

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000509

FILED
Apr 30, 2019
Secretary of State
1870651147CC

Entity Name: BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBRASKA

Current Principal Place of Business:

1314 DOUGLAS STREET
SUITE 1400
OMAHA, NE 68102-1944

Current Mailing Address:

1314 DOUGLAS STREET
SUITE 1400
OMAHA, NE 68102-1944 US

FEI Number: 47-0766667

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name WURSTER, DONALD F
Address 1314 DOUGLAS STREET
SUITE 1400
City-State-Zip: OMAHA NE 68102-1944

Title DSV
Name SNOVER, BRIAN G
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902-6745

Title D
Name ARENDT, JOHN D
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902-6745

Title AVP
Name RATHBUN, RODNEY L
Address 1314 DOUGLAS STREET
SUITE 1400
City-State-Zip: OMAHA NE 68102-1944

Title V
Name DOERR, SCOTT R
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902-6745

Title T
Name GEISTKEMPER, DALE D
Address 1314 DOUGLAS STREET
SUITE 1400
City-State-Zip: OMAHA NE 68102-1944

Title ASST. SECRETARY
Name JENKINS, RYAN
Address 1314 DOUGLAS STREET
SUITE 1400
City-State-Zip: OMAHA NE 68102-1944

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RYAN JENKINS

ASSISTANT SECRETARY 04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date