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**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**  
Washington, DC 20549

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**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. 5)\***

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**BANK OF AMERICA CORPORATION**  
(Name of Issuer)

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

**060505104**  
(CUSIP Number)

**September 30, 2024**  
(Date of Event Which Requires Filing of this Statement)

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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.)

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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 797,683,307 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 797,683,307 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 797,683,307 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 10.4%	
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 797,683,307 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 797,683,307 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 797,683,307 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 10.4%	
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 564,884,941 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 564,884,941 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 564,884,941 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 7.3%	
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"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 4.1%	
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 Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 230,580,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 230,580,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 230,580,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 3.0%	
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 Nebraska	
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"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 1.1%	
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 21,000,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 21,000,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 21,000,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
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 21,000,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 21,000,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 21,000,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
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 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"/> 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 Central States of Omaha Companies, 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 Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 3,920,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 3,920,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 3,920,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 Less than 0.1%	
12	TYPE OF REPORTING PERSON CO, HC	

1	NAME OF REPORTING PERSON Central States Indemnity Company of Omaha	
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 3,920,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 3,920,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 3,920,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 Less than 0.1%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON Berkshire Hathaway 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"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.2%	
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"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 1.8%	
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"/> 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 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"/> 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 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"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.4%	
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 10,185,480 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 10,185,480 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 10,185,480 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.1%	
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 10,185,480 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 10,185,480 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 10,185,480 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.1%	
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 141,410,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 141,410,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 141,410,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 1.8%	
12	TYPE OF REPORTING PERSON IC, CO, HC	

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"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.1%	
12	TYPE OF REPORTING PERSON CO, HC	

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

1	NAME OF REPORTING PERSON Berkshire Hathaway 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 1,400,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 1,400,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 1,400,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> 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 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"/> Not applicable.	
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"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.1%	
12	TYPE OF REPORTING PERSON IC, CO, HC	

1	NAME OF REPORTING PERSON Berkshire Hathaway Life Insurance Company of Nebraska	
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 8,147,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 8,147,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 8,147,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.1%	
12	TYPE OF REPORTING PERSON 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 946,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 946,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 946,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> 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 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 145,500 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 145,500 shares of Common Stock
9	AGGREGATE 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 <input type="checkbox"/> 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 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 28,668,366 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 28,668,366 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 28,668,366 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.4%	
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 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"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 Less than 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 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"/> 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 West 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 927,192 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 927,192 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 927,192 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 Less than 0.1%	
12	TYPE OF REPORTING PERSON 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 311,642 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 311,642 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 311,642 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> 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 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 615,550 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 615,550 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 615,550 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> 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 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"/> Not applicable.	
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"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.1%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON Berkshire Hathaway Direct 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 850,000 shares of Common Stock
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 850,000 shares of Common Stock
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 850,000 shares of Common Stock	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 Less than 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  
Nebraska corporation

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

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

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

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

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

General Reinsurance Corporation  
120 Long Ridge Road  
Stamford, 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

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

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

BHG Life Insurance Company  
1314 Douglas Street  
Omaha, NE 68102  
Nebraska corporation

MedPro Group Inc.  
5814 Reed Road  
Ft. Wayne, IN 46835  
Indiana 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 November, 2024

/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,  
COLUMBIA INSURANCE COMPANY,  
NRG AMERICA HOLDING COMPANY,  
NATIONAL INDEMNITY COMPANY OF  
THE SOUTH, NATIONAL INDEMNITY  
COMPANY OF MID-AMERICA,  
BERKSHIRE HATHAWAY SPECIALTY  
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, NATIONAL FIRE & MARINE  
INSURANCE COMPANY, MEDPRO  
GROUP INC. THE MEDICAL  
PROTECTIVE COMPANY, WEST GUARD  
INSURANCE COMPANY, AM GUARD  
INSURANCE COMPANY, NORGUARD  
INSURANCE COMPANY, AND  
BERKSHIRE HATHAWAY DIRECT  
INSURANCE COMPANY.

By: /s/ Warren E. Buffett

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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  
Columbia Insurance Company  
National Indemnity Company of the South  
National Indemnity Company of Mid-America  
Berkshire Hathaway Specialty 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  
National Fire & Marine Insurance Company  
The Medical Protective Company  
Berkshire Hathaway International Insurance Ltd.  
West GUARD Insurance Company  
Am GUARD Insurance Company  
NorGUARD Insurance 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: November 14, 2024	<u>/s/ Warren E. Buffett</u> Warren E. Buffett
Dated: November 14, 2024	Berkshire Hathaway Inc.  <u>/s/ Warren E. Buffett</u> By: Warren E. Buffett Title: Chairman and Chief Executive Officer
Dated: November 14, 2024	National Indemnity Company  <u>/s/ Dale D Geistkemper</u> By: Dale D Geistkemper Title: Treasurer
Dated: November 14, 2024	GEICO Corporation  <u>/s/ Todd A. Combs</u> By: Todd A. Combs Title: President
Dated: November 14, 2024	Government Employees Insurance Company  <u>/s/ Todd A. Combs</u> By: Todd A. Combs Title: President
Dated: November 14, 2024	GEICO Indemnity Company  <u>/s/ Todd A. Combs</u> By: Todd A. Combs Title: Vice President
Dated: November 14, 2024	General Re Corporation  <u>/s/ Michael P. O'Dea</u> By: Michael P. O'Dea Title: Senior Vice President

