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. 3)*

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, 2019 (Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

☐ Rule 13d-1 (b)

⊠ 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.)

1	NAME OF REPORTING PERSON			
	Warren E. Buffett			
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ☑ (b) □			
3	SEC USE ONLY			
4	CITIZENSHIP OR PLACE OF ORGANIZATION			
7				
	United States Citizen			
	5 SOLE VOTING POWER			
NUMBE	NONE			
SHAR	RES 6 SHARED VOTING POWER			
BENEFICI OWNEI	D BY 947,760,000 shares of Common Stock			
EAC REPOR	TING			
PERSO WIT	rh NONE			
	8 SHARED DISPOSITIVE POWER			
	947,760,000 shares of Common Stock			
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	947,760,000 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			
	10.7%			
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			
	CITIZENSHIP OR PLACE OF ORGANIZATION			
4	CITIZENSHIP OR PLACE OF ORGANIZATION			
	State of Delaware			
	5 SOLE VOTING POWER			
NUMBE	NONE NONE			
SHAF BENEFIC	ARES 6 SHARED VOTING POWER			
OWNE	YED BY 947,760,000 shares of Common Stock			
EAC REPOR	ORTING			
PERS WIT	TITH NONE			
	8 SHARED DISPOSITIVE POWER			
	947,760,000 shares of Common Stock			
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	947,760,000 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			
-10	10.7%			
12	TYPE OF REPORTING PERSON			
	HC, CO			

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1	NAME OF REPORTING PERSON			
	National Indemnity Company			
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) ⊠	(b) \square	
3	SEC USI	E ON	NLY	
4	CITIZE	NSH	IIP OR PLACE OF ORGANIZATION	
	State of	`Ne		
		5	SOLE VOTING POWER	
MANAGE	ID OF		NONE	
NUMBE SHAR		6	SHARED VOTING POWER	
BENEFICI				
OWNEI			660,986,600 shares of Common Stock	
EAC		7	SOLE DISPOSITIVE POWER	
REPORT				
PERSO WIT			NONE	
,,,,,		8	SHARED DISPOSITIVE POWER	
			660,986,600 shares of Common Stock	
9	AGGRE	GAT	TE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
			0 shares of Common Stock	
10	CHECK	BO	X IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
	Not ap			
11	PERCE	NT C	OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	7.5%			
12	TYPE O	F RI	EPORTING 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) ☑ (b) □				
	. ,				
3	SEC USI	CONLY			
4	CITIZE	NSHIP OR PLACE OF ORGANIZATION			
•					
	State of	Delaware			
		5 SOLE VOTING POWER			
NUMBE	D OF	NONE			
NUMBE SHAR	RES	6 SHARED VOTING POWER			
BENEFICI OWNEI	D BY	311,780,000 shares of Common Stock			
EAC REPOR		7 SOLE DISPOSITIVE POWER			
PERSO WIT		NONE			
		8 SHARED DISPOSITIVE POWER			
		311,780,000 shares of Common Stock			
9	AGGRE	GATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	311,780	0,000 shares of Common Stock			
10		BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □			
	Not applicable.				
11	PERCE	T OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	3.5%				
12	TYPE O	F REPORTING PERSON			
	CO, HC				

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 US	E ONLY			
4	CITIZE	NSHIP OR PLACE OF ORGANIZATION			
	State of	f Maryland			
		5 SOLE VOTING POWER			
		NONE			
NUMBE		6 SHARED VOTING POWER			
SHAR BENEFICI					
OWNE		229,600,000 shares of Common Stock			
EAC		7 SOLE DISPOSITIVE POWER			
REPOR					
PERS		NONE			
WIT	Н	8 SHARED DISPOSITIVE POWER			
		229,600,000 shares of Common Stock			
9	AGGRE	GGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	229,600	0,000 shares of Common Stock			
10		BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
	Not an	plicable.			
11		NT OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	LICE	OF CHICK THE DEFINITION OF THE PARTY			
	2.6%				
12		OF REPORTING PERSON			
12	IIIEU	T REI ONTHA I ERBOTA			
	IC, CO, HC				
	10,00,110				

