# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### **SCHEDULE 13G**

#### **UNDER THE SECURITIES EXCHANGE ACT OF 1934**

(Amendment No. 6)\*

·
BANK OF AMERICA CORPORATION
(Name of Issuer)
Common Stock, par value \$0.01 per share
(Title of Class of Securities)
060505104
(CUSIP Number)
12/31/2024
(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(d)
COLIEDUI E 420

30000 Te.	CUSIP No.	060505104
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Names of Reporting Persons	
Warren E. Buffett	
Check the appropriate box if a member of a Group (see instructions)	
<ul><li>✓ (a)</li><li>(b)</li></ul>	
Sec Use Only	
Citizenship or Place of Organization	
UNITED STATES	

		Sole Voting Power		
	5 0.00			
Number of Shares	-	6 Shared Voting Power 680,233,587.00		
Beneficial ly Owned	ь			
by Each Reporting	Sole Dispositive Power			
Person With:	0.00			
	Shared Dispositive Power			
	8 680,233,587.00			
_	Aggregate Amount Beneficially Owned by Each Reporting Person			
9	680,233,587.00			
	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)			
10				
44	Percent of class represented by amount in row (9)			
11	8.9 %  Type of Reporting Person (See Instructions)  IN			
42				
12				

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Names of Reporting Persons			
Berkshire H	Berkshire Hathaway Inc.		
Check the a	Check the appropriate box if a member of a Group (see instructions)		
(a) (b)	<ul><li>✓ (a)</li><li>(b)</li></ul>		
Sec Use Only			
Citizenship or Place of Organization			
DELAWARE			
	Sole Voting Power		
5	0.00		
	Shared Voting Power		
6	680,233,587.00		
7	Sole Dispositive Power		
	0.00		
8	Shared Dispositive Power		
	680,233,587.00		
Aggregate Amount Beneficially Owned by Each Reporting Person 680,233,587.00			
		Check box	if the aggregate amount in row (9) excludes certain shares (See Instructions)
	Berkshire H Check the a (a) (b) Sec Use Or Citizenship DELAWARE  5 6 7 8 Aggregate 680,233,587 Check box		

I	11	Percent of class represented by amount in row (9)
	- 11	8.9 %
	40	Type of Reporting Person (See Instructions)
	12	HC, CO

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1	Names of Reporting Persons			
1	National Ind	National Indemnity Company		
	Check the appropriate box if a member of a Group (see instructions)			
2	(a) (b)	<ul><li>✓ (a)</li><li>□ (b)</li></ul>		
3	Sec Use Only			
4	Citizenship or Place of Organization			
4	NEBRASKA			
	Sole Voting Power			
Number of Shares				
Beneficial ly Owned		460,580,980.00		
by Each Reporting	7	Sole Dispositive Power		
Person With:		0.00		
	8	Shared Dispositive Power		
	460,850,980.00			
0	Aggregate Amount Beneficially Owned by Each Reporting Person			
9	460,850,980.00			
40	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)			
10				
11	Percent of class represented by amount in row (9)			
11	6.1 %			
12	Type of Rep	porting Person (See Instructions)		
12	IC, CO, HC			

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	Names of Reporting Persons
1	GEICO Corporation
2	Check the appropriate box if a member of a Group (see instructions)

	(a) (b)			
3	Sec Use Only			
4	Citizenship or Place of Organization			
4	DELAWARE	DELAWARE		
	Sole Voting Power			
	5	5 0.00		
Number of Shares	Shared Voting Power			
Beneficial ly Owned	6	310,800,000.00		
by Each Reporting	Sole Dispositive Power			
Person With:		0.00		
	8	Shared Dispositive Power		
	310,800,000.00			
	Aggregate Amount Beneficially Owned by Each Reporting Person			
9	310,800,000.00			
10	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)			
10				
11	Percent of class represented by amount in row (9)			
<u>""</u>	4.1 %			
12	Type of Rep	orting Person (See Instructions)		
12	HC, CO			

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1	Names of Reporting Persons
1	Government Employees Insurance Company
	Check the appropriate box if a member of a Group (see instructions)
2	<ul><li>✓ (a)</li><li>□ (b)</li></ul>
3	Sec Use Only
4	Citizenship or Place of Organization
4	NEBRASKA

