

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000000509 (9)**

1. Corporation Name

**BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEB  
RASKA**

Principal Place of Business

3024 HARNEY ST.  
OMAHA NE 68131

Mailing Address

3024 HARNEY ST.  
OMAHA NE 68131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

4. FEI Number

47-0766667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DP  
WURSTER, DONALD F  
117 N. HAPPY HOLLOW BLVD.  
OMAHA NE 68132

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DS  
KRUTTER, FORREST N  
770 N. 93RD ST., #684  
OMAHA NE 68114

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DT  
O'CONNELL, ROBERT D  
701 SUNSET TRAIL  
OMAHA NE 68132

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
JAIN, AJIT  
51 FORREST AVE., #42  
OLD GREENWICH CT 06870

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
WOLF, PHILIP M  
16620 VINTON DR.  
OMAHA NE 68103

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
Robert M. LeBlanc  
57 Main Street  
Danbury CT 06810

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DSV

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, or receiver or liquidator thereof, and am empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 13 if changed, or in a statement with an addition.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
**Robert D. O'Connell**

4-19-95 (402) 536-3000  
Date (Optional Phone #)