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1	NAME OF REPORTING PERSON		
	GEICO Indemnity 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 Maryland		
	5 SOLE VOTING POWER		
NUMBE	NONE		
SHAF	RES 6 SHARED VOTING POWER		
BENEFIC OWNE	DBY 81,200,000 shares of Common Stock		
EAC REPOR	TING		
PERS WIT	TH NONE		
	8 SHARED DISPOSITIVE POWER		
	81,200,000 shares of Common Stock		
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 □		
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0.9%		
12	TYPE OF REPORTING PERSON		
	IC, CO, HC		

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	
NUMBE	NONE	
NUMBE SHAR	RES 6 SHARED VOTING POWER	
BENEFICI OWNE	DBY 22,751,400 shares of Common Stock	
EAC REPOR		
PERS WIT		
,,,11	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	
	0.3%	
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) ⊠	(b) □
3	SEC USI	E ONLY
4	CITIZE	NSHIP OR PLACE OF ORGANIZATION
	State of	Delaware
		5 SOLE VOTING POWER
MIMPE	D OF	NONE
NUMBE SHAR		6 SHARED VOTING POWER
BENEFICI		
OWNEI		22,751,400 shares of Common Stock
EAC		7 SOLE DISPOSITIVE POWER
REPORT PERSO		
WIT		NONE
,,,,,,		8 SHARED DISPOSITIVE POWER
		22,751,400 shares of Common Stock
9	AGGRE	GATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON
		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	
	0.3%	
12	TYPE O	F REPORTING PERSON
	IC, CO,	, HC

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1	NAME (OF REPORTING PERSON	
	General Re Life Corporation		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP		
	(a) \boxtimes (b) \square		
3	SEC USI	E ONLY	
4	CITIZE	NSHIP OR PLACE OF ORGANIZATION	
	State of	f Connecticut	
	J.	5 SOLE VOTING POWER	
		NONE	
NUMBE	CR OF	6 SHARED VOTING POWER	
SHAR			
BENEFICI OWNEI		1,575,000 shares of Common Stock	
EAC		7 SOLE DISPOSITIVE POWER	
REPORT		/ SOLE DISTOSTIVE TOWER	
PERS	ON	NONE	
WIT	H	8 SHARED DISPOSITIVE POWER	
		8 SHARED DISPOSITIVE POWER	
		1.575.000.1	
		1,575,000 shares of Common Stock	
9	AGGRE	GATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	1.555.0		
		000 shares of Common Stock	
10	CHECK	I BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \square	
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%		
12	TYPE O	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		
•	CHIZENSHII OKTEACE OF ORGANIZATION		
	State of Ohio		
	5 SOLE VOTING POWER		
	NONE		
NUMBE	ER OF 6 SHARED VOTING POWER		
SHAR BENEFICI	IALLY		
OWNE			
EAC REPOR	/ BOLL DIGITALITY OF LIK		
PERS WIT			
WII	8 SHARED DISPOSITIVE POWER		
	1,960,000 shares of Common Stock		
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 □		
	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 LEASON		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	Central States of Omaha Companies, Inc.		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □		
	OF C HO		
3	SEC USE ONLY		
4	CITIZE	NSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska		
	State of		
		5 SOLE VOTING POWER	
NUMBE	ED OF	NONE	
NUMBE SHAR	RES	6 SHARED VOTING POWER	
BENEFICI OWNE		3,920,000 shares of Common Stock	
EAC REPOR		7 SOLE DISPOSITIVE POWER	
PERS	ON	NONE	
****		8 SHARED DISPOSITIVE POWER	
		3,920,000 shares of Common Stock	
9	AGGRE	GATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
		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 O	OF REPORTING PERSON	
	CO, HO		