		Sole Voting Power
	5	0.00
Number of Shares		Shared Voting Power
Beneficial ly Owned	6	229,600,000.00
by Each Reporting	7	Sole Dispositive Power
Person With:	,	0.00
	8	Shared Dispositive Power
	0	229,600,000.00
	Aggregate A	Amount Beneficially Owned by Each Reporting Person
9	229,600,000	0.00
	Check box	if the aggregate amount in row (9) excludes certain shares (See Instructions)
10		
44	Percent of	class represented by amount in row (9)
11	3 %	
12	Type of Rep	porting Person (See Instructions)
12	IC, CO, HC	

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_		
1	Names of R	Reporting Persons
•	GEICO Inde	emnity Company
	Check the a	appropriate box if a member of a Group (see instructions)
2	(a) (b)	
3	Sec Use Or	nly
_	Citizenship	or Place of Organization
4	NEBRASKA	
		Sole Voting Power
	5	0.00
Number of Shares		Shared Voting Power
Beneficial ly Owned	6	81,200,000.00
by Each Reporting	7	Sole Dispositive Power
Person With:	,	0.00
	8	Shared Dispositive Power
	0	81,200,000.00
	Aggregate A	Amount Beneficially Owned by Each Reporting Person
9	81,200,000.	00
40	Check box	if the aggregate amount in row (9) excludes certain shares (See Instructions)
10		
l		

11	Percent of class represented by amount in row (9)
"	1.1 %
40	Type of Reporting Person (See Instructions)
12	IC, CO, HC

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1	Names of R	deporting Persons
'	General Re	Corporation
	Check the a	appropriate box if a member of a Group (see instructions)
2	(a) (b)	
3	Sec Use On	ıly
4	Citizenship	or Place of Organization
4	DELAWARE	
	_	Sole Voting Power
	5	0.00
Number of Shares	6	Shared Voting Power
Beneficial ly Owned		21,000,000.00
by Each Reporting	7	Sole Dispositive Power
Person With:		0.00
	8	Shared Dispositive Power
		21,000,000.00
9	Aggregate A	Amount Beneficially Owned by Each Reporting Person
3	21,000,000.0	00
10	Check box	if the aggregate amount in row (9) excludes certain shares (See Instructions)
10		
11	Percent of o	class represented by amount in row (9)
	0.3 %	
12		porting Person (See Instructions)
	CO, HC	

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4	Names of Reporting Persons
'	General Reinsurance Corporation
2	Check the appropriate box if a member of a Group (see instructions)

	(a) (b)	
3	Sec Use On	ly
4	Citizenship	or Place of Organization
4	DELAWARE	
		Sole Voting Power
	5	0.00
Number of Shares	6	Shared Voting Power
Beneficial ly Owned	ь	21,000,000.00
by Each Reporting	7	Sole Dispositive Power
Person With:		0.00
	8	Shared Dispositive Power
	0	21,000,000.00
	Aggregate A	Amount Beneficially Owned by Each Reporting Person
9	21,000,000.0	00
40	Check box i	if the aggregate amount in row (9) excludes certain shares (See Instructions)
10		
11	Percent of c	class represented by amount in row (9)
71	0.3 %	
12	Type of Rep	porting Person (See Instructions)
12	IC, CO, HC	

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1	Names of Reporting Persons
ı	General Star National Insurance Company
	Check the appropriate box if a member of a Group (see instructions)
2	<ul><li>✓ (a)</li><li>☐ (b)</li></ul>
3	Sec Use Only
4	Citizenship or Place of Organization
7	OHIO

	_	Sole Voting Power	
	5	0.00	
Number of Shares	6	Shared Voting Power	
Beneficial ly Owned		1,960,000.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:		0.00	
	8	Shared Dispositive Power	
	8	1,960,000.00	
	Aggregate Amount Beneficially Owned by Each Reporting Person		
9	1,960,000.00		
	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
10			
44	Percent of class represented by amount in row (9)		
11	0.03 %		
12	Type of Rep	porting Person (See Instructions)	
12	IC, CO		

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1	Names of R	Reporting Persons			
•	Central States of Omaha Companies, Inc.				
	Check the a	appropriate box if a member of a Group (see instructions)			
2	(a) (b)				
3	Sec Use Or	nly			
	Citizenship or Place of Organization				
4	NEBRASKA				
	5	Sole Voting Power			
		0.00			
Number of Shares	6	Shared Voting Power			
Beneficial ly Owned		3,920,000.00			
by Each Reporting	7	Sole Dispositive Power			
Person With:		0.00			
	8	Shared Dispositive Power			
	0	3,920,000.00			
	Aggregate .	Amount Beneficially Owned by Each Reporting Person			
9	3,920,000.00				
	Check box	if the aggregate amount in row (9) excludes certain shares (See Instructions)			
10					

