SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

SCHEDULE 13G

(Rule 13d-102)

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO §240.13d-2 (Amendment No. 2)*

BANK OF AMERICA CORPORATION

(Name of Issuer)

COMMON STOCK, PAR VALUE \$0.01 PER SHARE (Title of Class of Securities)

060505104 (CUSIP Number)

December 31, 2018 (Date of Event Which Requires Filing of this Statement)

⊠ Rule 13d-1 (c)

☐ Rule 13d-1 (d)

* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 (the "Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes.)

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1	NAME OF REPORTING PERSON	
	Warren E. Buffett	
2		
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	United States Citizen	
	5 SOLE VOTING POWER	
MUMBER	NONE NONE	
NUMBER SHARE	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED	918,900,000 shares of Common Stock	
EACH	/ BOLL BIOLOGITY BIOWER	
REPORT PERSO		
WITH	H NONE	
******	8 SHARED DISPOSITIVE POWER	
	918,900,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	918,900,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	9.5%	
12	TYPE OF REPORTING PERSON	
	IN	

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1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) ⊠ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
	5 SOLE VOTING POWER	
	NONE	
NUMBEI	1 61 SHARED VOLING POWER	
SHARI		
BENEFICIA OWNED		
EACI		
REPORT		
PERSO		
WITH	8 SHARED DISPOSITIVE POWER	
	SHARED DISTOSITIVE TOWER	
	918,900,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AGGREGATE AMOUNT DENEFICIALLY OWNED BY EACH REPORTING LEASON	
	918,900,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
10	CHECK BOX II THE AGGREGATE AMOUNT IN ROW (7) EXCEODES CERTAIN SHARES	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
11	TERCENT OF CLASS REFRESENTED BY AMOUNT IN ROW 7	
	9.5%	
12	TYPE OF REPORTING PERSON	
12	TITE OF REPORTING PERSON	
	HC CO	
HC, CO		

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1	NAME OF REPORTING PERSON	
	National Indemnity Company	
2		
	(a) ⊠ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHAR	1 AT SHARED VOTING POWER	
BENEFICIA	ALLY	
OWNED		
EACI	/ BOLL BIOLOGITY LT OWER	
REPORT PERSO	ON CONTRACTOR OF THE CONTRACTO	
WITI	H NONE	
	8 SHARED DISPOSITIVE POWER	
	629,905,600 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	629,905,600 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	6.5%	
12	TYPE OF REPORTING PERSON	
	IC, CO, HC	

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1	NAME OF REPORTING PERSON	
	GEICO Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
•	CHIZZAGIII OKTEACE OF OKGANIZATION	
	State of Delaware	
	5 SOLE VOTING POWER	
	NONE	
NUMBEI SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED	DBY 311,780,000 shares of Common Stock	
EACI	/ COLD DISTOSTITY ET O WERK	
REPORT PERSO	DN .	
WITE	H NONE	
	8 SHARED DISPOSITIVE POWER	
	211 790 000 -1	
9	311,780,000 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AGGREGATE AMOUNT DEMERICIALLY OWNED BY EACH REPORTING PERSON	
	311,780,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
	, , , , , , , , , , , , , , , , , , , ,	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	3.2%	
12	TYPE OF REPORTING PERSON	
	CO, HC	

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1	NAME OF REPORTING PERSON	
	Government Employees Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Maryland	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED		
EACI REPORT	/ COLD DISTOSTITY ET O WERK	
PERSO	DN .	
WITH	H NONE	
	8 SHARED DISPOSITIVE POWER	
	229,600,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	220 (00 000 1	
	229,600,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
44	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	2.20/	
	2.3%	
12	TYPE OF REPORTING PERSON	
	IC, CO, HC	

1	NAME OF REPORTING PERSON	
	GEICO Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Maryland	
	5 SOLE VOTING POWER	
	NONE	
NUMBEI SHARI	61 SHARED VOLING POWER	
BENEFICIA OWNED		
EACI	7 SOLE DISPOSITIVE POWER	
REPORT PERSO		
WITH NONE 8 SHARED DISPOSITIVE POWER		
9	81,200,000 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	81,200,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \Box	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.8%	
12	TYPE OF REPORTING PERSON	
	IC, CO, HC	
	10, 00, 110	

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1	NAME OF REPORTING PERSON	
	General Re Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
	5 SOLE VOTING POWER	
MANAGER	NONE	
NUMBEI SHARI	ES 6 SHARED VOTING POWER	
BENEFICIA OWNED		
EACH REPORT	/ SOLE DISTOSTITY ET O WER	
PERSO WITH		
,,,,,,	8 SHARED DISPOSITIVE POWER	
	22,751,400 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	22,751,400 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.2%	
12	TYPE OF REPORTING PERSON	
	CO, HC	

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1	NAME OF REPORTING PERSON	
	General Reinsurance Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED		
EACH 7 SOLE DISPOSITIVE POWER REPORTING		
PERSO	DN .	
WITH	H NONE	
	8 SHARED DISPOSITIVE POWER	
	22,751,400 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	22.751.400.1	
	22,751,400 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
44	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.20/	
	0.2%	
12	TYPE OF REPORTING PERSON	
	10, 00, 110	
	IC, CO, HC	

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1	NAME OF REPORTING PERSON	
	General Star Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Connecticut	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED		
EACH 7 SOLE DISPOSITIVE POWER REPORTING		
PERSO	NI.	
WITH	, NONE	
	8 SHARED DISPOSITIVE POWER	
	5,040,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	5.040.000 1	
	5,040,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.10/	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON		
	General Star National Insurance Company		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP		
	(a) \boxtimes (b) \square		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of Ohio		
	5 SOLE VOTING POWER		
NUMBEI	NONE		
SHARI	1 61 SHARED VOLING POWER		
BENEFICIA	ALLY		
OWNED			
EACH 7 SOLE DISPOSITIVE POWER REPORTING			
PERSO	NI.		
WITH	, NONE		
	8 SHARED DISPOSITIVE POWER		
	1,960,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	1.000.000.1		
	1,960,000 shares of Common Stock		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □		
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%		
12	TYPE OF REPORTING PERSON		
	IC, CO		