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	
NHIMBE	NONE	
NUMBEI SHAR	1 AT SHARED VOLING POWER	
BENEFICI	ALLY	
OWNEI		
EAC	/ SOLE DISTOSTITY ET C (V ER	
REPORT PERSO		
WIT	H 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	

1	NAME ()F R	REPORTING PERSON
	Berkshire Hathaway Homestate Insurance Company		
2			E APPROPRIATE BOX IF A MEMBER OF A GROUP
	(a) ⊠	(b	
3	SEC US	E ON	NLY
4	CITIZE	NSH	IP OR PLACE OF ORGANIZATION
	State of	`Ne	braska
		5	SOLE VOTING POWER
			NONE
NUMBE		6	SHARED VOTING POWER
SHAR BENEFICI			
OWNEI			11,900,000 shares of Common Stock
EAC	Н	7	SOLE DISPOSITIVE POWER
REPORT			
PERSO WIT			NONE
WII	н	8	SHARED DISPOSITIVE POWER
			11,900,000 shares of Common Stock
9	AGGRE	GAT	TE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON
	11,900.	000	shares of Common Stock
10			X IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES
	Not ap	olic	able.
11		PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%		
12		FRI	EPORTING PERSON
	11120		
	IC, CO		
	10, 00		

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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
NUMBE	NONE
SHAR	1 61 SHARED VOTING POWER
BENEFIC	CALLY
OWNE	
EAC	/ COLD DISTOSTITY ET OWER
REPOR PERS	SON
WIT	rh NONE
	8 SHARED DISPOSITIVE POWER
	140,000,000 shares of Common Stock
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 □
	Not applicable.
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9
	1.6%
12	TYPE OF REPORTING PERSON
	00

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1	NAME (F REPORTING PERSON	
	Oak River Insurance Company		
2	CHECK (a) ⊠	THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) 🖾		
3	SEC USI	CONLY	
4	CITIZE	NSHIP OR PLACE OF ORGANIZATION	
	State of	Nebraska	
		5 SOLE VOTING POWER	
		NONE	
NUMBE SHAR		6 SHARED VOTING POWER	
BENEFICI OWNEI		4,200,000 shares of Common Stock	
EAC	Н	7 SOLE DISPOSITIVE POWER	
REPORT PERSO		NONE	
WIT	Н	8 SHARED DISPOSITIVE POWER	
		4200 000 1 00 00 1	
9	AGGRE	4,200,000 shares of Common Stock GATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	4.000.0		
10	4,200,000 shares of Common Stock CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □		
	CHECK BOATI THE AGGREGATE AMOUNT IN ROW (7) EACEOPES CERTAIN SHARES		
Not applicable. 11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		olicable. IT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
11			
12	Less tha		
12	TYPE O	F REPORTING PERSON	
	IC, CO		

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1	NAME (OF REPORTING PERSON	
	Cypress Insurance Company		
2		K THE APPROPRIATE BOX IF A MEMBER OF A GROUP	
	(a) \boxtimes (b) \square		
3	SEC US	SE ONLY	
4	CITIZE	ENSHIP OR PLACE OF ORGANIZATION	
	State of	f California	
		5 SOLE VOTING POWER	
		NONE	
NUMBE		6 SHARED VOTING POWER	
SHAR BENEFICI			
OWNEL		2,100,000 shares of Common Stock	
EAC		7 SOLE DISPOSITIVE POWER	
REPOR			
PERSO WIT		NONE	
WII	п	8 SHARED DISPOSITIVE POWER	
		2,100,000 shares of Common Stock	
9	AGGRE	EGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	2,100,0	000 shares of Common Stock	
10		K BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
		• • • • • • • • • • • • • • • • • • • •	
Not a		oplicable.	
11		INT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less the	nan 0.1%	
12		OF REPORTING PERSON	
	IC, CO		
	10,00		

