


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000509 (9)**  
 1. Corporation Name  
**BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEB RASKA**

Principal Place of Business <b>3024 HARNEY ST.                  OMAHA NE 68131</b>	Mailing Address <b>3024 HARNEY ST.                  OMAHA NE 68131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>02/02/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>47-0768667</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>

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 <b>FL</b> 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. 93RD ST., #684	
CITY - ST - ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, ROBERT E	
STREET ADDRESS	8 LONGMEADOW RD	
CITY - ST - ZIP	HINGHAM MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAIN, AJIT	
STREET ADDRESS	100 FIRST STAMFORD PL	
CITY - ST - ZIP	STAMFORD CT 45	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOLF, PHILIP M	
STREET ADDRESS	3024 HARNEY ST	
CITY - ST - ZIP	OMAHA NE 80	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	LEBLANC, ROBERT M.	
STREET ADDRESS	100 FIRST STAMFORD PLACE	
CITY - ST - ZIP	STAMFORD CT 45	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3024 Harney Street
1.4 CITY - ST - ZIP	Omaha NE 68131-3580
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4016 Farnam Street
2.4 CITY - ST - ZIP	Omaha NE 68131-3095
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	99 Mill Lane
3.4 CITY - ST - ZIP	Norwell MA 02061
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4-14-98 (402) 536-3000

CP2E034 (10/97)