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1			
1	NAME OF REPORTING PERSON		
	Central States of Omaha Companies, Inc.		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP		
	(a) \boxtimes (b) \square		
	OF CHOP ONLY		
3	SEC USE ONLY		
4	CITIZENCHID OD DI A CE OE ODCANIZATION		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of Nebraska		
	5 SOLE VOTING POWER		
	5 SOLE VOTING FOWER		
	NONE		
NUMBER			
SHARE	ES 1 1 1 1 1 1 1 1 1		
BENEFICIA OWNED	0.000.000.1 0.0 0.1		
EACH			
REPORT			
PERSON NONE			
WITH	8 SHARED DISPOSITIVE POWER		
	3,920,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	3,920,000 shares of Common Stock		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □		
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%		
12	TYPE OF REPORTING PERSON		
	CO, HC		

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1	NAME OF REPORTING PERSON	
	Central States Indemnity Company of Omaha	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED		
EACH	/ SOLE DISTOSTITY ET CVI EN	
REPORT PERSO	NI.	
WITH	, NONE	
	8 SHARED DISPOSITIVE POWER	
	3,920,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	3,920,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Homestate Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
	5 SOLE VOTING POWER	
	NONE	
NUMBEI SHARI		
BENEFICIA		
OWNED EACH		
REPORT PERSO	N.	
WITI	H NONE	
	8 SHARED DISPOSITIVE POWER	
	11,900,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	11,900,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	
	-,	

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1	NAME OF REPORTING PERSON	
	BH Finance LLC	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
	5 SOLE VOTING POWER	
	MONE	
NUMBEI	NONE SUPERIOR NONE	
SHARI	1 61 SHARED VOTING POWER	
BENEFICIA	ALLY 140,000,000 1 CG C4 1	
OWNED EACI	• •	
REPORT		
PERSO	NI DAY	
WITI	NONE SALE PURP PROPERTY POWER	
	8 SHARED DISPOSITIVE POWER	
	140,000,000 -1	
	140,000,000 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	140,000,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
10	CHECK BOATI THE ACORDONIE AMOUNT IN ROW (2) EACDODES CERTAIN SHARES II	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	1 ERCENT OF CLASS REFRESENTED DI AMOUNT IN ROW 5	
	1.4%	
12	TYPE OF REPORTING PERSON	
	00	

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1	NAME OF REPORTING PERSON	
	Oak River Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
	5 SOLE VOTING POWER	
NHADE	NONE	
NUMBE SHAR	ES 6 SHARED VOTING POWER	
BENEFICI OWNER	DBY 4,200,000 shares of Common Stock	
EACI REPORT		
PERSON NONE		
,,,,,,,	8 SHARED DISPOSITIVE POWER	
	4,200,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	4,200,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	Cypress Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of California	
I	5 SOLE VOTING POWER	
	NONE	
NUMBER	R OF 6 SHARED VOTING POWER	
SHARES		
BENEFICIALLY OWNED BY 2,100,000 shares of Common Stock		
EACH		
REPORTING 7 SOLE DISPOSITIVE POWER		
PERSON NONE		
WITE	H NOINE 8 SHARED DISPOSITIVE POWER	
	8 SHARED DISPOSITIVE POWER	
	2 100 000 1	
	2,100,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	2 100 000 1	
	2,100,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	National Liability & Fire Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Connecticut	
	5 SOLE VOTING POWER	
NUMBE	NONE	
SHAR	ES 6 SHARED VOTING POWER	
BENEFICI. OWNER	DBY 28,000,000 shares of Common Stock	
EAC! REPORT		
PERSO WITI	H NONE	
	8 SHARED DISPOSITIVE POWER	
	28,000,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	28,000,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \Box	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.3%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	Finial Holdings Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ☑ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	ES O SHARED VOTING POWER	
BENEFICIA OWNED		
EACI REPORT	/ GOLD DISTOSTITE TO WERE	
PERSO	ON NONE	
	8 SHARED DISPOSITIVE POWER	
	14,980,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	14,980,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.2%	
12	TYPE OF REPORTING PERSON	
	CO, HC	

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1	NAME OF REPORTING PERSON	
	Finial Reinsurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) □ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Connecticut	
	5 SOLE VOTING POWER	
MUMBE	NONE	
NUMBEI SHAR	ES 6 SHARED VOTING POWER	
BENEFICE OWNED	DBY 14,980,000 shares of Common Stock	
EACI REPORT		
PERSON NONE		
,,,,,,,	8 SHARED DISPOSITIVE POWER	
	14,980,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	14,980,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	Columbia Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	Charles of Nationalist	
	State of Nebraska	
	5 SOLE VOTING POWER	
	NONE	
NUMBER	R OF 6 SHARED VOTING POWER	
SHARI	SHARED VOTING POWER	
BENEFICIA	ALLY	
OWNED EACH	<u> </u>	
REPORT		
PERSO		
WITE	8 SHARED DISPOSITIVE POWER	
	8 SHARED DISPOSITIVE POWER	
	193,028,000 shares of Common Stock	
0	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AGGREGATE AMOUNT DENEFICIALLY OWNED BY EACH REPORTING PERSON	
	193,028,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	2.0%	
12	TYPE OF REPORTING PERSON	
	IC, CO, HC	