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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		
	NONE		
NUMBE SHAR	I OL SHARED VULING PUWER		
BENEFICI OWNE			
EAC	CH 7 SOLE DISPOSITIVE POWER		
REPOR' PERS			
WIT	TH 8 SHARED DISPOSITIVE POWER		
9	28,000,000 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
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 □		
	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) \boxtimes (b) \square
3	SEC USE ONLY
4	CITIZENSHIP OR PLACE OF ORGANIZATION
	State of Delaware
	5 SOLE VOTING POWER
NUMBE	NONE
SHAR	1 61 SHARRD VOLING POWER
BENEFIC	TALLY
OWNE	
EAC REPOR	, coll biol coll (El c) Ek
PERS	CON
WIT	rh NONE
	8 SHARED DISPOSITIVE POWER
	14,980,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON
	440000001 000 1
	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
	0.007
	0.2%
12	TYPE OF REPORTING PERSON
	CO HO
	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	
	NONE	
NUMBE SHAF	I OL SHARED VOLING POWER	
BENEFIC: OWNE		
EAC REPOR	CH 7 SOLE DISPOSITIVE POWER	
PERS	SON NONE	
WIT	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	
	IC, CO	
L	1 /	

1	NAME OF REPORTING PERSON		
	Columbia 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		
NUMBE	NONE		
SHAR	RES 6 SHARED VOTING POWER		
BENEFICI OWNE	D BY 193,028,000 shares of Common Stock		
EAC REPOR	/ SOLE DISTOSTITY ET ON ER		
PERS WIT	TH NONE		
	8 SHARED DISPOSITIVE POWER		
	193,028,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY 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		
	2.2%		
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) ⊠ (b) □	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of New York	
	5 SOLE VOTING POWER	
	NONE	
NUMBE SHAR	LOL SHAKED VULING PUWEK	
BENEFICI OWNE		
EAC	ACH 7 SOLE DISPOSITIVE POWER	
REPOR' PERS	RSON NONE	
WIT	8 SHARED DISPOSITIVE POWER	
	22 400 000 charge of Common Stock	
9	22,400,000 shares of Common Stock 9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	22 400 000 charge of Common Stools	
10	22,400,000 shares of Common Stock CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	
11	Not applicable. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
12	0.3% TYPE OF REPORTING PERSON	
	TITE OF REPORTED ON	
	IC, CO	

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	<u></u>		
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		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
•			
	State of Delaware		
	5 SOLE VOTING POWER		
NUMBE	NONE		
SHAR	RES 6 SHARED VOTING POWER		
BENEFICI OWNE	D BY 5,600,000 shares of Common Stock		
EAC REPOR	TING		
PERS WIT	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		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of Florida		
	5 SOLE VOTING POWER		
	l vove		
NUMBE	ER OF 6 SHARED VOTING POWER		
SHAI	RES		
BENEFIC OWNE			
EAC	CH 7 SOLE DISPOSITIVE POWER		
REPOR PERS	CON		
WIT			
	o SHARED DISFOSITIVE FOWER		
	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 □		
11	Not applicable. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%		
12	TYPE OF REPORTING PERSON		
	IC, CO		
	10,00		

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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) ⊠ (b) □		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of Iowa		
	5 SOLE VOTING POWER		
	NONE		
NUMBE SHAR	LOL SHARED VULING PUWER		
BENEFIC			
OWNE EAC			
REPOR' PERS			
WIT	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		
	IC, CO		
L			

	<u> </u>		
1	NAME OF REPORTING PERSON		
	Boat America 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 Virginia		
NUMBE	5 SOLE VOTING POWER NONE		
SHAR BENEFICI OWNE	RES 6 SHARED VOTING POWER 1ALLY 980,000 shares of Common Stock		
EAC REPOR' PERS WIT	TING SON NONE NONE		
	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		
	Less than 0.1%		
12	TYPE OF REPORTING PERSON		
	CO, HC		

