

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90140 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000509**

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>02/02/1994</b>	
4. FEI Number <b>47-0766667</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	Scott R. Doerr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WURSTER, DONALD F	1.2 NAME	100 First Stamford Place
STREET ADDRESS	3024 HARNEY STREET	1.3 STREET ADDRESS	Stamford CT 06902-6745
CITY-ST-ZIP	OMAHA NE 68131-3580	1.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUTTER, FORREST N	2.2 NAME	
STREET ADDRESS	4016 FARNAM STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68131-3095	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ROBERT E	3.2 NAME	
STREET ADDRESS	99 MILL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWELL MA 02061	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIN, AJIT	4.2 NAME	
STREET ADDRESS	100 FIRST STAMFORD PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 45	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, PHILIP M	5.2 NAME	
STREET ADDRESS	3024 HARNEY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 80	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, ROBERT M.	6.2 NAME	
STREET ADDRESS	100 FIRST STAMFORD PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 45	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)(i), 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, with all other like empowered.

SIGNATURE: Donald F. Wurster **SIGNATURE REQUIRED** Donald F. Wurster 4-19-99 (402)536-3000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)