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1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Assurance Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of New York	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED		
EACI REPORT	/ GOLD DIST COTTLE TO WER	
PERSO	DN .	
WITH	H NONE	
	8 SHARED DISPOSITIVE POWER	
	22,400,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	22 400 000 1	
	22,400,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.20/	
	0.2%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	Nederlandse Reassurantie Groep NV	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	Netherlands	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED		
EACI REPORT	/ SOLE DISTOSTITY ET CVI EN	
PERSO	NI.	
WITH	, NONE	
	8 SHARED DISPOSITIVE POWER	
	5,600,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	7.600.000.1	
	5,600,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.10/	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO, HC	

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	-	
1	NAME OF REPORTING PERSON	
	NRG America Holding Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ☑ (b) □	
3	SEC USE ONLY	
	CHEMINIST OF THE CENTRAL CONTRACTOR	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	RES 6 SHARED VOTING POWER	
BENEFICIA OWNED	D BY 5,600,000 shares of Common Stock	
EACH REPORT	, some property and the contract of the contra	
PERSO WITH	H NONE	
	8 SHARED DISPOSITIVE POWER	
	5,600,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	5,600,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	CO, HC	

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1	NAME OF REPORTING PERSON	
	National Indemnity Company of the South	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ☑ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Florida	
	5 SOLE VOTING POWER	
NAME (DE	NONE	
NUMBE SHAR	ES 6 SHARED VOTING POWER	
BENEFICI OWNER	DBY 2,800,000 shares of Common Stock	
EACI REPORT		
PERSON NONE		
***************************************	8 SHARED DISPOSITIVE POWER	
	2,800,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	2,800,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	National Indemnity Company of Mid-America	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	$(a) \boxtimes (b) \square$	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Iowa	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHAR	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED BY 2,380,000 shares of Common Stock		
EACI	/ GOLD DIST COTTLE TO WER	
REPORT PERSO	DN .	
WITI	H NONE	
	8 SHARED DISPOSITIVE POWER	
	2,380,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	2,380,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	10.00	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	Boat America Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Virginia	
	5 SOLE VOTING POWER	
	NONE	
NUMBEI	LOLSHARED VOLING POWER	
SHARI BENEFICIA		
OWNED BY 980,000 shares of Common Stock		
EACH 7 SOLE DISPOSITIVE POWER		
REPORTING		
PERSO WITH	I I NONE	
WIII	8 SHARED DISPOSITIVE POWER	
	980,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	980,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	TEROEM OF CERSO REFRESENTED DT AMOUNT EVROUT	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	CO, HC	
	00,110	

1	NAME OF REPORTING PERSON	
	GEICO Marine Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
_		
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Maryland	
	5 SOLE VOTING POWER	
	MONE	
NUMBER	NONE 6 SHARED VOTING POWER	
SHARI	ES 6 SHARED VOTING POWER	
BENEFICIALLY CG CG CG		
OWNED BY 980,000 shares of Common Stock		
EACH 7 SOLE DISPOSITIVE POWER REPORTING		
PERSO		
WITE		
8 SHARED DISPOSITIVE POWER		
	980,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AUGREGATE AMOUNT DEMERICIALLI UWMED DI EACH REFURTING FERSUN	
	980,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	CHECK DOTTE THE TOOLS OF THE ROOM (7) ENCOUNDED CONTINUED CO	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	TERCENT OF CLASS REFRESENTED BY AMOUNT IN ROW 7	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	
	,	

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1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Specialty Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
5	SEC OSE ONE!	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
	5 SOLE VOTING POWER	
	MONE	
NUMBEI	NONE COMPANY NOTING POWER	
SHARES 6 SHARED VOTING POWER		
BENEFICIALLY OWNED BY 6,489,000 shares of Common Stock		
EACH		
REPORTING		
PERSO WITH		
***************************************	8 SHARED DISPOSITIVE POWER	
_	6,489,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	6,489,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

CUSIP No. 060505104	13G	Page 30 of 62 Pages

1	NAME OF REPORTING PERSON	
2	Atlanta International Insurance Company CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) □ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of New York	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	1 61 SHARED VOTING POWER	
BENEFICIALLY OWNED BY 560,000 shares of Common Stock		
OWNED BY 560,000 shares of Common Stock EACH 7 SOLE DISPOSITIVE POWER		
REPORT	ING	
PERSON WITH NONE		
8 SHARED DISPOSITIVE POWER		
	560,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	560,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
12	Less than 0.1% TYPE OF REPORTING PERSON	
12	THE OF RELOCITING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	AU Holding Company, Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
	5 SOLE VOTING POWER	
	110175	
NUMBEI	NONE	
SHAR	1 61 SHARED VOTING POWER	
BENEFICIA	ALLY ALLO AND	
OWNED		
EACH 7 SOLE DISPOSITIVE POWER REPORTING		
PERSO	DN .	
WITI	H NONE	
	8 SHARED DISPOSITIVE POWER	
	2,240,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	2240,000 1	
	2,240,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	T d 0.10/	
12	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	CO HC	
	CO, HC	

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		i e

1	NAME OF REPORTING PERSON		
	Applied Underwriters, Inc.		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) □ (b) □		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of Nebraska		
	5 SOLE VOTING POWER		
NAME (DE	NONE		
NUMBEI SHAR	ES 6 SHARED VOTING POWER		
BENEFICE OWNED	DBY 2,240,000 shares of Common Stock		
EACI REPORT			
PERSO WITI			
WIII	8 SHARED DISPOSITIVE POWER		
	2,240,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	2,240,000 shares of Common Stock		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □		
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%		
12	TYPE OF REPORTING PERSON		
	IC, CO, HC		

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1	NAME OF REPORTING PERSON	
	California Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of California	
	5 SOLE VOTING POWER	
	NOVE	
NUMBEI	NONE SOF	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY 1 1000 000 1 CG CG CG 1	
OWNED		
EACI REPORT	/ SOLE DISTOSTITY ET CVI EN	
PERSO	NI.	
WITE	NONE SOLUTION DE SANTONIO DE S	
	8 SHARED DISPOSITIVE POWER	
	1,000,000,1,000,000,1	
	1,960,000 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	1,960,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
10	CHECK BOATE THE ACCRECATE AMOUNT IN ROW (2) EACEOPES CERTAIN SHARES	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
11	TERCENT OF CEROORETRESENTED BY ANOUNT IN ROW /	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	
	-,	

