

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90249 022 ***150.00

DOCUMENT # F94000000509

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

47-0766667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) XXX

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WURSTER, DONALD F	
STREET ADDRESS	3024 HARNEY STREET	
CITY-ST-ZIP	OMAHA NE 68131-3580	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	KRUTTER, FORREST N	
STREET ADDRESS	4016 FARNAM STREET	
CITY-ST-ZIP	OMAHA NE 68131-3095	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, ROBERT E	
STREET ADDRESS	99 MILL LANE	
CITY-ST-ZIP	NORWELL MA 02061	
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	DOERR, SCOTT R	
STREET ADDRESS	100 FIRST STAMFORD PLACE	
CITY-ST-ZIP	STAMFORD CT 06902-6745	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMBURG, MARC D	
STREET ADDRESS	1440 KIEWIT PLAZA	
CITY-ST-ZIP	OMAHA NE 68131	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 Donald F. Wurster

4-8-02

(402) 536-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)