11	Percent of class represented by amount in row (9)
"	0.05 %
40	Type of Reporting Person (See Instructions)
12	CO, HC

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	Names of F	Reporting Persons	
1	Central States Indemnity Company of Omaha		
	Check the	appropriate box if a member of a Group (see instructions)	
2	(a) (b)		
3	Sec Use Or	nly	
4	Citizenship or Place of Organization		
4	NEBRASKA		
		Sole Voting Power	
	5	0.00	
Number of Shares	6	Shared Voting Power	
Beneficial ly Owned		3,920,000.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:		0.00	
	8	Shared Dispositive Power	
		3,920,000.00	
	Aggregate Amount Beneficially Owned by Each Reporting Person		
9	3,920,000.0	0	
40	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
10			
44	Percent of class represented by amount in row (9)		
11	0.05 %		
12	Type of Rep	porting Person (See Instructions)	
12	IC, CO		

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4	Names of Reporting Persons
1	Berkshire Hathaway Homestate Insurance Company
2	Check the appropriate box if a member of a Group (see instructions)

	(a) (b)		
3	Sec Use On	ly	
4	Citizenship	or Place of Organization	
	NEBRASKA	NEBRASKA	
	5	Sole Voting Power	
		0.00	
Number of Shares	6	Shared Voting Power	
Beneficial ly Owned		11,900,000.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:		0.00	
	8	Shared Dispositive Power	
	0	11,900,000.00	
	Aggregate A	Amount Beneficially Owned by Each Reporting Person	
9	11,900,000.00		
10	Check box i	if the aggregate amount in row (9) excludes certain shares (See Instructions)	
10			
11	Percent of class represented by amount in row (9)		
	0.2 %		
12	Type of Rep	porting Person (See Instructions)	
12	IC, CO		

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1	Names of Reporting Persons
1	BH Finance LLC
	Check the appropriate box if a member of a Group (see instructions)
2	<ul><li>✓ (a)</li><li>□ (b)</li></ul>
3	Sec Use Only
4	Citizenship or Place of Organization
4	NEBRASKA

		Sole Voting Power
	5	0.00
Number of Shares	6	Shared Voting Power
Beneficial ly Owned		140,000,000.00
by Each Reporting	7	Sole Dispositive Power
Person With:	7	0.00
	8	Shared Dispositive Power
	0	140,000,000.00
	Aggregate A	Amount Beneficially Owned by Each Reporting Person
9	140,000,000.00	
	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)	
10		
44	Percent of class represented by amount in row (9)	
11	1.8 %	
42	Type of Reporting Person (See Instructions)	
12	00	

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	Names of R	eporting Persons	
1	Oak River Insurance Company		
	Check the appropriate box if a member of a Group (see instructions)		
2	<ul><li>✓ (a)</li><li>✓ (b)</li></ul>		
3	Sec Use Only		
4	Citizenship or Place of Organization		
4	NEBRASKA		
		Sole Voting Power	
	5	0.00	
Number of Shares		Shared Voting Power	
Beneficial ly Owned	6	4,200,000.00	
by Each Reporting	_	Sole Dispositive Power	
Person With:	7	0.00	
	8	Shared Dispositive Power	
	ŏ	4,200,000.00	
	Aggregate Amount Beneficially Owned by Each Reporting Person		
9	4,200,000.00		
	Check box	if the aggregate amount in row (9) excludes certain shares (See Instructions)	
10			
1			

11	Percent of class represented by amount in row (9)
"	0.05 %
40	Type of Reporting Person (See Instructions)
12	IC, CO

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1	Names of R	Names of Reporting Persons		
'	Cypress Insurance Company			
	Check the appropriate box if a member of a Group (see instructions)			
2	<ul><li>✓ (a)</li><li>□ (b)</li></ul>			
3	Sec Use Only			
4	Citizenship or Place of Organization			
4	CALIFORNIA			
	_	Sole Voting Power		
	5	0.00		
Number of Shares	•	Shared Voting Power		
Beneficial ly Owned	6	2,100,000.00		
by Each Reporting	7	Sole Dispositive Power		
Person With:		0.00		
	8	Shared Dispositive Power		
		2,100,000.00		
	Aggregate Amount Beneficially Owned by Each Reporting Person			
9	2,100,000.00			
40	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)			
10				
11	Percent of class represented by amount in row (9)			
11	0.03 %			
12	Type of Rep	porting Person (See Instructions)		
12	IC, CO			

