

---

---

**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) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	United States Citizen	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		947,760,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not Applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	10.7%	
12	TYPE OF REPORTING PERSON	
	IN	

1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		947,760,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	10.7%	
12	TYPE OF REPORTING PERSON	
	HC, CO	

1	NAME OF REPORTING PERSON	
	National Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		660,986,600 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		660,986,600 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	660,986,600 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	7.5%	
12	TYPE OF REPORTING PERSON	
	IC, CO, HC	

1	NAME OF REPORTING PERSON	
	GEICO Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		311,780,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		311,780,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY 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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	3.5%	
12	TYPE OF 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) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		229,600,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		229,600,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	229,600,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	2.6%	
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) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		81,200,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
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) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		22,751,400 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.3%	
12	TYPE OF REPORTING PERSON	
	CO, HC	



1	NAME OF REPORTING PERSON General Reinsurance Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 22,751,400 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	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 <input type="checkbox"/> <b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.3%	
12	TYPE OF REPORTING PERSON IC, CO, HC	

1	NAME OF REPORTING PERSON	
	General Re Life Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Connecticut	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		1,575,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		1,575,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	1,575,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	<b>Not applicable.</b>	
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	
	General Star National Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Ohio	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		1,960,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	<b>NAME OF REPORTING PERSON</b> Central States of Omaha Companies, Inc.	
2	<b>CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP</b> (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	<b>SEC USE ONLY</b>	
4	<b>CITIZENSHIP OR PLACE OF ORGANIZATION</b> State of Nebraska	
<b>NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH</b>	5	<b>SOLE VOTING POWER</b> NONE
	6	<b>SHARED VOTING POWER</b> 3,920,000 shares of Common Stock
	7	<b>SOLE DISPOSITIVE POWER</b> NONE
	8	<b>SHARED DISPOSITIVE POWER</b> 3,920,000 shares of Common Stock
9	<b>AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON</b> 3,920,000 shares of Common Stock	
10	<b>CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES</b> <input type="checkbox"/> <b>Not applicable.</b>	
11	<b>PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9</b> Less than 0.1%	
12	<b>TYPE OF REPORTING PERSON</b> CO, HC	

1	<b>NAME OF REPORTING PERSON</b> Central States Indemnity Company of Omaha	
2	<b>CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP</b> (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	<b>SEC USE ONLY</b>	
4	<b>CITIZENSHIP OR PLACE OF ORGANIZATION</b> State of Nebraska	
<b>NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH</b>	5	<b>SOLE VOTING POWER</b> NONE
	6	<b>SHARED VOTING POWER</b> 3,920,000 shares of Common Stock
	7	<b>SOLE DISPOSITIVE POWER</b> NONE
	8	<b>SHARED DISPOSITIVE POWER</b> 3,920,000 shares of Common Stock
9	<b>AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON</b> 3,920,000 shares of Common Stock	
10	<b>CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES</b> <input type="checkbox"/> <b>Not applicable.</b>	
11	<b>PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9</b> Less than 0.1%	
12	<b>TYPE OF REPORTING PERSON</b> IC, CO	

1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Homestate Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		11,900,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON	
	BH Finance LLC	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION  State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER  NONE
	6	SHARED VOTING POWER  140,000,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER  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 <input type="checkbox"/>  <b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9  1.6%	
12	TYPE OF REPORTING PERSON  OO	

1	NAME OF REPORTING PERSON Oak River Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 4,200,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER 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 <input type="checkbox"/> <b>Not applicable.</b>	
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	
	Cypress Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of California	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		2,100,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		2,100,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	2,100,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	<b>Not applicable.</b>	
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	
	National Liability & Fire Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Connecticut	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		28,000,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.3%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON	
	Finial Holdings Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		14,980,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.2%	
12	TYPE OF REPORTING PERSON	
	CO, HC	

1	NAME OF REPORTING PERSON	
	Finial Reinsurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Connecticut	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		14,980,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.2%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON Columbia Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 193,028,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER 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 <input type="checkbox"/> <b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 2.2%	
12	TYPE OF REPORTING PERSON IC, CO, HC	

1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Assurance Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of New York	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		22,400,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		22,400,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	22,400,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.3%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON	
	NRG America Holding Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		5,600,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	CO, HC	

1	<b>NAME OF REPORTING PERSON</b>	
	National Indemnity Company of the South	
2	<b>CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP</b> (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	<b>SEC USE ONLY</b>	
4	<b>CITIZENSHIP OR PLACE OF ORGANIZATION</b>	
	State of Florida	
<b>NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH</b>	5	<b>SOLE VOTING POWER</b>
		NONE
	6	<b>SHARED VOTING POWER</b>
		2,800,000 shares of Common Stock
	7	<b>SOLE DISPOSITIVE POWER</b>
		NONE
	8	<b>SHARED DISPOSITIVE POWER</b>
		2,800,000 shares of Common Stock
9	<b>AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON</b>	
	2,800,000 shares of Common Stock	
10	<b>CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES</b> <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	<b>PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9</b>	
	Less than 0.1%	
12	<b>TYPE OF REPORTING PERSON</b>	
	IC, CO	



