UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

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(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. 4)*

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, 2020 (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			HE APPROPRIATE BOX IF A MEMBER OF A GROUP		
	(a) ⊠	((b) □		
	0000				
3	SEC US	SE (JNLY		
	C.T.T.T.T.		AND OR DV 4 CD OR OR OR OVER A WAY A WAY OF		
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION		
	TT '4 1				
	United		ates Citizen		
		5	SOLE VOTING POWER		
			MONE		
NUMBE	R OF	_	NONE		
SHAR		6	SHARED VOTING POWER		
BENEFICI			1 022 072 006 1 07 1		
OWNED			1,032,852,006 shares of Common Stock		
EACI REPORT		7	SOLE DISPOSITIVE POWER		
PERSO			NONE		
WITI			NONE		
		8	SHARED DISPOSITIVE POWER		
			1 022 052 006 1 060 07 1		
		L	1,032,852,006 shares of Common Stock		
9	AGGRI	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	1.022	0.50	0000 -1		
10			2,006 shares of Common Stock		
10	CHEC	₹ B	OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \Box		
	NI-4 A		!L1.		
11	Not Applicable.				
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
	11.00/				
12	11.9%				
12	I YPE (JF I	REPORTING PERSON		
	DI.				
	IN				
· · · · ·					

			-		
1	NAME	OF	REPORTING PERSON		
	Berkshire Hathaway Inc.				
2	CHECI (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP (b) □		
	(a) 🖾				
3	SEC US	SE (ONLY		
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION		
	State of	of D	Delaware		
		5	SOLE VOTING POWER		
			NONE		
NUMBEI SHAR		6	SHARED VOTING POWER		
BENEFICIA OWNED			1,032,852,006 shares of Common Stock		
EACI	H	7	SOLE DISPOSITIVE POWER		
REPORT PERSO	ON		NONE		
WITI	H	8	SHARED DISPOSITIVE POWER		
			1,032,852,006 shares of Common Stock		
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	1.022	057	2,006 shares of Common Stock		
10			OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	Not applicable. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
12	11.9% TYPE OF REPORTING PERSON				
12	IIIE	Jr 1	REI ORTHO I ERSON		
	HC, C	О			

1	NAME	OF	REPORTING PERSON			
	Nation	National Indemnity Company				
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) ⊠	((b) ⁻			
3	SEC US	SE C	DNLY			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
	State o	f N	lebraska			
		5	SOLE VOTING POWER			
			NONE			
NUMBE SHAR		6	SHARED VOTING POWER			
BENEFICI	ALLY		745 228 606 charge of Common Stools			
OWNEI EAC		7	745,228,606 shares of Common Stock SOLE DISPOSITIVE POWER			
REPORT PERSO						
WIT		8	NONE			
		8	SHARED DISPOSITIVE POWER			
			745,228,606 shares of Common Stock			
9	AGGR	EGĀ	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	745,22	28,6	06 shares of Common Stock			
10	CHECI	K BO	OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □			
	Not applicable.					
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	8.6%					
12	8.0% TYPE OF REPORTING PERSON					
	10.00	\ T				
	IC, CC), H				

1	NAME OF REPORTING PERSON					
	GEICC	GEICO Corporation				
2	CHECK (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP b) □			
	,	`				
3	SEC US	E C	NLY			
4	CITIZE	NS	HIP OR PLACE OF ORGANIZATION			
	State o		elaware			
		5	SOLE VOTING POWER			
NUMBER	D OF		NONE			
NUMBEI SHAR	ES	6	SHARED VOTING POWER			
BENEFICI. OWNED			311,780,000 shares of Common Stock			
EACI REPORT		7	SOLE DISPOSITIVE POWER			
PERSO WITI			NONE			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	8	SHARED DISPOSITIVE POWER			
			311,780,000 shares of Common Stock			
9	AGGRE	EGĀ	TE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
			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					
	3.6%					
12	TYPE OF REPORTING PERSON					
	CO, H	С				

			ADDODESIA DEPOSIT			
1	NAME	NAME OF REPORTING PERSON				
			ent Employees Insurance Company			
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) 🖾	(a) ⊠ (b) □				
3	SEC US	or c				
3	SEC US	SE (JNLY			
4	CITIZI	TNIC	HIP OR PLACE OF ORGANIZATION			
4	CITIZI	2113	HIF OR FLACE OF ORGANIZATION			
	State o	ıf N	lebraska			
	State	5	<u> </u>			
			SOLE TOTAL TOWER			
			NONE			
NUMBE		6	SHARED VOTING POWER			
SHAR						
BENEFICI OWNER			229,600,000 shares of Common Stock			
EAC		7	SOLE DISPOSITIVE POWER			
REPORT		'				
PERSO			NONE			
WITI	Н	8	SHARED DISPOSITIVE POWER			
			229,600,000 shares of Common Stock			
9	AGGR	EG/	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	229,60	0,0	000 shares of Common Stock			
10	CHECI	K B	OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
	Not applicable.					
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9					
	2.7%					
12	TYPE	OF I	REPORTING PERSON			
	IC, CC), F	IC			

1	NAME	NAME OF REPORTING PERSON				
	O.D.I.G.	CEICO I 1 ' C				
			ndemnity Company			
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) 🗵	(a) ⊠ (b) □				
	CEC II	TE C	MIT W			
3	SEC US	SE C	JNLY			
4	CITIZI	NIC	HIP OR PLACE OF ORGANIZATION			
4	CITIZI	LIND	HIP OR PLACE OF ORGANIZATION			
	State	fΝ	lebraska			
	State	5	<u> </u>			
		'	SOLD TOTAL OT LEA			
			NONE			
NUMBE	R OF	6	SHARED VOTING POWER			
SHAR		ľ	SHARED FOILIGIOWER			
BENEFICI OWNEI			81,200,000 shares of Common Stock			
EAC		7	SOLE DISPOSITIVE POWER			
REPORT		^				
PERSO			NONE			
WIT	Н	8	SHARED DISPOSITIVE POWER			
			81,200,000 shares of Common Stock			
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	81,200	,00	0 shares of Common Stock			
10	CHECI	C BC	OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □			
	Not applicable.					
11	PERCE	NT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	0.9%					
12	TYPE ()F I	REPORTING PERSON			
	IC, CC), H	IC			

	37.43.5E	<u> </u>	DEPOSITIVE DEPOSIT		
1	NAME	NAME OF REPORTING PERSON			
	C	General Re Corporation			
			HE APPROPRIATE BOX IF A MEMBER OF A GROUP		
2	(a) ⊠		The APPROPRIATE BOX IF A MEMBER OF A GROUP		
	(4)	,	(b) L		
3	SEC US	SE C	DNLY		
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION		
	State o	f D	elaware		
		5	SOLE VOTING POWER		
NHIMDE	D OF		NONE		
NUMBE SHAR		6	SHARED VOTING POWER		
BENEFICI					
OWNEI			22,751,400 shares of Common Stock		
EACI REPORT		7	SOLE DISPOSITIVE POWER		
PERSO			NONE		
WIT	H		NONE SHARED DISPOSITIVE POWER		
		8	SHARED DISPOSITIVE POWER		
			22,751,400 shares of Common Stock		
9	AGGRI	EG/	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	AGGKI	UUF	ALE ANOUNT DEMELICIALET OWNED BY EACH REFORTING LERGON		
	22,751	.40	0 shares of Common Stock		
10		_	OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
			•		
	Not applicable.				
11	PERCE	NT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0.3%				
12	TYPE (OF I	REPORTING PERSON		
	CO, H	C			