1	NAME OF REPORTING PERSON		
	GEICO Marine 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 Maryland		
NUMBE SHAF BENEFIC OWNE	RES CIALLY 980,000 shares of Common Stock		
EAC REPOR PERS WIT	RTING SON TH 8 SHARED DISPOSITIVE POWER 980,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
10	980,000 shares of Common Stock CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	Not applicable. 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 C	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 USI	E ONLY		
4	CITIZEN	NSHIP OR PLACE OF ORGANIZATION		
	G			
	State of	f Nebraska		
		5 SOLE VOTING POWER		
		NONE		
NUMBE	ER OF	NONE		
SHAR		6 SHARED VOTING POWER		
BENEFICI				
OWNEI		6,489,000 shares of Common Stock		
EAC REPOR		7 SOLE DISPOSITIVE POWER		
PERS		NONE		
WIT	H	NONE		
		8 SHARED DISPOSITIVE POWER		
		(400,000,1, CC, Ct, 1		
	+ CCPE	6,489,000 shares of Common Stock		
9	AGGRE	GATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	6 489 0	00 shares of Common Stock		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
	CHECK BOATT THE ACCRECATE ANOUNT IN ROW (7) EACEOPES CERTAIN SHARES			
	Not applicable.			
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	0.1%			
12		F REPORTING PERSON		
	IC, CO			

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	-		
1	NAME OF REPORTING PERSON		
	Atlanta International 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 York		
	5 SOLE VOTING POWER		
	NONE		
NUMBE	BER OF 6 SHARED VOTING POWER		
SHAR BENEFICI			
OWNE	IED BY 560,000 shares of Common Stock		
EAC REPOR'	/ BOLL DISTOSTITY ET G (VER		
PERS	RSON		
WIT	8 SHARED DISPOSITIVE POWER		
	500,000 1 000 00 1		
9	560,000 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
′	AGGREGATE AMOUNT DEMETICIALET OWNED DI EACH REFORTING FERSON		
	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%		
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) ⊠	(a) \boxtimes (b) \square			
3	SEC USI	SE ONLY			
4	CITIZE	NSHIP OR PLACE OF ORGANIZATION			
	State of	f Pennsylvania			
		5 SOLE VOTING POWER			
MIMPE	D OF	NONE			
NUMBE SHAR	ES	6 SHARED VOTING POWER			
BENEFICI. OWNEI		9,800,000 shares of Common Stock			
EAC! REPORT		7 SOLE DISPOSITIVE POWER			
PERSO WITI		NONE			
		8 SHARED DISPOSITIVE POWER			
		9,800,000 shares of Common Stock			
9	AGGRE	EGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	, ,	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 O	OF REPORTING PERSON			
	CO, HO	C			

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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			
3	SEC USE	ONLY		
4	CITIZEN	SHIP OR PLACE OF ORGANIZATION		
	State of	Pennsylvania		
		5 SOLE VOTING POWER		
MANAGE	ID OF	NONE		
NUMBE SHAR		6 SHARED VOTING POWER		
BENEFICI				
OWNE		9,800,000 shares of Common Stock		
EAC		7 SOLE DISPOSITIVE POWER		
REPOR				
PERSO WIT		NONE		
***11	.11	8 SHARED DISPOSITIVE POWER		
		9,800,000 shares of Common Stock		
9	AGGREO	GATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	9,800,00	00 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		
NHIMBE	NONE		
NUMBE SHAR	RES 6 SHARED VOTING POWER		
BENEFICI OWNEI	D BY 6,630,000 shares of Common Stock		
EAC REPOR	/ COLD DIST CONTINUE TO WELL		
PERSO WIT			
,,,,,	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		
3	SEC USE ONLY		
3	SEC COL CIVEL		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of Nebraska		
	5 SOLE VOTING POWER		
	NONE		
NUMBE	NONE CROFT CONTROL OF THE PROPERTY OF THE PROP		
SHAR			
BENEFICIALLY OWNED BY 1,614,000 shares of Common Stock			
EAC	·		
REPOR'			
PERS WIT			
***11	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	1,014,000 shares of Common Stock 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		
	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		
NUMBE SHAF	LOL SHARED VULING PUWER		
BENEFIC OWNE			
EAC REPOR	CH 7 SOLE DISPOSITIVE POWER		
PERS	SON NOME		
WIT	8 SHARED DISPOSITIVE POWER		
	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		
	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		
NUMBE SHAF	I OL SHARED VOLUNG POWER		
BENEFIC OWNE			
EAC REPOR	CH 7 SOLE DISPOSITIVE POWER		
PERS	SON NONE		
WII	8 SHARED DISPOSITIVE POWER		
	176,400 shares of Common Stock		
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 □		
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%		
12	TYPE OF REPORTING PERSON		
	IC, CO		
	1 20,00		

