

F08600000338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Approval was  
Verified by  
Lyn Shoffstall  
from CFO  
Dept. of  
Financial  
Services

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05/24/16--01012--025 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 May 24 P 12:42

FILED

*Handwritten signature*

JUN 1 1 2016

T. LEMIEUX

# **Berkshire Hathaway Assurance Corporation**

## **Flushing, New York**

May 19, 2016

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 Assurance Corporation is required to name the Chief Financial Officer as its registered agent in the state of Florida. I believe it was an error that this was not done previously.

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 Specialist  
National Indemnity Company  
1314 Douglas Street, Suite 1400  
Omaha, NE 68102-1944  
Direct: 402-916-3216  
[cbdillard@nationalindemnity.com](mailto:cbdillard@nationalindemnity.com)

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BERKSHIRE HATHAWAY ASSURANCE CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** F08000000338

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

**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 NEW YORK 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 ASSURANCE CORPORATION  
2. The principal office address: MARINE AIR TERMINAL, LAGUARDIA AIRPORT, FLUSHING, NY 11371

3. The mailing address (if different): 1314 DOUGLAS STREET, SUITE 1400, OMAHA, NE 68102-1944

4. Date of incorporation/qualification: 1/22/2008 Document number: F08000000338

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)

TRYBUS, BRUCE - COONEY TRYBUS KWAVNICK PEETS

1600 WEST COMMERCIAL BOULEVARD, SUITE 200

FT. LAUDERDALE, FL 33309

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

CHIEF FINANCIAL OFFICER

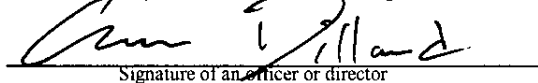
200 E. Gaines Street

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

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)