1	NAME	NAME OF REPORTING PERSON				
	~					
		General Reinsurance Corporation				
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) ⊠	(a) ⊠ (b) □				
	CEC II	TE C	MIT W			
3	SEC US	SE (JNLY			
4	CITIZI	ZNIC	HIP OR PLACE OF ORGANIZATION			
4	CITIZI	ZINO	HIP OR PLACE OF ORGANIZATION			
	State	ıfΓ	Delaware			
	State		SOLE VOTING POWER			
		3	SOLD TOTAL OT LEA			
			NONE			
NUMBE	R OF	6	SHARED VOTING POWER			
SHAR		0	SHARED FOILIGIONER			
BENEFICI OWNEI			22,751,400 shares of Common Stock			
EAC		7	SOLE DISPOSITIVE POWER			
REPORT						
PERSO			NONE			
WIT	Н	8	SHARED DISPOSITIVE POWER			
			22,751,400 shares of Common Stock			
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	22,751	,40	0 shares of Common Stock			
10	CHECI	K B	OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □			
	Not ap					
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9					
	0.3%					
12	TYPE	OF I	REPORTING PERSON			
	IC, CC), F	IC			

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1	NAME	NAME OF REPORTING PERSON				
	Genera	al S	tar National Insurance Company			
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) ⊠	(a) ⊠ (b) □				
3	SEC US	SE (DNLY			
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION			
	State o	of C	hio			
	•	5	SOLE VOTING POWER			
			NONE			
NUMBE		6	SHARED VOTING POWER			
SHAR BENEFICI						
OWNEI			1,960,000 shares of Common Stock			
EAC		7				
REPORT	ΓING					
PERSO			NONE			
WIT	Н	8	SHARED DISPOSITIVE POWER			
		ľ	SILLING PROPERTY OF THE PROPER			
			1,960,000 shares of Common Stock			
9	ACCRI	EG/	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
'	AUUKI	UUF	TE ANOUNT DENDITORADET OWNED DI EACH REFORTINGTERSON			
	1 060	በበበ	shares of Common Stock			
10			OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
10	CHECK	ZD	JA IF THE AGGREGATE AMOUNT IN NOW (7) EACLODES CERTAIN SHARES□			
	Not applicable					
11	Not applicable. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9					
11	PERCE	1 P 1	OF CLASS REFRESENTED BY AMOUNT IN KOW 9			
12	Less than 0.1%					
12	TYPE)F I	REPORTING PERSON			
	IC, CC)				

1	NAME	OF	REPORTING PERSON			
		Central States of Omaha Companies, Inc.				
2	CHECE (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP b) □			
3	SEC US	SE C	DNLY			
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION			
	State o		ebraska			
		5	SOLE VOTING POWER			
NUMBE	P OF		NONE			
SHAR BENEFICI	ES	6	SHARED VOTING POWER			
OWNEI) BY		3,920,000 shares of Common Stock			
EAC REPORT	ΓING	7	SOLE DISPOSITIVE POWER			
PERSO WIT			NONE			
		8	SHARED DISPOSITIVE POWER			
			3,920,000 shares of Common Stock			
9	AGGRI	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
			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 (TYPE OF REPORTING PERSON				
	CO, H	С				

1 NAME OF REPORTING PERSON Central States Indemnity Company of Omaha 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 NONE NONE 6 SHARED VOTING POWER 1	3	Central CHECK (a) ⊠	States Indemnity Company of Omaha THE APPROPRIATE BOX IF A MEMBER OF A GROUP (b) (b)		
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 NONE NUMBER OF 6 SHARED VOTING POWER	3	CHECK (a) ⊠	THE APPROPRIATE BOX IF A MEMBER OF A GROUP (b) □		
(a) ⊠ (b) □ 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska 5 SOLE VOTING POWER NONE NUMBER OF 6 SHARED VOTING POWER	3	(a) ⊠	(b) [
3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska 5 SOLE VOTING POWER NONE 6 SHARED VOTING POWER	_				
4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska 5 SOLE VOTING POWER NONE NUMBER OF 6 SHARED VOTING POWER	_	SEC USE	ONLY		
State of Nebraska 5 SOLE VOTING POWER NUMBER OF 6 SHARED VOTING POWER	4				
State of Nebraska 5 SOLE VOTING POWER NUMBER OF 6 SHARED VOTING POWER	4				
SOLE VOTING POWER NUMBER OF 6 SHARED VOTING POWER		CITIZEN	SHIP OR PLACE OF ORGANIZATION		
NUMBER OF 6 SHARED VOTING POWER					
NUMBER OF 6 SHARED VOTING POWER			5 SOLE VOTING POWER		
I DI SHARED VOTING POWER	NUMBE	D OF			
	SHAR	RES	6 SHARED VOTING POWER		
BENEFICIALLY OWNED BY 3,920,000 shares of Common Stock					
EACH 7 SOLE DISPOSITIVE POWER REPORTING			7 SOLE DISPOSITIVE POWER		
PERSON WITH NONE					
8 SHARED DISPOSITIVE POWER			8 SHARED DISPOSITIVE POWER		
3,920,000 shares of Common Stock		_			
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	9	AGGRE	GATE 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 □	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	11	PERCEN	T OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
Less than 0.1%					
12 TYPE OF REPORTING PERSON	12	TYPE OI	REPORTING PERSON		
IC, CO	1				

1	NAME	OF	REPORTING PERSON			
		Berkshire Hathaway Homestate Insurance Company				
2	CHECI (a) ⊠	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ☑ (b) □				
	(4)	,	(b) L			
3	SEC US	SE C	DNLY			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
	State o	of N	lebraska			
		5	SOLE VOTING POWER			
			NONE			
NUMBE SHAR		6	SHARED VOTING POWER			
BENEFICI OWNEI			11,900,000 shares of Common Stock			
EAC REPORT	Н	7	SOLE DISPOSITIVE POWER			
PERSO	ON		NONE			
WIT	WITH		SHARED DISPOSITIVE POWER			
			11,900,000 shares of Common Stock			
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	11 900	00	0 shares of Common Stock			
10			OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
	Not applicable.					
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	0.10/					
12	0.1% TYPE (OF I	REPORTING PERSON			
	IC, CC)				