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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 USI	E O	NLY
4	CITIZE	NSH	IIP OR PLACE OF ORGANIZATION
	State of	`Ne	braska
		5	SOLE VOTING POWER
			NONE
NUMBE		6	SHARED VOTING POWER
SHAR BENEFICI			
OWNEI			17,275,000 shares of Common Stock
EAC		7	SOLE DISPOSITIVE POWER
REPORT			
PERSO			NONE
WIT	Н	8	SHARED DISPOSITIVE POWER
			17,275,000 shares of Common Stock
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		, ,	
	HOOKE	J. 1	THE STATE OF THE S
	17,275,000 shares of Common Stock		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
	CHECK BOAT! THE AGGREGATE AMOUNT IN NOW (7) EACEUDES CERTAIN SHARES		
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
11	FERCENT OF CLASS REFRESENTED DT AMOUNT IN ROW 9		
	0.2%		
12	U.2% TYPE OF REPORTING PERSON		
12	TIFEU	r Ki	EI OKTING I ERSON
	IC CO		
	IC, CO		

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1	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		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of Indiana		
	5 SOLE VOTING POWER		
NUMBE	NONE		
SHAR	1 AT SHARRD VOTING POWER		
BENEFIC	IALLY		
OWNE			
EAC	/ COLE DISTOSTITUE TO WER		
REPOR' PERS	CON		
WIT	rh NONE		
	8 SHARED DISPOSITIVE POWER		
	11,999,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	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	TYPE OF REPORTING PERSON		
	770.00		
	HC, CO		

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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		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of Indiana		
	5 SOLE VOTING POWER		
	NONE		
NUMBE SHAF	I DI SHARED VULING PUWER		
BENEFIC: OWNE			
EAC REPOR	/ COLE DISTOSTITY ET C WER		
PERS WIT	SON NOME		
WII	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		
L			

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1	NAME OF REPORTING PERSON		
	Princeton Insurance Company		
2	CHECK (a) ⊠	K THE APPROPRIATE BOX IF A MEMBER OF A GROUP (b) □	
	CEC HO		
3	SEC US	SE ONLY	
4	CITIZE	ENSHIP OR PLACE OF ORGANIZATION	
	State of	of New Jersey	
		5 SOLE VOTING POWER	
		NONE	
NUMBE SHAR	ES	6 SHARED VOTING POWER	
BENEFICI OWNEI		1,043,000 shares of Common Stock	
EAC REPORT		7 SOLE DISPOSITIVE POWER	
PERSO WIT		NONE	
		8 SHARED DISPOSITIVE POWER	
		1,043,000 shares of Common Stock	
9	AGGRE	EGATE 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 □		
	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%		
12	TYPE O	OF REPORTING PERSON	
	IC, CO)	

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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		
NUMBE SHAR BENEFICI OWNEI EAC REPOR' PERS	SHARED VOTING POWER		
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		

