

237093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

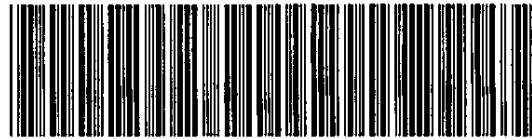
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAY 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY 11 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: 837093

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connor Dillard

Name of Contact Person

National Indemnity Company

Firm/Company

1314 Douglas Street, Suite 1400

Address

Omaha, NE 68102-1944

City/State and Zip Code

cbdillard@nationalindemnity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connor Dillard

Name of Contact Person

at (402) 916-3216

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Berkshire Hathaway Direct Insurance Company

Omaha, Nebraska

May 1, 2018

Amendment Section
Division of Corporations
Clifton Building
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

Please find the enclosed change of agent form and filing fee. It is my understanding that as a foreign insurance company, Berkshire Hathaway Direct Insurance Company is required to name the Chief Financial Officer as its registered agent in the state of Florida. Please remove Brennan Scott Neville as registered agent. The registered agent for this company should be changed to the following:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000

I have completed the enclosed form to the best of my ability, but I do not have the signature of the Chief Financial Officer.

Please send a confirmation that the form has been received and accepted to me at the contact information below.

Please advise if any additional documentation or information is required. Do not hesitate to contact me with any questions.

Thank you.

Sincerely,



Connor Dillard
Corporate Operations Analyst
National Indemnity Company
1314 Douglas Street, Suite 1400
Omaha, NE 68102-1944
Direct: 402-916-3216
cbdillard@nationalindemnity.com

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Nebraska in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Berkshire Hathaway Direct Insurance Company
2. The principal office address: 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/27/1976 Document number: 837093

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Neville, Brennan Scott c/o Florida Chief Financial Officer as RA

200 E. GAINES ST

TALLAHASSEE, FL 32399-0000

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHIEF FINANCIAL OFFICER

200 E. GAINES ST

P.O. Box NOT acceptable

TALLAHASSEE, FL 32399-0000

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Connor Dillard, Assistant Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

5/1/18
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)