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1	NAME OF REPORTING PERSON	
	Continental Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Iowa	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY	
OWNED		
EACI	/ COLD DISTOSTITY ET O WERK	
REPORT PERSO	DN .	
WITH	H NONE	
	8 SHARED DISPOSITIVE POWER	
	280,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	280,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	T 1 0 10/	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	U.S. Investment Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Pennsylvania	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHARI	1 61 SHARED VOTING POWER	
BENEFICIA	ALLY	
OWNED		
EACI	/ COLD DISTOSTITE TO WERK	
REPORT PERSO	DN .	
WITH	H NONE	
	8 SHARED DISPOSITIVE POWER	
	9,800,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	9,800,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	CO, HC	

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1	NAME OF REPORTING PERSON	
	United States Liability Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
	CDG VOD ONLY	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
•	CHIZERSHII ORTLACE OF ORGANIZATION	
	State of Pennsylvania	
	5 SOLE VOTING POWER	
	NONE	
NUMBEI SHARI	1 61 SHARED VOLING POWER	
BENEFICI		
OWNED	Page 9,800,000 shares of Common Stock	
EACI	/ GOLD DIST COTTLE TO WER	
REPORT PERSO	DN .	
WITI	H NONE	
	8 SHARED DISPOSITIVE POWER	
	9,800,000 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	9,800,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO, HC	

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1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Life Insurance Company of Nebraska	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHAR	RES 6 SHARED VOTING POWER	
BENEFICI. OWNED	D BY 6,630,000 shares of Common Stock	
EACI REPORT	TING	
PERSO WITI	rh NONE	
	8 SHARED DISPOSITIVE POWER	
	6,630,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	6,630,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	BHG Life Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
	OF CHOP ONLY	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
	5 SOLE VOTING POWER	
NUMBEI	NONE SOF	
SHARI	ES 6 SHARED VOTING POWER	
BENEFICIA OWNED		
EACH	/ SOLE DISTOSTITY ET CVI EN	
REPORT PERSO		
WITH	NOINE 8 SHARED DISPOSITIVE POWER	
	1,614,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	1,614,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	N. A. amarika akila	
11	Not applicable. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
**	TERCENT OF CENSORE RESERVED BY REPORT IN ROW /	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	
	,	

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1	NAME OF REPORTING PERSON	
	First Berkshire Life Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) ⊠ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of New York	
	5 SOLE VOTING POWER	
	NONE	
NUMBEI SHARI		
BENEFICL	ALLY CATACOLI CATACOL	
OWNED EACI		
REPORT PERSO	DN .	
WITI		
	6 SHARED DISTOSITIVE TOWER	
	63,500 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	63,500 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	10.00	
	IC, CO	

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1	NAME OF REPORTING PERSON	
	Genesis Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ☑ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
	5 SOLE VOTING POWER	
	NONE	
NUMBEI SHARI	R OF 6 SHARED VOTING POWER	
BENEFICIA	ALLY 176.100 1 000 000 1	
OWNED EACH	7 SOLE DISPOSITIVE POWER	
REPORTING PERSON NONE		
WITH	H NONE 8 SHARED DISPOSITIVE POWER	
0	176,400 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	176,400 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \Box	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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·		
1	NAME OF REPORTING PERSON	
	National Fire & Marine Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
	5 SOLE VOTING POWER	
	MONE	
NUMBEI	ROF ONE	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY 17.275,000 1 CO CU 1	
OWNED EACI	, ,	
REPORT		
PERSO	DN .	
WITE	H NONE	
	8 SHARED DISPOSITIVE POWER	
	17 275 000 shares of Common Stock	
9	17,275,000 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	AGGREGATE ANIOUNT DENEFTCIALLY OWNED BY EACH REPORTING PERSON	
	17,275,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES	
10	CHECK DOWN THE MOORDONTE MITOUT IN ROW (7) EXCELODES CERTAIN SHARES II	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.2%	
12	TYPE OF REPORTING PERSON	
	IC, CO	
	•	

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l .		
1	NAME OF REPORTING PERSON	
•	NAME OF REPORTING PERSON	
	MedPro Group Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
	CHTHAT INCHINE OD DY 1 CIT OF ODG 1 NIZ 1 TYON	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Indiana	
	5 SOLE VOTING POWER	
	NONE	
NUMBE SHAR	I OL SHARED VOLING POWER	
BENEFICI	ALLY	
OWNEI		
EAC! REPORT	/ BOLL DIGITALITY OF THE	
PERSO	ON CONTRACTOR OF THE CONTRACTO	
WIT	H NONE	
	8 SHARED DISPOSITIVE POWER	
	11,999,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	A SOLD OF THE STATE OF THE STAT	
	11,999,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	U.1% TYPE OF REPORTING PERSON	
12	TITE OF REPURING PERSON	
	HC, CO	
	-1	

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1	NAME OF REPORTING PERSON	
	The Medical Protective Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □	
3	SEC USE ONLY	
	CHTHAT NOW HOLD DAY AND OLD CONGUNITATION.	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Indiana	
	5 SOLE VOTING POWER	
NUMBE	NONE	
SHAR	ES 6 SHARED VOTING POWER	
BENEFICI OWNER	DBY 10,396,000 shares of Common Stock	
EACI REPORT		
PERSO WITI	ON NONE	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8 SHARED DISPOSITIVE POWER	
	10,396,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	10,396,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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1	NAME OF REPORTING PERSON		
	Princeton Insurance Company		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP		
	(a) \boxtimes (b) \square		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of New Jersey		
	5 SOLE VOTING POWER		
	NONE		
NUMBER SHARI	ES 6 SHARED VOTING POWER		
BENEFICIA OWNED	4 0 4 0 0 0 1 0 0 0 1		
EACH REPORT			
PERSO WITH	NONE		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8 SHARED DISPOSITIVE POWER		
	1,043,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	1,043,000 shares of Common Stock		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \Box		
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%		
12	TYPE OF REPORTING PERSON		
	IC, CO		