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	<u> </u>		
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		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	State of Pennsylvania		
	5 SOLE VOTING POWER		
NUMBE	NONE		
SHAR	RES 6 SHARED VOTING POWER		
BENEFICI OWNE	D BY 1,389,000 shares of Common Stock		
EAC REPOR	TING		
PERS WIT	H NONE		
	8 SHARED DISPOSITIVE POWER		
	1,389,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	1,389,000 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		
	Am GUARD 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		
NUMBE	NONE NONE		
SHAR BENEFICI	RES 0 SHARED VOTING POWER		
OWNEI	ED BY 521,000 shares of Common Stock		
EAC REPOR	RTING		
PERS WIT	TH NONE		
	8 SHARED DISPOSITIVE POWER		
	521,000 shares of Common Stock AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
10	521,000 shares of Common Stock		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □		
11	Not applicable.		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
12	Less than 0.1%		
12	TYPE OF REPORTING PERSON		
	IC, CO		

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		i

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	
NUMBE	NONE	
SHAR	ARES 6 SHARED VOTING POWER	
BENEFICI OWNER	ED BY 868,000 shares of Common Stock	
EAC REPOR	RTING	
PERS WIT	ITH 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	
12	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

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	<u> </u>		
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		
NUMBE	NONE NONE		
SHAR	ARES 6 SHARED VOTING POWER		
BENEFICI OWNE	NED BY 443,000 shares of Common Stock		
REPOR			
	RSON NONE NONE		
	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		

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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 US	E O	NLY
4	CITIZE	NSH	IP OR PLACE OF ORGANIZATION
	State of	Pe	nnsylvania
		5	SOLE VOTING POWER
			NONE
NUMBE		6	SHARED VOTING POWER
SHAR BENEFICI			
OWNEI			7,000,000 shares of Common Stock
EAC		7	SOLE DISPOSITIVE POWER
REPORT			
PERSO WIT			NONE
WII	н	8	SHARED DISPOSITIVE POWER
			7,000,000 shares of Common Stock
9			•
	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		
	1 ERCENT OF CLASS REFRESENTED DT AMOUNT IN ROW 7		
	0.1%		
12		F R	EPORTING PERSON
	11120		DI ORTINO I BROOM
	IC, CO		
	10,00		

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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		
	NONE		
NUMBE			
SHAR	RES		
BENEFICI			
OWNE EAC			
REPOR'			
PERS	ON		
WIT	NONE NONE		
	8 SHARED DISPOSITIVE POWER		
	5,040,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	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		
	0.1%		
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 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 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

General Re Life Corporation 120 Long Ridge Road Stamford, CT 06902 Connecticut 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, 2020

/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, 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, 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, OLD UNITED CASUALTY COMPANY AND GENERAL RE LIFE CORPORATION.

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

U.S. Investment Corporation

MedPro Group Inc.

SUBSIDIARIES:

National Indemnity Company

Government Employees Insurance Company

GEICO Indemnity Company

General Reinsurance Corporation

General Re Life 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

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

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, 2020	/s/ Warren E. Buffett Warren E. Buffett
Dated: February 14, 2020	Berkshire Hathaway Inc.
	/s/ Warren E. Buffett By: Warren E. Buffett Title: Chairman and Chief Executive Officer
Dated: February 14, 2020	National Indemnity Company
	/s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer
Dated: February 14, 2020	GEICO Corporation
	/s/ Todd A. Combs By: Todd A. Combs Title: President
Dated: February 14, 2020	Government Employees Insurance Company
	/s/ Todd A. Combs By: Todd A. Combs Title: President
Dated: February 14, 2020	GEICO Indemnity Company
	/s/ Todd A. Combs By: Todd A. Combs Title: Vice President
Dated: February 14, 2020	General Re Corporation
	/s/ Michael P. O'Dea By: Michael P. O'Dea Title: Senior Vice President