1	NAME	OF	REPORTING PERSON			
		BH Finance LLC				
2		CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP				
	(a) ⊠	((b) □			
3	SEC US	SE (DNLY			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
	State of		ebraska			
		5	SOLE VOTING POWER			
NIII (DE	D OF		NONE			
NUMBE SHAR		6	SHARED VOTING POWER			
BENEFICI						
OWNEI			140,000,000 shares of Common Stock			
EAC		7	SOLE DISPOSITIVE POWER			
REPORT						
PERSO WIT			NONE			
WIII	п	8	SHARED DISPOSITIVE POWER			
			140,000,000 shares of Common Stock			
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	140,00	0,0	00 shares of Common Stock			
10			OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
	Control of the contro					
	Not ap	pli	cable.			
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	1.6%					
12		OF I	REPORTING PERSON			
	00					

						
1	NAME	OF	REPORTING PERSON			
		Oak River Insurance Company				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □					
	CEC III	TE C				
3	SEC US	SE C	JNLY			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
	G, ,	CN				
	State o		Jebraska Telebraska			
		5	SOLE VOTING POWER			
NUMBE	D OF		NONE			
SHAR	ES	6	SHARED VOTING POWER			
BENEFICI OWNEI) BY		4,200,000 shares of Common Stock			
EAC REPORT	ΓING	7	SOLE DISPOSITIVE POWER			
PERSO WIT			NONE			
		8	SHARED DISPOSITIVE POWER			
			4,200,000 shares of Common Stock			
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
			shares of Common Stock			
10	CHECI	K B	OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □			
	Not ap					
11	PERCE	CNT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	Less th					
12	TYPE (OF I	REPORTING PERSON			
	IC, CC)				

1	NAME	OF	REPORTING PERSON		
	Cypress Insurance Company				
2	CHECI (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP (b) □		
3	SEC US	SE C	DNLY		
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION		
	State o	of C	alifornia		
		5	SOLE VOTING POWER		
			NONE		
NUMBE SHAR	ES	6	SHARED VOTING POWER		
BENEFICI OWNEI			2,100,000 shares of Common Stock		
EAC! REPORT		7	SOLE DISPOSITIVE POWER		
PERSO	ON		NONE		
WIII	WITH		SHARED DISPOSITIVE POWER		
			2,100,000 shares of Common Stock		
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	2,100,	000	shares of Common Stock		
10	CHECI	K B	OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □		
	Not applicable.				
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less than 0.1%				
12			REPORTING PERSON		
	IC, CC)			
L	, , , ,				

1	NAME	OF	REPORTING PERSON			
		National Liability & Fire Insurance Company				
2	CHECI (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP (b) □			
	,					
3	SEC US	SE C	DNLY			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
	State o	of C	Connecticut			
		5	SOLE VOTING POWER			
			NONE			
NUMBE SHAR		6	SHARED VOTING POWER			
BENEFICI OWNEI			28,000,000 shares of Common Stock			
EAC REPORT	Н	7	SOLE DISPOSITIVE POWER			
PERSO	ON		NONE			
WIII	WITH		SHARED DISPOSITIVE POWER			
			28,000,000 shares of Common Stock			
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	28,000	0.00	0 shares of Common Stock			
10			OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
	Not applicable.					
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	0.3%					
12	1	OF I	REPORTING PERSON			
	IC, CO)				
	10,00	,				

1	NAME	OF	REPORTING PERSON			
		Finial Holdings Inc.				
2	(a) ⊠	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ☑ (b) □				
	,					
3	SEC US	SE C	DNLY			
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION			
	State o		elaware			
		5	SOLE VOTING POWER			
NUMBE	R OF		NONE			
SHAR BENEFICI	ES	6	SHARED VOTING POWER			
OWNEI) BY		14,980,000 shares of Common Stock			
EAC REPORT	ΓING	7	SOLE DISPOSITIVE POWER			
PERSO WIT			NONE			
		8	SHARED DISPOSITIVE POWER			
	1		14,980,000 shares of Common Stock			
9	AGGRI	E G A	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
			0 shares of Common Stock			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □					
	Not ap					
11	PERCE	NT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	0.2%					
12	TYPE)F I	REPORTING PERSON			
	CO, H	C				

1	NAME	OF	REPORTING PERSON			
	Finial Reinsurance Company					
2	CHECE (a) ⊠	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP				
3	SEC US	SE C	DNLY			
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION			
	State o	of C	onnecticut			
		5	SOLE VOTING POWER			
NUMBE	D OE		NONE			
SHAR	ES	6	SHARED VOTING POWER			
BENEFICI. OWNER			14,980,000 shares of Common Stock			
EAC! REPORT		7	SOLE DISPOSITIVE POWER			
PERSO WIT			NONE			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	8	SHARED DISPOSITIVE POWER			
			14,980,000 shares of Common Stock			
9	AGGRI	E G A	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
			0 shares of Common Stock			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □					
	Not ap					
11	PERCE	NT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	0.2%					
12	TYPE (OF F	REPORTING PERSON			
	IC, CC)				

			ADDODESIA DEPOSIT			
1	NAME	OF	REPORTING PERSON			
	G 1	Calambia Income Commen				
			Insurance Company			
2	CHECI (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP (b) □			
	(a) 🛆	,	(b) L			
3	SEC US	SE C	ONI V			
3	SEC U	oe (JAL I			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
·	CITIZI	21 10	III ON ENGL OF ONOR MENTON			
	State o	of N	Jebraska			
		5	<u> </u>			
			NONE			
NUMBE SHAR		6	SHARED VOTING POWER			
BENEFICI						
OWNEI			205,877,000 shares of Common Stock			
EAC		7	SOLE DISPOSITIVE POWER			
REPORT PERSO						
WIT			NONE			
		8	SHARED DISPOSITIVE POWER			
			205.055.000.1			
	I		205,877,000 shares of Common Stock			
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	205.87	77,0	000 shares of Common Stock			
10			OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
			••			
	Not ap	pli	cable.			
11	PERCE	ENT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	2.4%					
12	TYPE	OF I	REPORTING PERSON			
	10.00					
	IC, CC), F	IC			

1	NAME	OF	REPORTING PERSON			
		Berkshire Hathaway Assurance Corporation				
2	CHECE (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
3	SEC US	SE C	DNLY			
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION			
	State o		lew York			
		5	SOLE VOTING POWER			
NUMBE	P OF		NONE			
SHAR BENEFICI	ES	6	SHARED VOTING POWER			
OWNEI) BY		22,400,000 shares of Common Stock			
EAC REPORT	ΓING	7	SOLE DISPOSITIVE POWER			
PERSO WIT			NONE			
		8	SHARED DISPOSITIVE POWER			
			22,400,000 shares of Common Stock			
9	AGGRI	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
			0 shares of Common Stock			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □					
	Not ap					
11	PERCE	NT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	0.3%					
12	TYPE (OF I	REPORTING PERSON			
	IC, CC)				