1	NAME OF REPORTING PERSON		
	Berkshire Hathaway International Insurance Ltd.		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP		
	(a) ⊠ (b) □		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	United Kingdom of Great Britain		
	5 SOLE VOTING POWER		
	NONE		
NUMBEI SHAR	R OF 6 SHARED VOTING POWER		
BENEFICI	ALLY 1		
OWNED EACI			
REPORT	ING		
PERSO WITI	NONE		
	8 SHARED DISPOSITIVE POWER		
	1,827,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	1,827,000 shares of Common Stock		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □		
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%		
12	TYPE OF REPORTING PERSON		
	IC, CO		
	10,00		

CUSIP No. 060505104	13G	Page 46 of 62 Pages

1	NAME OF REPORTING PERSON	
	West GUARD Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □	
3	SEC USE ONLY	
	CHTHAT NOW HOLD DAY AND OLD CONGUNITATION.	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Pennsylvania	
	5 SOLE VOTING POWER	
MUMBE	NONE	
NUMBE SHAR	ES 6 SHARED VOTING POWER	
BENEFICI OWNER	4 000 000 1 000 0 1	
EAC! REPORT	H 7 SOLE DISPOSITIVE POWER	
PERSO	ON NONE	
WIII	8 SHARED DISPOSITIVE POWER	
	1,832,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	1,832,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO, HC	

CUSIP No. 060505104	13G	Page 47 of 62 Pages

1	NAME OF REPORTING PERSON	
	Am GUARD Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Pennsylvania	
	5 SOLE VOTING POWER	
	110175	
NUMBEI	NONE	
SHARI	1 61 SHARED VOLING POWER	
BENEFICIA	ALLY SALAGON AS A	
OWNED		
EACI REPORT	/ GOLD DISTOSTITULE OF THE	
PERSO	DN .	
WITH	H NONE	
	8 SHARED DISPOSITIVE POWER	
	521,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	501,000,1,	
10	521,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
44	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	T 1 0.10/	
12	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
IC CO		
	IC, CO	

CUSIP No. 060505104	13G	Page 48 of 62 Pages

1	NAME OF REPORTING PERSON	
	NorGUARD Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ☑ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Pennsylvania	
	5 SOLE VOTING POWER	
NUMBEI	NONE	
SHAR	RES 0 SHARED VOTING POWER	
BENEFICIA OWNED	DBY 868,000 shares of Common Stock	
EACI REPORT	/ COLD DIGITAL TO WELL	
PERSO WITI	TH NONE	
	8 SHARED DISPOSITIVE POWER	
	868,000 shares of Common Stock	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	868,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

CUSIP No. 060505104 13G Page 49	of 62 Pages
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1	NAME OF REPORTING PERSON				
	Old United Casualty Company				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) □ (b) □				
3	SEC USE ONLY				
4	CITIZENSHIP OR PLACE OF ORGANIZATION				
	State of Kansas				
	5 SOLE VOTING POWER				
MUMBE	NONE				
NUMBE SHAR	ES 6 SHARED VOTING POWER				
BENEFICI OWNER	DBY 443,000 shares of Common Stock				
EACI REPORT					
PERSO WITI					
,,,,,,,	8 SHARED DISPOSITIVE POWER				
	443,000 shares of Common Stock				
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
	443,000 shares of Common Stock				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □				
	Not applicable.				
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
	Less than 0.1%				
12	TYPE OF REPORTING PERSON				
	IC, CO				

CUSIP No. 060505104	13G	Page 50 of 62 Pages

1	NAME OF REPORTING PERSON				
	Mount Vernon Fire Insurance Company				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) □ (b) □				
3	SEC USE ONLY				
4	CITIZENSHIP OR PLACE OF ORGANIZATION				
	State of Pennsylvania				
	5 SOLE VOTING POWER				
NAME (DE	NONE				
NUMBE SHAR	ES 6 SHARED VOTING POWER				
BENEFICI OWNER	DBY 7,000,000 shares of Common Stock				
EACI REPORT					
PERSO WITI					
***************************************	8 SHARED DISPOSITIVE POWER				
	7,000,000 shares of Common Stock				
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
	7,000,000 shares of Common Stock				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □				
	Not applicable.				
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
	0.1%				
12	TYPE OF REPORTING PERSON				
	IC, CO				

SCHEDULE 13G

Item 1.

(a) Name of Issuer

Bank of America Corporation

(b) Address of Issuer's Principal Executive Offices

100 North Tryon Street, Charlotte, North Carolina 28255

Item 2(a). Name of Person Filing:

Item 2(b). Address of Principal Business Office:

Item 2(c). Citizenship:

Warren E. Buffett 3555 Farnam Street Omaha, Nebraska 68131 United States Citizen

National Indemnity Company 1314 Douglas Street Omaha, Nebraska 68102 Nebraska corporation

GEICO Corporation 5260 Western Ave.

