

1.) CORPORATION NAME:

**BERKSHIRE HATHAWAY HOMESTATE INSURANCE
COMPANY**

DUE DATE: **3/31/2014**

SCC ID NO: **F1068891**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD A SAUNDERS
6160 KEMPSVILLE CIRCLE, SUITE 341B
NORFOLK, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3333 FARNAM ST, #300

CITY/ST/ZIP: OMAHA, NE 68131

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DONALD F WURSTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3333 FARNAM ST, #300		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		

NAME:	THOMAS J MORTLAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3333 FARNAM ST #50		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		

NAME:	MARK BARBA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	525 MARKET ST #3110		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	ROBERT N DARBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	525 MARKET ST #3110		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	TRACY L GULDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3333 FARNAM ST #300		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		

NAME:	BRIAN P HALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1725 WINDWARD CONCOURSE, #200		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30005		

NAME: REAGAN R PUFALL TITLE: VICE PRESIDENT ADDRESS: 3333 FARNAM ST #50 CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KAREN L RAINWATER TITLE: VICE PRESIDENT ADDRESS: 3024 HARNEY ST CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JACKIE L PERRY TITLE: S/T ADDRESS: 3333 FARNAM ST, #300 CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANDREW R LINKHART TITLE: CFO ADDRESS: 3333 FARNAM ST #300 CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J MICHAEL GOTTSCHALK TITLE: DIRECTOR ADDRESS: 3333 FARNAM ST #50 CITY/ST/ZIP/CO: OMAHA, NE 68131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER DESAUTEL TITLE: VICE PRESIDENT ADDRESS: 525 MARKET ST #3110 CITY/ST/ZIP/CO: SAN FRANCISCO, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHARLES TOWLE TITLE: VICE PRESIDENT ADDRESS: 1220 SW EXECUTIVE DR CITY/ST/ZIP/CO: TOPEKA, KS 66615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JACKIE L PERRY	JACKIE L PERRY, S/T	3/19/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		