1	NAME	OF	REPORTING PERSON			
	NRG A	NRG America Holding Company				
2	CHECE (a) ⊠	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP				
	,					
3	SEC US	SE C	DNLY			
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION			
	State o		elaware			
		5	SOLE VOTING POWER			
NUMBE	R OF		NONE			
SHAR BENEFICI	ES	6	SHARED VOTING POWER			
OWNEI) BY	_	5,600,000 shares of Common Stock			
EAC REPORT	ΓING	7	SOLE DISPOSITIVE POWER			
PERSO WIT		8	NONE			
			SHARED DISPOSITIVE POWER			
	L GGP		5,600,000 shares of Common Stock			
9	AGGRI	±GA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
10		5,600,000 shares of Common Stock				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □					
11	Not ap		cable. OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
11	PERCE	IN I	OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
12	0.1%	VE :	REPORTING PERSON			
12	IYPE	JF I	REPORTING PERSON			
	CO, H	С				

1	NAME	OF	REPORTING PERSON			
		National Indemnity Company of the South				
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) ⊠	((b) □			
2	CEC II	TE 6	MIT W			
3	SEC US	SE (JNLY			
4	CITIZI	TNIC	HID OD DI ACE OF ODCANIZATION			
4	CITIZI	LIND	HIP OR PLACE OF ORGANIZATION			
	State o	e E	lorida			
	State	5	<u> </u>			
		3	SOLE VOTINGTOWER			
			NONE			
NUMBE	R OF	6	SHARED VOTING POWER			
SHAR		U	SHARED VOTINGTOWER			
BENEFICI OWNEI			2,800,000 shares of Common Stock			
EAC		7	SOLE DISPOSITIVE POWER			
REPORT		<i>'</i>	SOLE DISTOSTITVE FOWER			
PERSO			NONE			
WIT	Н	8	SHARED DISPOSITIVE POWER			
		0	SHARED DISTOSITIVE TOWER			
			2,800,000 shares of Common Stock			
9	AGGR	$\mathbf{E}\mathbf{G}^{I}$	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
′	AGGR	J	ILLINGONI BENELICIALEI OMMED DI EMORREI ORINGI EROON			
	2,800.	000	shares of Common Stock			
10			OX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
	CHECK BOATT THE AGGREGATE AND CONTINUOUS (7) EACEUDES CERTAIN SHARES					
	Not ap	pli	cable.			
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	Less tl	nan	0.1%			
12			REPORTING PERSON			
	IC, CC)				
L						

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 US	SE C	DNLY		
	CITIZE	13.10	WIN ON N. 4 ST. OF ON ONG ANYZ ATVON		
4	CITIZE	ENS.	HIP OR PLACE OF ORGANIZATION		
	State o				
		5	SOLE VOTING POWER		
NUMBE	R OF		NONE		
SHAR BENEFICI	ES	6	SHARED VOTING POWER		
OWNEI) BY		2,380,000 shares of Common Stock		
EAC REPORT	ΓING	7	SOLE DISPOSITIVE POWER		
PERSO WIT			NONE		
		8	SHARED DISPOSITIVE POWER		
	1		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	PERCE	NT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less th				
12	TYPE ()F I	REPORTING PERSON		
	IC, CC)			

1	NAME	OF	REPORTING PERSON		
	Boat America Corporation				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □				
	(a) 🖾	,	b)		
3	SEC US	SE (DNLY		
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION		
	State o	of V	irginia		
		5	SOLE VOTING POWER		
			NONE		
NUMBE SHAR		6	SHARED VOTING POWER		
BENEFICI OWNEI			980,000 shares of Common Stock		
EAC	Н	7	SOLE DISPOSITIVE POWER		
REPORT PERSO	ON		NONE		
WIT	Н	8	SHARED DISPOSITIVE POWER		
			980,000 shares of Common Stock		
9	9 AGGR		ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	000.00	00	have of Common Start		
10	980,000 shares of Common Stock CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES				
11	Not ap		cable. OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
12	Less th		0.1% REPORTING PERSON		
12	IYPE	JF I	REPORTING PERSON		
	CO, H	C			

1	NAME	OF	REPORTING PERSON		
	GEICO Marine Insurance Company				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □				
3	SEC US	SE C	DNLY		
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION		
	State o	f N	lebraska		
		5	SOLE VOTING POWER		
			NONE		
NUMBE SHAR	ES	6	SHARED VOTING POWER		
BENEFICI OWNEI			980,000 shares of Common Stock		
EAC! REPORT		7	SOLE DISPOSITIVE POWER		
PERSO	ON		NONE		
WIII	.1	8	SHARED DISPOSITIVE POWER		
			980,000 shares of Common Stock		
9	AGGR	EGA	ATE 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			OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less th	ıan	0.1%		
12			REPORTING PERSON		
	IC, CC)			
L	, , , ,				

	1						
1	NAME	OF	REPORTING PERSON				
		Berkshire Hathaway Specialty Insurance Company					
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP				
	(a) ⊠	(a) \boxtimes (b) \square					
	CEC II	NE 6	New V				
3	SEC US	SE (JNLY				
	CITIZI	33.10	HILD OD DY ACT OF OD CANVIZATION				
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION				
	State	£ N	lebraska				
	State	5	<u> </u>				
		٦	SOLE VOTING TOWEK				
			NONE				
NUMBE	R OF	6	SHARED VOTING POWER				
SHAR		0	SHARED VOTING POWER				
BENEFICI			6,489,000 shares of Common Stock				
OWNEI EAC		7	SOLE DISPOSITIVE POWER				
REPORT		<i>'</i>	SOLE DISPOSITIVE FOWER				
PERSO			NONE				
WIT	H	8	SHARED DISPOSITIVE POWER				
		0	SHARED DISFOSITIVE FOWER				
			6,489,000 shares of Common Stock				
9	ACCDI	L E.G./	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
'	AGGK	UU	TE ANOUNT DENDITORALDI OWNED DI EACH REFORTING LERGON				
	6.489	000	shares of Common Stock				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES						
	CHECK DOA'H THE AGGREGATE AMOUNT IN NOW (2) EACHODES CERTAIN SHARES						
	Not applicable.						
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
	0.1%						
12	TYPE (OF I	REPORTING PERSON				
	IC, CC)					
L							

1	NAME	OF	REPORTING PERSON			
	44.00	W. H. C. V. A. L. C.				
		Wellfleet New York Insurance Company				
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) ⊠	((b) □			
3	SEC US	SE (DNLY			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
	State of		ew York			
		5	SOLE VOTING POWER			
NIII (DE	D OF		NONE			
NUMBE SHAR		6	SHARED VOTING POWER			
BENEFICI						
OWNEI			560,000 shares of Common Stock			
EAC		7	SOLE DISPOSITIVE POWER			
REPORT						
PERSO WIT			NONE			
WIII	п	8	SHARED DISPOSITIVE POWER			
			560,000 shares of Common Stock			
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	560,00	00 s	hares of Common Stock			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES					
	() 2					
	Not applicable.					
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
		-				
	Less tl	nan	0.1%			
12			REPORTING PERSON			
			······································			
	IC, CC)				
	10, 00					