Chevy Chase, Maryland 20815 Delaware corporation

Government Employees Insurance Company

5260 Western Ave.

Chevy Chase, Maryland 20815 Maryland corporation

GEICO Indemnity Company

5260 Western Ave.

Chevy Chase, Maryland 20815

Maryland corporation

General Re Corporation 120 Long Ridge Road Stanford, Connecticut 06902 Delaware corporation

General Reinsurance Corporation 120 Long Ridge Road Stamford, Connecticut 06902 Delaware corporation Berkshire Hathaway Inc. 3555 Farnam Street Omaha, Nebraska 68131 Delaware corporation

National Liability & Fire Insurance Company

1314 Douglas Street Omaha, Nebraska 68102 Connecticut corporation

Finial Holdings Inc. 1314 Douglas Street Omaha, Nebraska 68102 Delaware corporation

Finial Reinsurance Company 1314 Douglas Street Omaha, Nebraska 68102 Connecticut corporation

Berkshire Hathaway Assurance Corporation

1314 Douglas Street Omaha, Nebraska 68102 New York corporation

Columbia Insurance Company 1314 Douglas Street Omaha, Nebraska 68102 Nebraska corporation

Nederlandse Reassurantie Groep NV

1314 Douglas Street Omaha, Nebraska 68102 Netherlands corporation General Star Indemnity Company 120 Long Ridge Road Stamford, Connecticut 06902 Connecticut corporation

General Star National Insurance Company 120 Long Ridge Road Stamford, Connecticut 06902 Ohio corporation

Oak River Insurance Company 1314 Douglas Street Omaha, Nebraska 68102 Nebraska corporation

Cypress Insurance Company 1314 Douglas Street Omaha, Nebraska 68102 California corporation

Central States of Omaha Companies, Inc. 1212 North 96th Street Omaha, Nebraska 68114 Nebraska corporation

Central States Indemnity Company of Omaha 1212 North 96th Street Omaha, Nebraska 68114 Nebraska corporation

Berkshire Hathaway Homestate Insurance Company 1314 Douglas Street Omaha, Nebraska 68102 Nebraska corporation

BH Finance LLC 3555 Farnam Street, Suite 1440 Omaha, Nebraska 68131 Nebraska limited liability company

AU Holding Company, Inc. P.O. Box 3646 Omaha, Nebraska 68103 Delaware corporation

Continental Indemnity Company P.O. Box 3646 Omaha, Nebraska 68103 Iowa corporation Applied Underwriters, Inc. P.O. Box 3646 Omaha, Nebraska 68103 Nebraska corporation

California Insurance Company P.O. Box 3646 Omaha, Nebraska 68103 California corporation

United States Liability Insurance Company 1190 Devon Park Drive Wayne, Pennsylvania 19087 Pennsylvania corporation

NRG America Holding Company 1314 Douglas Street Omaha, Nebraska 68102 Delaware corporation

National Indemnity Company of the South 1314 Douglas Street Omaha, Nebraska 68102 Florida corporation

National Indemnity Company of Mid-America 1314 Douglas Street Omaha, Nebraska 68102 Iowa corporation

Boat America Corporation 880 S. Pickett Street Alexandria, Virginia 22304 Virginia corporation

GEICO Marine Insurance Company 5260 Western Ave. Chevy Chase, Maryland 20815 Maryland corporation

Berkshire Hathaway Specialty Insurance Company 1314 Douglas Street Omaha, Nebraska 68102 Nebraska corporation

Atlanta International Insurance Company 1314 Douglas Street Omaha, Nebraska 68102 New York corporation

Mount Vernon Fire Insurance Company 1190 Devon Park Drive Wayne, Pennsylvania 19087 Pennsylvania corporation Berkshire Hathaway Life Insurance Company of Nebraska 1314 Douglas Street Omaha, NE 68102 Nebraska Corporation

First Berkshire Life Insurance Company 1314 Douglas Street Omaha, NE 68102 New York Corporation

National Fire & Marine Insurance Company 1314 Douglas Street Omaha, NE 68102 Nebraska Corporation

The Medical Protective Company 5814 Reed Road Ft. Wayne, IN 46835 Indiana Corporation

Berkshire Hathaway International Insurance LTD 1314 Douglas Street Omaha, NE 68102 United Kingdom of Britain Corporation

Am GUARD Insurance Company 16 S. River Street Wilkes-Barre, PA 18703 Pennsylvania Corporation

Old United Casualty Company 8500 Shawnee Mission Parkway Merriam, KS 66202 Kansas Corporation BHG Life Insurance Company 1314 Douglas Street Omaha, NE 68102 Nebraska Corporation

Genesis Insurance Company 120 Long Ridge Road Stamford, CT 06902 Delaware Corporation

MedPro Group Inc. 5814 Reed Road Ft. Wayne, IN 46835 Indiana Corporation

Princeton Insurance Company 5814 Reed Road Ft. Wayne, IN 46835 New Jersey Corporation

West GUARD Insurance Company 16 S. River Street Wilkes-Barre, PA 18703 Pennsylvania Corporation

NorGUARD Insurance Company 16 S. River Street Wilkes-Barre, PA 18703 Pennsylvania Corporation

(d) Title of Class of Securities

Common Stock

(e) CUSIP Number

060505104

Item 3. If this statement is filed pursuant to Rule 13d-1(b), or 13d-2(b) or (c), check whether the person filing is a:

Not Applicable.

Item 4. Ownership

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

(a) Amount beneficially Owned

See the Cover Pages for each of the Reporting Persons

(b) Percent of Class

See the Cover Pages for each of the Reporting Persons.

(c) Number of shares as to which such person has:

- (i) sole power to vote or to direct the vote
- (ii) shared power to vote or to direct the vote
- (iii) sole power to dispose or to direct the disposition of
- (iv) shared power to dispose or to direct the disposition of

See the Cover Pages for each of the Reporting Persons.

Item 5. Ownership of Five Percent or Less of a Class.

Not Applicable.

Item 6. Ownership of More than Five Percent on Behalf of Another Person.

Not Applicable.

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Control Person.

See Exhibit A.

Item 8. Identification and Classification of Members of the Group.

Not Applicable.

Item 9. Notice of Dissolution of Group.

Not Applicable.