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4	Names of Reporting Persons
1	National Liability & Fire Insurance Company
2	Check the appropriate box if a member of a Group (see instructions)

	<ul><li>✓ (a)</li><li>(b)</li></ul>		
3	Sec Use Only		
4	Citizenship or Place of Organization  CONNECTICUT		
	Sole Voting Power 0.00		
Number of Shares Beneficial ly Owned	6	Shared Voting Power 28,000,000.00	
by Each Reporting Person With:	7	Sole Dispositive Power 0.00	
	8	Shared Dispositive Power 28,000,000.00	
9	Aggregate Amount Beneficially Owned by Each Reporting Person 28,000,000.00		
10	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
11	Percent of class represented by amount in row (9) 0.4 %		
12	Type of Reporting Person (See Instructions) IC, CO		

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	Names of Reporting Persons
1	Finial Holdings Inc.
	Check the appropriate box if a member of a Group (see instructions)
2	<ul><li>✓ (a)</li><li>✓ (b)</li></ul>
3	Sec Use Only
4	Citizenship or Place of Organization
4	DELAWARE

		Sole Voting Power
	5	0.00
Number of Shares Beneficial ly Owned	6	Shared Voting Power
		10,185,480.00
by Each Reporting	7	Sole Dispositive Power
Person With:	,	0.00
	•	Shared Dispositive Power
	8	10,185,480.00
_	Aggregate Amount Beneficially Owned by Each Reporting Person	
9	10,185,480.00	
	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)	
10		
44	Percent of class represented by amount in row (9)	
11	0.1 %	
42	Type of Reporting Person (See Instructions)	
12	CO, HC	

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1	Names of F	Reporting Persons
·	Finial Reins	urance Company
	Check the	appropriate box if a member of a Group (see instructions)
2	(a) (b)	
3	Sec Use Or	nly
4	Citizenship	or Place of Organization
4	CONNECTI	СИТ
		Sole Voting Power
	5	0.00
Number of Shares		Shared Voting Power
Beneficial ly Owned	6	10,185,480.00
by Each Reporting	7	Sole Dispositive Power
Person With:	<b>'</b>	0.00
	8	Shared Dispositive Power
	°	10,185,480.00
	Aggregate	Amount Beneficially Owned by Each Reporting Person
9	10,185,480	00
40	Check box	if the aggregate amount in row (9) excludes certain shares (See Instructions)
10		

11	Percent of class represented by amount in row (9)
l "	0.1 %
40	Type of Reporting Person (See Instructions)
12	IC, CO

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1	Names of R	deporting Persons
'	Columbia In	surance Company
	Check the a	appropriate box if a member of a Group (see instructions)
2	(a) (b)	
3	Sec Use On	ıly
4	Citizenship	or Place of Organization
	NEBRASKA	
	_	Sole Voting Power
	5	0.00
Number of Shares	6	Shared Voting Power
Beneficial ly Owned	0	145,600,000.00
by Each Reporting	7	Sole Dispositive Power
Person With:		0.00
	8	Shared Dispositive Power
	-	145,600,000.00
9	Aggregate A	Amount Beneficially Owned by Each Reporting Person
9	145,600,000	0.00
10	Check box	if the aggregate amount in row (9) excludes certain shares (See Instructions)
10		
11	Percent of	class represented by amount in row (9)
''	1.9 %	
12	Type of Rep	porting Person (See Instructions)
12	IC, CO, HC	

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	Names of Reporting Persons
'	NRG America Holding Company
2	Check the appropriate box if a member of a Group (see instructions)

	(a) (b)	
3	Sec Use On	ly
4	Citizenship	or Place of Organization
4	DELAWARE	
	_	Sole Voting Power
	5	0.00
Number of Shares	6	Shared Voting Power
Beneficial ly Owned	6	5,600,000.00
by Each Reporting Person	7	Sole Dispositive Power
Person With:		0.00
	8	Shared Dispositive Power
	0	5,600,000.00
	Aggregate A	Amount Beneficially Owned by Each Reporting Person
9	5,600,000.00	
40	Check box i	f the aggregate amount in row (9) excludes certain shares (See Instructions)
10		
11	Percent of c	class represented by amount in row (9)
111	0.1 %	
12	Type of Rep	orting Person (See Instructions)
12	CO, HC	

