

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837093

Entity Name: BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY**Current Principal Place of Business:**1314 DOUGLAS STREET
SUITE 1400
OHAMA, NE 68102-1944**Current Mailing Address:**1314 DOUGLAS STREET
SUITE 1400
OHAMA, NE 68102-1944 US**FEI Number:** 51-0400307**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	SHELLEY, PETER M.
Address	100 FIRST STAMFORD PLACE
City-State-Zip:	STAMFORD CT 06902

Title	TREASURER
Name	GEISTKEMPER, DALE D.
Address	1314 DOUGLAS STREET SUITE 1400
City-State-Zip:	OMAHA NE 68102-1944

Title	SECRETARY
Name	BYRNES, BRUCE J.
Address	100 FIRST STAMFORD PLACE
City-State-Zip:	STAMFORD CT 06902

Title	ASST. VICE PRESIDENT
Name	RATHBUN, RODNEY L.
Address	1314 DOUGLAS STREET SUITE 1400
City-State-Zip:	OMAHA NE 68102-1944

Title	ASST. SECRETARY
Name	KRESKI, SUSAN
Address	1314 DOUGLAS STREET SUITE 1400
City-State-Zip:	OMAHA NE 68102-1944

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: SUSAN KRESKI

ASST SECRETARY

06/24/2020

Electronic Signature of Signing Officer/Director Detail_____
Date