Item 10. Certification.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURES

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated this 14th day of February, 2019

/s/ Warren E. Buffett Warren E. Buffett

BERKSHIRE HATHAWAY INC.

By: /s/ Warren E. Buffett Warren E. Buffett Chairman of the Board

NATIONAL INDEMNITY COMPANY, GEICO CORPORATION, GOVERNMENT EMPLOYEES INSURANCE COMPANY, GEICO INDEMNITY COMPANY, GENERAL RE CORPORATION, GENERAL REINSURANCE CORPORATION, GENERAL STAR INDEMNITY COMPANY, GENERAL STAR NATIONAL INSURANCE COMPANY, CENTRAL STATES OF OMAHA COMPANIES, INC., CENTRAL STATES INDEMNITY COMPANY OF OMAHA, BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY, BH FINANCE LLC, OAK RIVER INSURANCE COMPANY, CYPRESS INSURANCE COMPANY, NATIONAL LIABILITY & FIRE INSURANCE COMPANY, FINIAL HOLDINGS INC., FINIAL REINSURANCE COMPANY, BERKSHIRE HATHAWAY ASSURANCE CORPORATION, COLUMBIA INSURANCE COMPANY. NEDERLANDSE REASSURANTIE GROEP NV, NRG AMERICA HOLDING COMPANY, NATIONAL INDEMNITY COMPANY OF THE SOUTH, NATIONAL INDEMNITY COMPANY OF MID-AMERICA, BOAT AMERICA CORPORATION, GEICO MARINE INSURANCE COMPANY, BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY, ATLANTA INTERNATIONAL INSURANCE COMPANY, AU HOLDING COMPANY, INC., APPLIED UNDERWRITERS, INC., CALIFORNIA INSURANCE COMPANY, CONTINENTAL INDEMNITY COMPANY, U.S. INVESTMENT CORPORATION, UNITED STATES LIABILITY INSURANCE COMPANY, MOUNT VERNON FIRE INSURANCE COMPANY, BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBRASKA, BHG LIFE INSURANCE COMPANY, FIRST BERKSHIRE LIFE INSURANCE COMPANY, GENESIS INSURANCE COMPANY, NATIONAL FIRE & MARINE INSURANCE COMPANY, MEDPRO GROUP INC. THE MEDICAL PROTECTIVE COMPANY, PRINCETON INSURANCE COMPANY, BERKSHIRE HATHAWAY INTERNATIONAL INSURANCE LTD., WEST GUARD INSURANCE COMPANY, AM GUARD INSURANCE COMPANY, NORGUARD INSURANCE COMPANY AND OLD UNITED CASUALTY COMPANY

By: /s/ Warren E. Buffett Warren E. Buffett Attorney-in-Fact

SCHEDULE 13G

EXHIBIT A

RELEVANT SUBSIDIARIES AND MEMBERS OF FILING GROUP

PARENT HOLDING COMPANIES OR CONTROL PERSONS:

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.)

Berkshire Hathaway Inc.

General Re Corporation

GEICO Corporation

Central States of Omaha Companies, Inc.

Finial Holding Inc.

NRG America Holding Company

AU Holding Company, Inc.

U.S. Investment Corporation

MedPro Group Inc.

SUBSIDIARIES:

National Indemnity Company

Government Employees Insurance Company

GEICO Indemnity Company

General Reinsurance Corporation

General Star Indemnity Company

General Star National Insurance Company

Central States Indemnity Company of Omaha

Berkshire Hathaway Homestate Insurance Company

BH Finance LLC

Oak River Insurance Company

Cypress Insurance Company

National Liability & Fire Insurance Company

Finial Reinsurance Company

Berkshire Hathaway Assurance Corporation

Columbia Insurance Company

Nederlandse Reassurantie Groep NV

National Indemnity Company of the South

National Indemnity Company of Mid-America

Boat America Corporation

GEICO Marine Insurance Company

Berkshire Hathaway Specialty Insurance Company

Atlanta International Insurance Company

Applied Underwriters, Inc.

California Insurance Company

Continental Indemnity Company

United States Liability Insurance Company

Mount Vernon Fire Insurance Company

Berkshire Hathaway Life Insurance Company of Nebraska

BHG Life Insurance Company

First Berkshire Life Insurance Company

Genesis Insurance Company

National Fire & Marine Insurance Company

The Medical Protective Company

Princeton Insurance Company

Berkshire Hathaway International Insurance Ltd.

West GUARD Insurance Company

Am GUARD Insurance Company

NorGUARD Insurance Company

Old United Casualty Company

SCHEDULE 13G

EXHIBIT B

JOINT FILING AGREEMENT PURSUANT TO RULE 13d-1(k)(1)

The undersigned persons hereby agree that reports on Schedule 13G, and amendments thereto, with respect to the Common Stock of Bank of America Corporation may be filed in a single statement on behalf of each of such persons, and further, each of such persons designates Warren E. Buffett as its agent and Attorney-in-Fact for the purpose of executing any and all Schedule 13G filings required to be made by it with the Securities and Exchange Commission.

