2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000338

Entity Name: BERKSHIRE HATHAWAY ASSURANCE CORPORATION

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
MARINE AIR TERMINAL, LAGUARDIA AIRPORT FLUSHING, NY 11371						
Current Mailing Address:				New Mailing Address:		
MARINE AIR TERMINAL, LAGUARDIA AIRPORT FLUSHING, NY 11371				3024 HARNEY STREET OMAHA, NE 681313580		
FEI Number: 2	El Number: 25-1599479 FEI Number Applied For () FEI N		FEI Num	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Na					Address o	f New Registered Agent:
TRYBUS, BRUCE COONEY, MATSON, LANCE, BLACKBURN, RICHARD 1600 WEST COMMERCIAL BOULEVARD, SUITE 200 FT. LAUDERDALE, FL 33309 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						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GEISTKEMPER,	RMINAL, LAGUARDIA AIRPORT		Title: Name: Address: City-St-Zip:	DT GEISTKEMP 3024 HARNE OMAHA, NE	EY STREET
Title: Name: Address: City-St-Zip:	WURSTER, DON	RMINAL, LAGUARDIA AIRPORT		Title: Name: Address: City-St-Zip:	DP WURSTER, 3024 HARNE OMAHA, NE	EY STREET
Title: Name: Address: City-St-Zip:	RAIGUEL, KARA	RMINAL, LAGUARDIA AIRPORT		Title: Name: Address: City-St-Zip:	RAIGUEL, K 100 FIRST S	(X) Change ()Addition ARA L TAMFORD PLACE , CT 069026745
Title: Name: Address: City-St-Zip:	SNOVER, BRIAN	RMINAL, LAGUARDIA AIRPORT		Title: Name: Address: City-St-Zip:	SNOVER, BF 100 FIRST S	(X) Change ()Addition RIAN G TAMFORD PLACE , CT 069026745
Title: Name: Address: City-St-Zip:	DUFFY, ERIKA B	RMINAL, LAGUARDIA AIRPORT		Title: Name: Address: City-St-Zip:	DUFFY, ERI 100 FIRST S	(X) Change ()Addition KA B TAMFORD PLACE CT 069026745
Title: Name: Address: City-St-Zip:	1 ()	Delete		Title: Name: Address: City-St-Zip:	AVP RATHBUN, F 3024 HARNE OMAHA, NE	EY STREET

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RODNEY L RATHBUN AVP 04/20/2009