1 NAME OF REPORTING PERSON U.S. Investment 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 Pennsylvania Sole Voting Power						
2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	1	NAME (OF REPORTING PERSON			
(a)						
3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Pennsylvania 5 SOLE VOTING POWER NONE NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH 5 SOLE VOTING POWER NONE 7 SOLE DISPOSITIVE POWER NONE	2					
4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Pennsylvania 5 SOLE VOTING POWER NONE NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH 1 ONE SOLE VOTING POWER NONE 9,800,000 shares of Common Stock NONE NONE						
State of Pennsylvania Sole Voting Power	3	SEC US	E ONLY			
State of Pennsylvania Sole Voting Power						
SOLE VOTING POWER NONE	4	CITIZE	NSHIP OR PLACE OF ORGANIZATION			
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH NONE SHARED VOTING POWER 9,800,000 shares of Common Stock 7 SOLE DISPOSITIVE POWER NONE		State of				
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH SHARED VOTING POWER 9,800,000 shares of Common Stock 7 SOLE DISPOSITIVE POWER NONE			5 SOLE VOTING POWER			
SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH SHARED VOTING POWER 9,800,000 shares of Common Stock 7 SOLE DISPOSITIVE POWER NONE	NIIMREI	P OF				
OWNED BY EACH REPORTING PERSON WITH 9,800,000 shares of Common Stock 7 SOLE DISPOSITIVE POWER NONE	SHARI	ES	6 SHARED VOTING POWER			
REPORTING PERSON WITH NONE	OWNED	BY				
WITH NONE	REPORT	ING	7 SOLE DISPOSITIVE POWER			
8 SHARED DISPOSITIVE POWER			8 SHARED DISPOSITIVE POWER			
9,800,000 shares of Common Stock						
9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
9,800,000 shares of Common Stock						
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □	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	11	PERCE	NT OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
0.1%						
12 TYPE OF REPORTING PERSON	12	TYPE O	OF REPORTING PERSON			
CO, HC		CO, HO	С			

	1					
1	NAME	OF	REPORTING PERSON			
		United States Liability Insurance Company				
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) ⊠	((b) □			
	CEC II	NE 6	New V			
3	SEC US	SE (JNLY			
	CITIZI	33.10	HILD OD DY ACT OF OD CANVIZATION			
4	CITIZI	LINS	HIP OR PLACE OF ORGANIZATION			
	State	£ D	ennsylvania			
	State		SOLE VOTING POWER			
		3	SOLE VOTING FOWER			
			NONE			
NUMBE	R OF	6	SHARED VOTING POWER			
SHAR		0	SHARED VOTING FOWER			
BENEFICI			9,800,000 shares of Common Stock			
OWNEI EAC		7	SOLE DISPOSITIVE POWER			
REPORT		<i>'</i>	SOLE DISPOSITIVE FOWER			
PERSO			NONE			
WIT	H	8	SHARED DISPOSITIVE POWER			
		0	SHARED DISFOSITIVE FOWER			
			9,800,000 shares of Common Stock			
9	ACCDI	L E.G./	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
'	AGGK	UU	TE ANOUNT DENDITORALDI OWNED DI EACH REFORTING LERGON			
	9.800	000	shares of Common Stock			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES					
	CHECK BOATT THE AGGREGATE AMOUNT IN ROW (2) EACHODES CERTAIN SHARES					
	Not applicable.					
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	0.1%					
12		OF I	REPORTING PERSON			
	IC, CC), E	IC			
L						

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) □				
	(a) ⊠	((b)		
3	SEC US	SE C	DNLY		
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION		
	State o	of N	lebraska		
		5	SOLE VOTING POWER		
			NONE		
NUMBE SHAR		6	SHARED VOTING POWER		
BENEFICI	ALLY		14 777 000 days of Camman Starle		
OWNEI EAC		7	14,777,000 shares of Common Stock SOLE DISPOSITIVE POWER		
REPORT		,	50EE 2-10 00111		
PERSO WIT			NONE		
		8	SHARED DISPOSITIVE POWER		
			14,777,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
	14,777,000 shares of Common Stock				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □				
	Not applicable.				
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0.2%				
12		OF I	REPORTING PERSON		
	10.00	`			
	IC, CC	,			

1	NAME	OF	REPORTING PERSON		
	BHG Life Insurance Company				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ⊠ (b) □				
3	SEC US	SE C	DNLY		
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION		
	State o		ebraska		
		5	SOLE VOTING POWER		
NUMBEI	D OF		NONE		
SHARI	ES	6	SHARED VOTING POWER		
BENEFICIA OWNED	BY		2,560,000 shares of Common Stock		
EACH REPORT		7	SOLE DISPOSITIVE POWER		
PERSO WITH			NONE		
		8	SHARED DISPOSITIVE POWER		
			2,560,000 shares of Common Stock		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
	2,560,000 shares of Common Stock				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □				
	Not applicable.				
11	PERCE	NT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less th				
12	TYPE (OF I	REPORTING PERSON		
	IC, CC)			

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 US	SE C	DNLY		
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION		
	State o	f N	ew York		
		5	SOLE VOTING POWER		
			NONE		
NUMBEI SHAR		6	SHARED VOTING POWER		
BENEFICI OWNER			145,500 shares of Common Stock		
EAC! REPORT		7	SOLE DISPOSITIVE POWER		
PERSO	ON		NONE		
WIII	п	8	SHARED DISPOSITIVE POWER		
			145,500 shares of Common Stock		
9	AGGRI	EGA	TE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	145,500 shares of Common Stock				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □				
	Not applicable.				
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	Less th	ıan	0.1%		
12			REPORTING PERSON		
	IC, CC)			
	10,00	-			

	NAME	ΩE	DEBODTING DEDGON			
1	NAME	NAME OF REPORTING PERSON				
	Ganas	Genesis Insurance Company				
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
_	(a) ⊠		(b) \square			
3	SEC US	SE (ONLY			
	CIMIA	73.10	HUD OD DY 4 CE OF OD CANVIZATION			
4	CITIZI	£NS	HIP OR PLACE OF ORGANIZATION			
	State o	of E	belaware			
	2.2.0		SOLE VOTING POWER			
MILLADE	D OF		NONE			
NUMBE SHAR		6	SHARED VOTING POWER			
BENEFICI			176 400 1			
OWNEI EAC		7	176,400 shares of Common Stock SOLE DISPOSITIVE POWER			
REPORT		7	SOLE DISPOSITIVE POWER			
PERSO			NONE			
WIT	Н	8				
			176,400 shares of Common Stock			
9	AGGR	EGA	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	176 400 1 60 0 1					
10	176,400 shares of Common Stock CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □					
10	CHECK DOA IF THE AGGREGATE AMOUNT IN KOW (9) EACLUDES CERTAIN SHARES					
	Not applicable.					
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	Less tl					
12	TYPE	OF I	REPORTING PERSON			
	IC, CO)				
	10,00	_				

1	NAME	OF	REPORTING PERSON		
	National Fire & Marine Insurance Company				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP				
	(a) ⊠	((b)		
3	SEC US	SE C	DNLY		
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION		
	State o	of N	lebraska		
		5	SOLE VOTING POWER		
			NONE		
NUMBE SHAR		6	SHARED VOTING POWER		
BENEFICI	ALLY		17.275.000 1		
OWNEI EAC		7	17,275,000 shares of Common Stock SOLE DISPOSITIVE POWER		
REPORT	ΓING	′	SOLD DISTOSTITY DIG WERK		
PERSO WIT			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 □				
	Not applicable.				
11			OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0.2%				
12		OF I	REPORTING PERSON		
	IC CC	`			
	IC, CC	,			