1	NAME OF REPORTING PERSON	
	National Indemnity Company of Mid-America	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Iowa	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		2,380,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
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	
	Boat America Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Virginia	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		980,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
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) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		980,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
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 Specialty Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		6,489,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON	
	Atlanta International Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of New York	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		560,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
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	
	U.S. Investment Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Pennsylvania	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		9,800,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	CO, HC	

1	NAME OF REPORTING PERSON United States Liability Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Pennsylvania	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 9,800,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER 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 <input type="checkbox"/> <b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.1%	
12	TYPE OF REPORTING PERSON IC, CO, HC	

1	<b>NAME OF REPORTING PERSON</b>  Berkshire Hathaway Life Insurance Company of Nebraska	
2	<b>CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP</b> (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	<b>SEC USE ONLY</b>	
4	<b>CITIZENSHIP OR PLACE OF ORGANIZATION</b>  State of Nebraska	
<b>NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH</b>	5	<b>SOLE VOTING POWER</b>  NONE
	6	<b>SHARED VOTING POWER</b>  6,630,000 shares of Common Stock
	7	<b>SOLE DISPOSITIVE POWER</b>  NONE
	8	<b>SHARED DISPOSITIVE POWER</b>  6,630,000 shares of Common Stock
9	<b>AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON</b>  6,630,000 shares of Common Stock	
10	<b>CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES</b> <input type="checkbox"/>  <b>Not applicable.</b>	
11	<b>PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9</b>  0.1%	
12	<b>TYPE OF REPORTING PERSON</b>  IC, CO	



1	NAME OF REPORTING PERSON BHG Life Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 1,614,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	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 <input type="checkbox"/> <b>Not applicable.</b>	
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	
	First Berkshire Life Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of New York	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		63,500 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
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 Genesis Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 176,400 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	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 <input type="checkbox"/> <b>Not applicable.</b>	
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	
	National Fire & Marine Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		17,275,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		17,275,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY 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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.2%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON	
	MedPro Group Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Indiana	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		11,999,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	HC, CO	

1	NAME OF REPORTING PERSON	
	The Medical Protective Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Indiana	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		10,396,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON Princeton Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of New Jersey	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 1,043,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER 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 <input type="checkbox"/> <b>Not applicable.</b>	
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) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	United Kingdom of Great Britain	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		1,827,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	



1	<b>NAME OF REPORTING PERSON</b> West GUARD Insurance Company	
2	<b>CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP</b> (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	<b>SEC USE ONLY</b>	
4	<b>CITIZENSHIP OR PLACE OF ORGANIZATION</b> State of Pennsylvania	
<b>NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH</b>	5	<b>SOLE VOTING POWER</b> NONE
	6	<b>SHARED VOTING POWER</b> 1,389,000 shares of Common Stock
	7	<b>SOLE DISPOSITIVE POWER</b> NONE
	8	<b>SHARED DISPOSITIVE POWER</b> 1,389,000 shares of Common Stock
9	<b>AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON</b> 1,389,000 shares of Common Stock	
10	<b>CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES</b> <input type="checkbox"/> <b>Not applicable.</b>	
11	<b>PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9</b> Less than 0.1%	
12	<b>TYPE OF REPORTING PERSON</b> IC, CO, HC	

1	NAME OF REPORTING PERSON	
	Am GUARD Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Pennsylvania	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		521,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		521,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	521,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	<b>Not applicable.</b>	
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	
	NorGUARD Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Pennsylvania	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		868,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER
		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 <input type="checkbox"/>	
	<b>Not applicable.</b>	
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 Old United Casualty Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Kansas	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 443,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER 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 <input type="checkbox"/> <b>Not applicable.</b>	
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 Mount Vernon Fire Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Pennsylvania	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 7,000,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	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 <input type="checkbox"/> <b>Not applicable.</b>	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.1%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON General Star Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Connecticut	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 5,040,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER 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 <input type="checkbox"/> <b>Not applicable.</b>	
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

Berkshire Hathaway Inc.  
3555 Farnam Street  
Omaha, Nebraska 68131  
Delaware corporation

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

National Liability & Fire Insurance Company  
1314 Douglas Street  
Omaha, Nebraska 68102  
Connecticut corporation

GEICO Corporation  
5260 Western Ave.  
Chevy Chase, Maryland 20815  
Delaware corporation

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

Government Employees Insurance Company  
5260 Western Ave.  
Chevy Chase, Maryland 20815  
Maryland corporation

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

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

Berkshire Hathaway Assurance Corporation  
1314 Douglas Street  
Omaha, Nebraska 68102  
New York corporation

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

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

General Reinsurance Corporation  
120 Long Ridge Road  
Stanford, Connecticut 06902  
Delaware 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 CORPORATION, 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

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

Berkshire Hathaway Homestate Insurance Company

/s/ Andrew R. Linkhart

By: Andrew R. Linkhart

Title: Chief Financial Officer

Dated: February 14, 2020

BH Finance LLC

/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

Dated: February 14, 2020

Finial Holdings Inc.

/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

Dated: February 14, 2020

National Indemnity Company of the South

/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

Dated: February 14, 2020

GEICO Marine Insurance Company

/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