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**Apr 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

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 68131-3583**

3. Date Incorporated or Qualified **02/02/1994** 3a. Date of Last Report **05/01/1996**
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

2. Principal Place of Business
21 State Apt. # etc
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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. 83RD ST., #684	
CITY- ST- ZIP	OMAHA NE	
TITLE	DT	<input checked="" 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAMBURG, MARC D.	
1.3 STREET ADDRESS	1440 KIEWIT PLAZA	
1.4 CITY- ST- ZIP	OMAHA NE 68131-3580	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SNOVER, BRIAN G.	
2.3 STREET ADDRESS	100 FIRST STAMFORD PLACE	
2.4 CITY- ST- ZIP	STAMFORD CT 06902-6745	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BENNETT, ROBERT E.	
3.3 STREET ADDRESS	6 LONGMEADOW ROAD	
3.4 CITY- ST- ZIP	HINGHAM MA 02043	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	100 FIRST STAMFORD PLACE	
4.4 CITY- ST- ZIP	STAMFORD CT 06902-6745	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	3024 HARNEY STREET	
5.4 CITY- ST- ZIP	OMAHA NE 68131-3580	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	100 FIRST STAMFORD PLACE	
6.4 CITY- ST- ZIP	STAMFORD CT 06902-6745	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, checked, or on an attachment with an address.

SIGNATURE: *Donald F. Wurster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald F. Wurster

4-10-97 (402) 536-3000
Date Daytime Phone #

CR2E034 (9/96)