1	1 NAME OF REPORTING PERSON			
1	NAME OF REPORTING PERSON			
	MedPro Group Inc.			
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) \boxtimes (b) \square			
	SEC USE ONLY			
3	SEC USE UNLI			
4	CITIZENSHIP OR PLACE OF ORGANIZATION			
	State of Indiana			
		5	SOLE VOTING POWER	
			NONE	
NUMBER OF		6	SHARED VOTING POWER	
SHARES		ľ	SHARED FOUND TOWER	
BENEFICIALLY OWNED BY			11,999,000 shares of Common Stock	
EACH		7	SOLE DISPOSITIVE POWER	
REPORTING PERSON			NO.	
WITH		_	NONE	
		8	SHARED DISPOSITIVE POWER	
			11,999,000 shares of Common Stock	
		E G A	TE 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 \Box			
	Not applicable.			
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
	0.1%			
12	TYPE OF REPORTING PERSON			
	HC CO			
	HC, CO			

1	NAME	OF	REPORTING PERSON			
		The Medical Protective Company				
2	CHECE (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	,					
3	SEC US	SE C	DNLY			
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION			
	State o					
		5	SOLE VOTING POWER			
NUMBER	D OF		NONE			
NUMBER OF SHARES		6	SHARED VOTING POWER			
BENEFICI. OWNED			10,396,000 shares of Common Stock			
EACI REPORT		7	SOLE DISPOSITIVE POWER			
PERSO WITI			NONE			
,,,,,,,		8	SHARED DISPOSITIVE POWER			
			10,396,000 shares of Common Stock			
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON					
	10,396,000 shares of Common Stock					
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □					
	Not applicable.					
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9					
	0.1%					
12	TYPE (OF I	REPORTING PERSON			
	IC, CC)				

-	NIABEE	ΩE	DEPOPULIC DEPOSAL			
1	NAME OF REPORTING PERSON					
	Dringo	Princeton Insurance Company				
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
2	(a) ⊠		(b) \Box			
	()					
3	SEC US	SE C	DNLY			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
	State o	fΝ	lew Jersey			
	State		SOLE VOTING POWER			
			NONE			
NUMBER OF SHARES BENEFICIALLY		6	SHARED VOTING POWER			
OWNEI			1,043,000 shares of Common Stock			
EACI REPORT		7	SOLE DISPOSITIVE POWER			
PERSO			NONE			
WIT		8	NONE SHARED DISPOSITIVE POWER			
		8	SHARED DISPOSITIVE POWER			
			1,043,000 shares of Common Stock			
9	9 AGGR		ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	1,043,000 shares of Common Stock					
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \Box					
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11	Not applicable. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9					
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	Less th	ıan	0.1%			
12			REPORTING PERSON			
	IC, CC)				

CUSIP No.	060505104	13G	Page 39 of 58 Pages

1	NAME	OF	REPORTING PERSON			
	D 1 1					
			Hathaway International Insurance Ltd.			
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP			
	(a) ⊠	((b) □			
3	CEC H	SEC USE ONLY				
3	SEC US)E (JNL1			
4	CITIZI	INIC	HIP OR PLACE OF ORGANIZATION			
4	CITIZI	2113	HIF OR FLACE OF ORGANIZATION			
	United	Ki	ngdom of Great Britain			
	Onico	5	-			
			SOLE VOINGTOWER			
			NONE			
NUMBER OF SHARES BENEFICIALLY		6	SHARED VOTING POWER			
		-				
	OWNED BY		1,827,000 shares of Common Stock			
EAC		7				
REPORT						
PERSO WIT			NONE			
WIII	WIIII		SHARED DISPOSITIVE POWER			
			1,827,000 shares of Common Stock			
9	AGGREGATE		ATE 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 \square					
	Not applicable.					
11	PERCE	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
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12	TYPE (OF I	REPORTING PERSON			
	IC, CC)				

			ADDODESIA DEPOSIT			
1	NAME	OF	REPORTING PERSON			
	***	W. CHARRIA				
			ARD Insurance Company			
2	CHECI (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP (b) □			
	(a) 🛆	,	(b) L			
3	SEC US	SEC USE ONLY				
3	SEC US)E (JAL I			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
·	CITIZI	21 110	III ON ENGL OF ONOMINEETIDIN			
	State o	of P	ennsylvania			
			SOLE VOTING POWER			
			NONE			
	NUMBER OF		SHARED VOTING POWER			
SHARES BENEFICIALLY						
	OWNED BY		1,389,000 shares of Common Stock			
EAC		7	SOLE DISPOSITIVE POWER			
_	REPORTING PERSON					
	WITH		NONE			
		8	SHARED DISPOSITIVE POWER			
		<u> </u>	1,389,000 shares of Common Stock			
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON					
	1,389,000 shares of Common Stock					
10	1,389,000 shares of Common Stock CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □					
10	CHECK BOAT! THE AGGREGATE AMOUNT IN ROW (7) EACEUDES CERTAIN SHARES					
	Not applicable.					
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9					
	Less th	nan	0.1%			
12	TYPE (OF I	REPORTING PERSON			
	IC, CC), E	IC			

1	NAME	OF	REPORTING PERSON			
		Am GUARD Insurance Company				
2	(a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP (b) □			
3	SEC US	SE C	DNLY			
4	CITIZE	ENS.	HIP OR PLACE OF ORGANIZATION			
	State o		ennsylvania			
		5	SOLE VOTING POWER			
NUMBE	NUMBER OF		NONE			
SHARES BENEFICIALLY		6	SHARED VOTING POWER			
OWNEI) BY	_	521,000 shares of Common Stock			
EAC REPORT	ΓING	7	SOLE DISPOSITIVE POWER			
PERSO WIT		L	NONE			
		8	SHARED DISPOSITIVE POWER			
	a		521,000 shares of Common Stock			
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 □					
	Not applicable.					
11	PERCE	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
	Less th					
12	TYPE (JF I	REPORTING PERSON			
	IC, CC)				