Dated: November 14, 2024

General Reinsurance Corporation

/s/ Michael P. O'Dea

By: Michael P. O'Dea

Title: Senior Vice President

Dated: November 14, 2024

General Star Indemnity Company

/s/ Michael P. O'Dea

By: Michael P. O'Dea

Title: Treasurer

Dated: November 14, 2024

General Star National Insurance Company

/s/ Michael P. O'Dea

By: Michael P. O'Dea

Title: Treasurer

Dated: November 14, 2024

Central States of Omaha Companies, Inc.

/s/ Kim Young

By: Kim Young

Title: Chief Financial Officer

Dated: November 14, 2024

Central States Indemnity Company of Omaha

/s/ Kim Young

By: Kim Young

Title: Chief Financial Officer

Dated: November 14, 2024

Berkshire Hathaway Life Insurance Company of Nebraska

/s/ Dale D Geistkemper

By: Dale D Geistkemper

Title: Treasurer

Dated: November 14, 2024

Berkshire Hathaway Homestate Insurance Company

/s/ Andrew R. Linkhart

By: Andrew R. Linkhart

Title: Chief Financial Officer

Dated: November 14, 2024

BH Finance LLC

/s/ Marc D. Hamburg

By: Marc D. Hamburg

Title: President

Dated: November 14, 2024

Oak River Insurance Company

/s/ Andrew R. Linkhart

By: Andrew R. Linkhart

Title: Chief Financial Officer

Dated: November 14, 2024

Cypress Insurance Company

/s/ Andrew R. Linkhart

By: Andrew R. Linkhart

Title: Chief Financial Officer

Dated: November 14, 2024

National Liability & Fire Insurance Company

/s/ Dale D Geistkemper

By: Dale D Geistkemper

Title: Treasurer

Dated: November 14, 2024

Finial Holdings Inc.

/s/ Dale D Geistkemper

By: Dale D Geistkemper

Title: Treasurer

Dated: November 14, 2024

Finial Reinsurance Company

/s/ Dale D Geistkemper

By: Dale D Geistkemper

Title: Treasurer

Dated: November 14, 2024

Columbia Insurance Company

/s/ Dale D Geistkemper

By: Dale D Geistkemper

Title: Treasurer

Dated: November 14, 2024

NRG America Holding Company

/s/ Dale D Geistkemper

By: Dale D Geistkemper

Title: Treasurer

Dated: November 14, 2024

National Indemnity Company of the South

/s/ Dale D Geistkemper

By: Dale D Geistkemper

Title: Treasurer

Dated: November 14, 2024

National Indemnity Company of Mid-America

/s/ Dale D Geistkemper

By: Dale D Geistkemper

Title: Treasurer



Dated: November 14, 2024

Berkshire Hathaway Specialty Insurance Company

/s/ Dale D Geistkemper

By: Dale D Geistkemper

Title: Treasurer

Dated: November 14, 2024

U.S. Investment Corporation

/s/ Stephen J. Rivituso

By: Stephen J. Rivituso

Title: Senior Vice President

Dated: November 14, 2024

United States Liability Insurance Company

/s/ Stephen J. Rivituso

By: Stephen J. Rivituso

Title: Senior Vice President

Dated: November 14, 2024

Mount Vernon Fire Insurance Company

/s/ Stephen J. Rivituso

By: Stephen J. Rivituso

Title: Senior Vice President

Dated: November 14, 2024

Berkshire Hathaway Life Insurance Company of Nebraska

/s/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

Dated: November 14, 2024

BHG Life Insurance Company

/s/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

Dated: November 14, 2024

First Berkshire Life Insurance Company

/s/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

Dated: November 14, 2024

National Fire & Marine Insurance Company

/s/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

Dated: November 14, 2024

MedPro Group Inc.

/s/ Anthony A. Bowser

By: Anthony A. Bowser

Title: Chief Financial Officer

Dated: November 14, 2024

The Medical Protective Company

/s/ Anthony A. Bowser

By: Anthony A. Bowser

Title: Chief Financial Officer

Dated: November 14, 2024

West GUARD Insurance Company

/s/ Adam Edelstein

By: Adam Edelstein

Title: President

Dated: November 14, 2024

Am GUARD Insurance Company

/s/ Adam Edelstein

By: Adam Edelstein

Title: President

Dated: November 14, 2024

NorGUARD Insurance Company

/s/ Adam Edelstein

By: Adam Edelstein

Title: President

Dated: November 14, 2024

Berkshire Hathaway Direct Insurance Company

/s/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer