33 STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 00000	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	☐ Change ☐ Addition	
NAME	WURSTER, DONALD F.	42 NAME		
STREET ADDRESS	3024 HARNEY ST	43 STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 00000	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	☐ Change ☐ Addition	
NAME	WOLF, PHILIP M.	52 NAME		
STREET ADDRESS	3024 HARNEY ST	53 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	54 CITY-ST-ZIP		
TITLE	DC	61 TITLE	☐ Change ☐ Addition	
NAME	BUFFETT, WARREN E	62 NAME		
STREET ADDRESS	1440 KIEWIT PLAZA	63 STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 00000	64 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)(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, added or deleted.

SIGNATURE: Robert D. O'Connell — 4-19-95 — (402) 536-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert D. O'Connell

0478180 FP

808228

National Indemnity Company

A member of the Berkshire Hathaway group of insurance companies

ATTACHMENT

Additional Officers and Directors:

D	Michael A. Goldberg	3024 Harney Street	Omaha, NE	68131-3580
D	Mark D. Millard	3024 Harney Street	Omaha, NE	68131-3580
V	Ajit Jain	3024 Harney Street	Omaha, NE	68131-3580

3024 Harney Street • Omaha, Nebraska 68131-3580 • Telephone (402) 536-3000 • Fax: (402) 536-3030
Claim Department • 4016 Farnam Street • Omaha, Nebraska 68131-3005 • Telephone (402) 536-3000 • Fax: (402) 536-3031