1	NAME OF REPORTING PERSON					
	NorGU	NorGUARD Insurance Company				
2	CHECI (a) ⊠		HE APPROPRIATE BOX IF A MEMBER OF A GROUP b) □			
	(a) 🖾	,	u)			
3	SEC US	SE C	DNLY			
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION			
	State o		ennsylvania			
		5	SOLE VOTING POWER			
			NONE			
NUMBER OF SHARES		6	SHARED VOTING POWER			
	BENEFICIALLY OWNED BY		868,000 shares of Common Stock			
EAC	Н	7	SOLE DISPOSITIVE POWER			
REPORT PERSO			NONE			
WIT	Н	8	SHARED DISPOSITIVE POWER			
0	9 AGGR		868,000 shares of Common Stock TE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
,						
	868,000 shares of Common Stock					
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □					
	Not applicable.					
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9					
	Less th	nan	0.1%			
12	TYPE (OF I	REPORTING PERSON			
	IC, CC)				
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1 NAME OF REPORTING PERSON Old United Casualty Company 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) ☑ (b) □ 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Kansas 5 SOLE VOTING POWER NONE NONE 8 SHARED VOTING POWER NONE 7 SOLE DISPOSITIVE POWER NONE 8 SHARED DISPOSITIVE POWER 443,000 shares of Common Stock 8 SHARED DISPOSITIVE POWER 443,000 shares of Common Stock
2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
(a)
3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Kansas 5 SOLE VOTING POWER NONE NONE 6 SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH 7 SOLE DISPOSITIVE POWER NONE 8 SHARED DISPOSITIVE POWER 443,000 shares of Common Stock 443,000 shares of Common Stock
4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Kansas 5 SOLE VOTING POWER NONE NONE 6 SHARED VOTING POWER 443,000 shares of Common Stock PERSON WITH 7 SOLE DISPOSITIVE POWER NONE 8 SHARED DISPOSITIVE POWER 443,000 shares of Common Stock
State of Kansas Sole Voting Power
State of Kansas Sole Voting Power
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NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH NONE SHARED VOTING POWER 443,000 shares of Common Stock 7 SOLE DISPOSITIVE POWER NONE SHARED DISPOSITIVE POWER 443,000 shares of Common Stock
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SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH 7 SOLE DISPOSITIVE POWER NONE 8 SHARED VOTING POWER 443,000 shares of Common Stock 443,000 shares of Common Stock 443,000 shares of Common Stock
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REPORTING PERSON WITH 8 SHARED DISPOSITIVE POWER 443,000 shares of Common Stock
WITH 8 SHARED DISPOSITIVE POWER 443,000 shares of Common Stock
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

1	NAME	OF	REPORTING PERSON				
			ernon Fire Insurance Company				
2		(TI	HE APPROPRIATE BOX IF A MEMBER OF A GROUP				
	(a) ⊠	(a) ⊠ (b) □					
3	SEC US	SE C	DNLY				
4	CITIZE	INS	HIP OR PLACE OF ORGANIZATION				
	State o	f P	ennsylvania				
	l.		SOLE VOTING POWER				
			NONE				
NUMBER OF		6	SHARED VOTING POWER				
SHARES			SILLING FOR EX				
BENEFICIALLY OWNED BY			7,000,000 shares of Common Stock				
EAC		7	· · ·				
REPORT		,	SOLE DISPOSITIVE POWER				
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WIT	Н	_					
		8	SHARED DISPOSITIVE POWER				
			7,000,000 shares of Common Stock				
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
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	7,000,000 shares of Common Stock						
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \square						
	Not applicable.						
11	PERCE	NT	OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
	0.1%						
12	TYPE ()F I	REPORTING PERSON				
	IC, CC)					
L							

			DEPOSITION OF THE PROPERTY OF				
1	NAME	OF	REPORTING PERSON				
			tar Indemnity Company				
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP				
	(a) ⊠	(a) \boxtimes (b) \square					
3	SEC US	SE (DNLY				
4	CITIZE	ENS	HIP OR PLACE OF ORGANIZATION				
	State o	of C	onnecticut				
		5	SOLE VOTING POWER				
			NONE				
	NUMBER OF		SHARED VOTING POWER				
SHARES BENEFICIALLY							
	OWNED BY		5,040,000 shares of Common Stock				
EAC		7	SOLE DISPOSITIVE POWER				
REPORT	ΓING	'					
PERSO			NONE				
WIT	H	8	SHARED DISPOSITIVE POWER				
		0	SIFACE DISTOSTIVE FOWER				
			5,040,000 shares of Common Stock				
9 AGGR		EC A	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
'	AGGREGATE AMOUNT DEMERICIALLI OWNED DI EACH REFORTING FERSON						
	5,040,000 shares of Common Stock						
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES						
10	CHECK DUA IF THE AGGREGATE AMOUNT IN KOW (9) EXCLUDES CERTAIN SHAKES [
	Not applicable						
11	Not applicable. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9						
11	PERCE	4N I	OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
	0.10/						
	0.1%						
12	TYPE ()F I	REPORTING PERSON				
	10.00						
	IC, CC)					

1	NAME OF REPORTING PERSON						
			Hathaway Direct Insurance Company				
2			HE APPROPRIATE BOX IF A MEMBER OF A GROUP				
	(a) ⊠	(a) \boxtimes (b) \square					
3	SEC US	SE (DNLY				
4	CITIZI	ENS	HIP OR PLACE OF ORGANIZATION				
	State of	of N	lebraska				
		5	SOLE VOTING POWER				
			NONE				
	NUMBER OF		SHARED VOTING POWER				
SHARES BENEFICIALLY							
	OWNED BY		850,000 shares of Common Stock				
EAC		7	SOLE DISPOSITIVE POWER				
REPORT							
PERSO			NONE				
WIT	Н	8	SHARED DISPOSITIVE POWER				
			850,000 shares of Common Stock				
9 AGGR		EG/	ATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
	A COMBONIA DE LA COMBONIA DEL COMBONIA DE LA COMBONIA DE LA COMBONIA DEL COMBONIA DE LA COMBONIA DEL COMBONIA DE LA COMBONIA DEL COMBONIA DE LA COMBONIA DE LA COMBONIA DE LA COMBONIA DEL COMBONIA DE LA COMBONIA DEL COMBONIA DE LA C						
	850,000 shares of Common Stock						
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES						
1	CHECK BOX II THE TOOKEDATE AMOUNT IN NOW (7) EXCELUDES CERTAIN SHARES						
	Not applicable.						
11	Not applicable. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9						
**	LICE	41	OF CEROS REFRESENTED DI AMOUNT IN ROW /				
	Less than 0.1%						
12			REPORTING PERSON				
12	LILE	<i>)</i> 1 1	ALI OKTINO I EROON				
	IC, CC	`					
	10,00	,					

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 Nebraska corporation

GEICO Indemnity Company

5260 Western Ave. Chevy Chase, Maryland 20815 Nebraska 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

Berkshire Hathaway Direct Insurance Company

1314 Douglas Street Omaha, NE 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

Wellfleet Insurance Company 5814 Reed Road Ft Wayne, Indiana 46835 New York corporation

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

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

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

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

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

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

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

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

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

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

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

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

(d) Title of Class of Securities

Common Stock

(e) CUSIP Number

060505104

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

Not Applicable.

Item 4. Ownership

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

(a) Amount beneficially Owned

See the Cover Pages for each of the Reporting Persons

(b) Percent of Class

See the Cover Pages for each of the Reporting Persons

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

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

See the Cover Pages for each of the Reporting Persons

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

Not Applicable.

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

Not Applicable.

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

See Exhibit A.

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

Not Applicable.

Item 9. Notice of Dissolution of Group.

Not Applicable.

Item 10. Certification.

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

SIGNATURES

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

Dated this 16th day of February, 2021

/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, WELLFLEET 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 BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY.