Dated: February 14, 2019	/s/ Warren E. Buffett Warren E. Buffett
Dated: February 14, 2019	Berkshire Hathaway Inc.
	/s/ Warren E. Buffett
	By: Warren E. Buffett Title: Chairman and Chief Executive Officer
Dated: February 14, 2019	National Indemnity Company
	/s/ Dale D Geistkemper
	By: Dale D Geistkemper
	Title: Treasurer
Dated: February 14, 2019	GEICO Corporation
	/s/ Stephen C. Parsons
	By: Stephen C. Parsons Title: Vice President
Dated: February 14, 2019	Government Employees Insurance Company
	/s/ Stephen C. Parsons
	By: Stephen C. Parsons
	Title: Vice President
Dated: February 14, 2019	GEICO Indemnity Company
	/s/ Stephen C. Parsons
	By: Stephen C. Parsons
	Title: Vice President
Dated: February 14, 2019	General Re Corporation
	/s/ Michael P. O'Dea
	By: Michael P. O'Dea
	Title: Senior Vice President

Dated: February 14, 2019 General Reinsurance Corporation /s/ Michael P. O'Dea By: Michael P. O'Dea Title: Senior Vice President Dated: February 14, 2019 General Star Indemnity Company /s/ Michael P. O'Dea By: Michael P. O'Dea Title: Treasurer Dated: February 14, 2019 General Star National Insurance Company /s/ Michael P. O'Dea By: Michael P. O'Dea Title: Treasurer Dated: February 14, 2019 Central States of Omaha Companies, Inc. /s/ Kim Young By: Kim Young Title: Chief Financial Officer Dated: February 14, 2019 Central States Indemnity Company of Omaha /s/ Kim Young By: Kim Young Title: Chief Financial Officer Berkshire Hathaway Life Insurance Company of Nebraska Dated: February 14, 2019 /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2019 Berkshire Hathaway Homestate Insurance Company /s/ Andrew R. Linkhart By: Andrew R. Linkhart Title: Chief Financial Officer BH Finance LLC Dated: February 14, 2019 /s/ Marc D. Hamburg By: Marc D. Hamburg Title: President Dated: February 14, 2019 Oak River Insurance Company /s/ Andrew R. Linkhart By: Andrew R. Linkhart Title: Chief Financial Officer Dated: February 14, 2019 Cypress Insurance Company /s/ Andrew R. Linkhart By: Andrew R. Linkhart Title: Chief Financial Officer

Dated: February 14, 2019 National Liability & Fire Insurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2019 Finial Holdings Inc. /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2019 Finial Reinsurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2019 Berkshire Hathaway Assurance Corporation /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2019 Columbia Insurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Nederlandse Reassurantie Groep NV Dated: February 14, 2019 /s/ Stephen Michael By: Stephen Michael Title: Chief Executive Officer NRG America Holding Company Dated: February 14, 2019 /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2019 National Indemnity Company of the South /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2019 National Indemnity Company of Mid-America /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer

	Page 60 of 62 Pages
Dated: February 14, 2019	Boat America Corporation
	/s/ Kirk Quoc La
	By: Kirk Quoc La
	Title: President
Dated: February 14, 2019	GEICO Marine Insurance Company
	/s/ Kirk Quoc La
	By: Kirk Quoc La
	Title: President
Dated: February 14, 2019	Berkshire Hathaway Specialty Insurance Company
	/s/ Dale D Geistkemper
	By: Dale D Geistkemper
	Title: Treasurer
Dated: February 14, 2019	Atlanta International Insurance Company
	/s/ Dale D Geistkemper
	By: Dale D Geistkemper
	Title: Treasurer
Dated: February 14, 2019	AU Holding Company, Inc.
	/s/ Marc D. Hamburg
	By: Marc D. Hamburg Title: President
Dated: February 14, 2019	Applied Underwriters, Inc.
	/s/ Robert L. Stafford
	By: Robert L. Stafford
	Title: Vice President
Dated: February 14, 2019	California Insurance Company
	/s/ Robert L. Stafford
	By: Robert L. Stafford
	Title: Vice President
Dated: February 14, 2019	Continental Indemnity Company
	/s/ Robert L. Stafford
	By: Robert L. Stafford
	Title: Vice President
Dated: February 14, 2019	U.S. Investment Corporation
	/s/ Stephen J. Rivituso
	By: Stephen J. Rivituso
	Title: Senior Vice President
Dated: February 14, 2019	United States Liability Insurance Company
	/s/ Stephen J. Rivituso
	By: Stephen J. Rivituso
	Title: Senior Vice President

Dated: February 14, 2019 Mount Vernon Fire Insurance Company /s/ Stephen J. Rivituso By: Stephen J. Rivituso Title: Senior Vice President Berkshire Hathaway Life Insurance Company of Nebraska Dated: February 14, 2019 /s/ Dale D. Geistkemper by Dale D. Geistkemper Title: Treasurer Dated: February 14, 2019 BHG Life Insurance Company /s/ Dale D. Geistkemper by Dale D. Geistkemper Title: Treasurer Dated: February 14, 2019 First Berkshire Life Insurance Company /s/ Dale D. Geistkemper by Dale D. Geistkemper Title: Treasurer Dated: February 14, 2019 Genesis Insurance Company /s/ Edward M. Nosenzo by Edward M. Nosenzo Title: Treasurer Dated: February 14, 2019 National Fire & Marine Insurance Company /s/ Dale D. Geistkemper by Dale D. Geistkemper Title: Treasurer Dated: February 14, 2019 MedPro Group Inc. /s/ Anthony A. Bowser by Anthony A. Bowser Title: Chief Financial Officer Dated: February 14, 2019 The Medical Protective Company /s/ Anthony A. Bowser by Anthony A. Bowser Title: Chief Financial Officer Dated: February 14, 2019 Princeton Insurance Company /s/ Anthony A. Bowser by Anthony A. Bowser Title: Chief Financial Officer Dated: February 14, 2019 Berkshire Hathaway International Insurance Ltd. /s/ Donald F. Wurster by Donald F. Wurster Title: Director

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Dated: February 14, 2019	West GUARD Insurance Company
	/s/ Sy Foguel by Sy Foguel Title: President
Dated: February 14, 2019	Am GUARD Insurance Company
	/s/ Sy Foguel
	by Sy Foguel Title: President
Dated: February 14, 2019	NorGUARD Insurance Company
	/s/ Sy Foguel by Sy Foguel Title: President
Dated: February 14, 2019	Old United Casualty Company
	/s/ Glen I. Mayer by Glen I. Mayer Title: President