

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000509 (9)**

1. Corporation Name

**BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBRASKA**



Principal Place of Business

Mailing Address

3024 HARNEY ST.  
OMAHA NE 68131

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OMAHA NE 68131

3. Date Incorporated or Qualified  
**02/02/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**47-0766667**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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 was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WURSTER, DONALD F	
STREET ADDRESS	117 N. HAPPY HOLLOW BLVD.	
CITY-ST-ZIP	OMAHA NE 68132	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	KRUTTER, FORREST N	
STREET ADDRESS	770 N. 93RD ST., #684	
CITY-ST-ZIP	OMAHA NE	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	O'CONNELL, ROBERT D	
STREET ADDRESS	701 SUNSET TRAIL	
CITY-ST-ZIP	OMAHA NE 68132	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAIN, AJIT	
STREET ADDRESS	51 FORREST AVE., #42	
CITY-ST-ZIP	OLD GREENWICH CT 06870	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOLF, PHILIP M	
STREET ADDRESS	16620 VINTON DR.	
CITY-ST-ZIP	OMAHA NE 68103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEBLANC, ROBERT M.	
STREET ADDRESS	57 MAIN STREET	
CITY-ST-ZIP	DANBURY CT	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment herewith an address.

SIGNATURE: *Robert M. LeBlanc* Treasurer

4-23-96 (402) 536-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)