By: /s/ Warren E. Buffett

Warren E. Buffett Attorney-in-Fact

SCHEDULE 13G

EXHIBIT A

RELEVANT SUBSIDIARIES AND MEMBERS OF FILING GROUP

PARENT HOLDING COMPANIES OR CONTROL PERSONS:

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

Berkshire Hathaway Inc.

General Re Corporation

GEICO Corporation

Central States of Omaha Companies, Inc.

Finial Holding Inc.

NRG America Holding Company

U.S. Investment Corporation

MedPro Group Inc.

SUBSIDIARIES:

National Indemnity Company

Government Employees Insurance Company

GEICO Indemnity Company

General Reinsurance Corporation

General Star Indemnity Company

General Star National Insurance Company

Central States Indemnity Company of Omaha

Berkshire Hathaway Homestate Insurance Company

BH Finance LLC

Oak River Insurance Company

Cypress Insurance Company

National Liability & Fire Insurance Company

Finial Reinsurance Company

Berkshire Hathaway Assurance Corporation

Columbia Insurance Company

National Indemnity Company of the South

National Indemnity Company of Mid-America

Boat America Corporation

GEICO Marine Insurance Company

Berkshire Hathaway Specialty Insurance Company

Wellfleet 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

Berkshire Hathaway Direct Insurance 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 16, 2021	/s/ Warren E. Buffett Warren E. Buffett
Dated: February 16, 2021	Berkshire Hathaway Inc.
	/s/ Warren E. Buffett By: Warren E. Buffett Title: Chairman and Chief Executive Officer
Dated: February 16, 2021	National Indemnity Company
	/s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer
Dated: February 16, 2021	GEICO Corporation
	/s/ Todd A. Combs By: Todd A. Combs Title: President
Dated: February 16, 2021	Government Employees Insurance Company
	/s/ Todd A. Combs By: Todd A. Combs Title: President
Dated: February 16, 2021	GEICO Indemnity Company
	/s/ Todd A. Combs By: Todd A. Combs Title: Vice President
Dated: February 16, 2021	General Re Corporation
	/s/ Michael P. O'Dea
	By: Michael P. O'Dea Title: Senior Vice President

Dated: February 16, 2021 General Reinsurance Corporation /s/ Michael P. O'Dea By: Michael P. O'Dea Title: Senior Vice President Dated: February 16, 2021 General Star Indemnity Company /s/ Michael P. O'Dea By: Michael P. O'Dea Title: Treasurer Dated: February 16, 2021 General Star National Insurance Company /s/ Michael P. O'Dea By: Michael P. O'Dea Title: Treasurer Dated: February 16, 2021 Central States of Omaha Companies, Inc. /s/ Kim Young By: Kim Young Title: Chief Financial Officer Dated: February 16, 2021 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 16, 2021 /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 16, 2021 Berkshire Hathaway Homestate Insurance Company /s/ Andrew R. Linkhart By: Andrew R. Linkhart Title: Chief Financial Officer Dated: February 16, 2021 BH Finance LLC /s/ Marc D. Hamburg By: Marc D. Hamburg Title: President Dated: February 16, 2021 Oak River Insurance Company /s/ Andrew R. Linkhart By: Andrew R. Linkhart Title: Chief Financial Officer Dated: February 16, 2021 Cypress Insurance Company /s/ Andrew R. Linkhart By: Andrew R. Linkhart Title: Chief Financial Officer

Dated: February 16, 2021 National Liability & Fire Insurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Finial Holdings Inc. Dated: February 16, 2021 /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 16, 2021 Finial Reinsurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 16, 2021 Berkshire Hathaway Assurance Corporation /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 16, 2021 Columbia Insurance Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 16, 2021 NRG America Holding Company /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 16, 2021 National Indemnity Company of the South /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer Dated: February 16, 2021 National Indemnity Company of Mid-America /s/ Dale D Geistkemper By: Dale D Geistkemper Title: Treasurer

Dated: February 16, 2021	Boat America Corporation
	/s/ Tammy L. Moore
	By: Tammy L. Moore
	Title: President
Dated: February 16, 2021	GEICO Marine Insurance Company
	/s/ Tammy L. Moore
	By: Tammy L. Moore
	Title: President
Dated: February 16, 2021	Berkshire Hathaway Specialty Insurance Company
	/s/ Dale D Geistkemper
	By: Dale D Geistkemper
	Title: Treasurer
Dated: February 16, 2021	Wellfleet Insurance Company
	/s/ Anthony A. Bowser
	By: Anthony A. Bowser
	Title: Chief Financial Officer
Dated: February 16, 2021	U.S. Investment Corporation
	/s/ Stephen J. Rivituso
	By: Stephen J. Rivituso
	Title: Senior Vice President
Dated: February 16, 2021	United States Liability Insurance Company
	/s/ Stephen J. Rivituso
	By: Stephen J. Rivituso
	Title: Senior Vice President

Dated: February 16, 2021 Mount Vernon Fire Insurance Company /s/ Stephen J. Rivituso By: Stephen J. Rivituso Title: Senior Vice President Dated: February 16, 2021 Berkshire Hathaway Life Insurance Company of Nebraska /s/ Dale D. Geistkemper By: Dale D. Geistkemper Title: Treasurer Dated: February 16, 2021 BHG Life Insurance Company /s/ Dale D. Geistkemper By: Dale D. Geistkemper Title: Treasurer Dated: February 16, 2021 First Berkshire Life Insurance Company /s/ Dale D. Geistkemper By: Dale D. Geistkemper Title: Treasurer Dated: February 16, 2021 Genesis Insurance Company /s/ Edward M. Nosenzo By: Edward M. Nosenzo Title: Treasurer Dated: February 16, 2021 National Fire & Marine Insurance Company /s/ Dale D. Geistkemper By: Dale D. Geistkemper Title: Treasurer Dated: February 16, 2021 MedPro Group Inc. /s/ Anthony A. Bowser By: Anthony A. Bowser Title: Chief Financial Officer Dated: February 16, 2021 The Medical Protective Company /s/ Anthony A. Bowser By: Anthony A. Bowser Title: Chief Financial Officer Dated: February 16, 2021 Princeton Insurance Company /s/ Anthony A. Bowser By: Anthony A. Bowser Title: Chief Financial Officer Berkshire Hathaway International Insurance Ltd. Dated: February 16, 2021 /s/ Donald F. Wurster By: Donald F. Wurster Title: Director

Dated: February 16, 2021 West GUARD Insurance Company /s/ Sy Foguel By: Sy Foguel Title: President Dated: February 16, 2021 Am GUARD Insurance Company /s/ Sy Foguel By: Sy Foguel Title: President Dated: February 16, 2021 NorGUARD Insurance Company /s/ Sy Foguel By: Sy Foguel Title: President Dated: February 16, 2021 Old United Casualty Company /s/ Glen I. Mayer By: Glen I. Mayer Title: President Berkshire Hathaway Direct Insurance Company /s/ Dale D. Geistkemper By: Dale D. Geistkemper Title: Treasurer