

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000000509

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**0578774156CC**

**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, VP  
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 KRESKI, SUSAN  
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:** SUSAN KRESKI

**ASST. SECRETARY**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date