Dated: February 14, 2020 General Reinsurance Corporation /s/ Michael P. O'Dea By: Michael P. O'Dea Title: Senior Vice President Dated: February 14, 2020 General Star Indemnity Company /s/ Michael P. O'Dea By: Michael P. O'Dea Title: Treasurer Dated: February 14, 2020 General Star National Insurance Company /s/ Michael P. O'Dea By: Michael P. O'Dea Title: Treasurer Dated: February 14, 2020 Central States of Omaha Companies, Inc. /s/ Kim Young By: Kim Young Title: Chief Financial Officer Dated: February 14, 2020 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, 2020 /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2020 Berkshire Hathaway Homestate Insurance Company /s/ Andrew R. Linkhart By: Andrew R. Linkhart Title: Chief Financial Officer BH Finance LLC Dated: February 14, 2020 /s/ Marc D. Hamburg By: Marc D. Hamburg Title: President Dated: February 14, 2020 Oak River Insurance Company /s/ Andrew R. Linkhart By: Andrew R. Linkhart Title: Chief Financial Officer Dated: February 14, 2020 Cypress Insurance Company /s/ Andrew R. Linkhart By: Andrew R. Linkhart Title: Chief Financial Officer

Dated: February 14, 2020 National Liability & Fire Insurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Finial Holdings Inc. Dated: February 14, 2020 /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2020 Finial Reinsurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2020 Berkshire Hathaway Assurance Corporation /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2020 Columbia Insurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2020 NRG America Holding Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer National Indemnity Company of the South Dated: February 14, 2020 /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2020 National Indemnity Company of Mid-America /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer

Dated: February 14, 2020 Boat America Corporation /s/ Kirk Quoc La By: Kirk Quoc La Title: President GEICO Marine Insurance Company Dated: February 14, 2020 /s/ Kirk Quoc La By: Kirk Quoc La Title: President Dated: February 14, 2020 Berkshire Hathaway Specialty Insurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2020 Atlanta International Insurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 14, 2020 U.S. Investment Corporation /s/ Stephen J. Rivituso By: Stephen J. Rivituso Title: Senior Vice President Dated: February 14, 2020 United States Liability Insurance Company /s/ Stephen J. Rivituso By: Stephen J. Rivituso Title: Senior Vice President

Dated: February 14, 2020 Mount Vernon Fire Insurance Company /s/ Stephen J. Rivituso By: Stephen J. Rivituso Title: Senior Vice President Dated: February 14, 2020 Berkshire Hathaway Life Insurance Company of Nebraska /s/ Dale D. Geistkemper by Dale D. Geistkemper Title: Treasurer Dated: February 14, 2020 BHG Life Insurance Company /s/ Dale D. Geistkemper by Dale D. Geistkemper Title: Treasurer Dated: February 14, 2020 First Berkshire Life Insurance Company /s/ Dale D. Geistkemper by Dale D. Geistkemper Title: Treasurer Dated: February 14, 2020 Genesis Insurance Company /s/ Edward M. Nosenzo by Edward M. Nosenzo Title: Treasurer Dated: February 14, 2020 National Fire & Marine Insurance Company /s/ Dale D. Geistkemper by Dale D. Geistkemper Title: Treasurer Dated: February 14, 2020 MedPro Group Inc. /s/ Anthony A. Bowser by Anthony A. Bowser Title: Chief Financial Officer Dated: February 14, 2020 The Medical Protective Company /s/ Anthony A. Bowser by Anthony A. Bowser Title: Chief Financial Officer Dated: February 14, 2020 Princeton Insurance Company /s/ Anthony A. Bowser by Anthony A. Bowser Title: Chief Financial Officer Dated: February 14, 2020 Berkshire Hathaway International Insurance Ltd. /s/ Donald F. Wurster by Donald F. Wurster Title: Director

Dated: February 14, 2020	West GUARD Insurance Company
	/s/ Sy Foguel
	by Sy Foguel Title: President
Dated: February 14, 2020	Am GUARD Insurance Company
	/s/ Sy Foguel
	by Sy Foguel Title: President
Dated: February 14, 2020	NorGUARD Insurance Company
	/s/ Sy Foguel
	by Sy Foguel Title: President
Dated: February 14, 2020	Old United Casualty Company
	/s/ Glen I. Mayer
	by Glen I. Mayer Title: President
Dated: February 14, 2020	Gen Re Life Corporation
	/s/ Edward M. Nosenzo by Edward M. Nosenzo Title: Treasurer