F09000007825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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47

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cornhusker Casualty Company
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing"and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amber Roewert
Name of Person

Cornhusker Casualty Company
Firm/Company

9290 West Dodge Road, Suite 300
Address

Omaha, NE 68114
City/State and Zip code

aroewert@bhhc.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Amber Roewert at (402) 393-7255
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Cop ☑ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Cornhusker Casualty Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Berkshire Hathaway Homestate Companies
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nebraska
(State or country under the law of which it is incorporated)

3. 47-0529945
(FEI number, if applicable)

4. January 20, 1970
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9290 West Dodge Road, Suite 300 Omaha, NE 68114
(Principal office address)

same
(Current mailing address)

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8. Property and Casualty Insurance Carrier
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer of Florida

Office Address: 200 East Gaines Street

Tallahassee (City), Florida 32399 (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

_____
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Donald Wurster

Address: 3024 Harney Street

Omaha, NE 68131

Vice Chairman: Joseph Casaccio & Forrest Krutter

Address: 100 First Stamford Place

Stamford, CT 06902

Director: Brian Hall

Address: 1725 Windward Concourse, Suite 200

Alpharetta, GA 30005

Director: Margaret Hartmann

Address: 50 California Street, 14th Floor

San Francisco, CA 94111

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B. OFFICERS

President: Don Wurster

Address: 3024 Harney Street

Omaha, NE 68131

Vice President: Tom Mortland

Address: 9290 West Dodge Road, Suite 300

Omaha, NE 68114

Secretary: Jackie Perry

Address: 9290 West Dodge Road, Suite 300 Omaha, NE 68114

Treasurer: Jackie Perry

Address: 9290 West Dodge Road, Suite 300 Omaha, NE 68114

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jackie L Perry
(Signature of Director or Officer listed in number 12 of the application)

14. Jackie L. Perry, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

Applicant Name: **Cornhusker Casualty Company** NAIC No.: **20044**
FEIN: **47-0529945**

Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance

State of **Nebraska** Office of **Director**
(Domiciliary State of Applicant) (Commissioner, Superintendent, Officer)

I, **Ann M. Frohman**, hereby certify that I am the*
(name)
Director of the State of **Nebraska Department of Insurance**
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

Cornhusker Casualty Company
(Name of Insurer)

of **Omaha, Nebraska** is duly organized under the laws of said State and is
(city/state)

authorized to transact the business of ****see attached copy of the Nebraska Certificate of Authority for authorized lines of** insurance in this State.
(Lines of Insurance)**

IN TESTIMONY WHEREOF, I have hereunto set my hand at **Lincoln, Nebraska**
(Location)
on this **23rd** day of **September**, A.D. 20**09**.
(Month)

Ann M. Frohman
(signature)

Ann M. Frohman
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
** Lines of Insurance as shown on Form 3 of UCAA

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STATE OF NEBRASKA

DEPARTMENT OF INSURANCE

COPY

CERTIFICATE OF AUTHORITY

CORNHUSKER CASUALTY COMPANY

DOMICILED IN THE STATE OF NEBRASKA

IS HEREBY AUTHORIZED AND LICENSED TO TRANSACT THE BUSINESS OF INSURANCE IN THE STATE OF NEBRASKA AS DESCRIBED BY THE FOLLOWING SUB-SECTION(S) OF SECTION 44-201 OF THE STATUTES OF NEBRASKA:

05 Property Insurance
07 Glass Insurance
08 Burglary and Theft Insurance
09 Boiler and Machinery Insurance
10 Liability Insurance
11 Worker's Comp & Employer's Liability
12 Vehicle Insurance
13 Fidelity Insurance
14 Surety Insurance
16 Credit Insurance
18 Marine Insurance
20 Miscellaneous Insurance

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18390	May 1, 2009	Apr 30, 2010
NEBRASKA IDENTIFICATION NUMBER	DATE ISSUED	DATE EXPIRES

SIGNED AT LINCOLN, NEBRASKA

Ann M. Frohman

DIRECTOR OF INSURANCE