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4	Names of Reporting Persons
1	National Indemnity Company of the South
	Check the appropriate box if a member of a Group (see instructions)
2	<ul><li>✓ (a)</li><li>☐ (b)</li></ul>
3	Sec Use Only
4	Citizenship or Place of Organization
4	FLORIDA

	_	Sole Voting Power
	5	0.00
Number of Shares	6	Shared Voting Power
Beneficial ly Owned	<b>.</b>	2,800,000.00
by Each Reporting	7	Sole Dispositive Power
Person With:	,	0.00
	8	Shared Dispositive Power
	0	2,800,000.00
	Aggregate A	Amount Beneficially Owned by Each Reporting Person
9	2,800,000.0	0
	Check box	if the aggregate amount in row (9) excludes certain shares (See Instructions)
10		
44	Percent of	class represented by amount in row (9)
11	0.04 %	
12	Type of Rep	porting Person (See Instructions)
12	IC, CO	

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Names of Reporting Persons		
National Indemnity Company of Mid-America		
Check the	appropriate box if a member of a Group (see instructions)	
(a) (b)		
Sec Use O	nly	
Citizenship	o or Place of Organization	
IOWA		
_	Sole Voting Power	
5	0.00	
6	Shared Voting Power	
	2,380,000.00	
7	Sole Dispositive Power	
,	0.00	
Ω	Shared Dispositive Power	
8	2,380,000.00	
Aggregate Amount Beneficially Owned by Each Reporting Person		
2,380,000.00		
Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
	National Ind Check the (a) (b) Sec Use O Citizenship IOWA  5 6 7 8 Aggregate 2,380,000.0 Check box	

11	Percent of class represented by amount in row (9)
"	0.03 %
40	Type of Reporting Person (See Instructions)
12	IC, CO

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	Names of Reporting Persons		
1	Berkshire Hathaway Specialty Insurance Company		
	Check the	appropriate box if a member of a Group (see instructions)	
2	<ul><li>✓ (a)</li><li>□ (b)</li></ul>		
3	Sec Use Or	nly	
4	Citizenship	or Place of Organization	
4	NEBRASKA		
		Sole Voting Power	
	5	0.00	
Number of Shares		Shared Voting Power	
Beneficial ly Owned	6	1,400,000.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:		0.00	
	8	Shared Dispositive Power	
		1,400,000.00	
	Aggregate	Amount Beneficially Owned by Each Reporting Person	
9	1,400,000.00		
10	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
10			
11	Percent of class represented by amount in row (9)		
	0.02 %		
12	Type of Reporting Person (See Instructions)		
12	IC, CO		

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1	Names of Reporting Persons
'	U.S. Investment Corporation
2	Check the appropriate box if a member of a Group (see instructions)

	<ul><li>✓ (a)</li><li>(b)</li></ul>		
3	Sec Use On	ly	
4	Citizenship or Place of Organization		
4	PENNSYLVANIA		
	_	Sole Voting Power	
	5	0.00	
Number of Shares	6	Shared Voting Power	
Beneficial ly Owned		9,800,000.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:		0.00	
	8	Shared Dispositive Power	
	0	9,800,000.00	
	Aggregate Amount Beneficially Owned by Each Reporting Person		
9	9,800,000.00		
10	Check box i	f the aggregate amount in row (9) excludes certain shares (See Instructions)	
10			
11	Percent of class represented by amount in row (9)		
	0.1 %		
12	Type of Reporting Person (See Instructions)		
12	CO, HC		

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United States Liability Insurance Company  Check the appropriate box if a member of a Group (see instructions)  (a) (b)  Sec Use Only  Citizenship or Place of Organization	1	Names of Reporting Persons	
2 (a) (b) 3 Sec Use Only Citizenship or Place of Organization		United States Liability Insurance Company	
3 Sec Use Only Citizenship or Place of Organization		Check the appropriate box if a member of a Group (see instructions)	
Citizenship or Place of Organization	2	<ul><li>✓ (a)</li><li>✓ (b)</li></ul>	
4	3	Sec Use Only	
4 DENINGVI VANIA	4	Citizenship or Place of Organization	
FENNSTEVANIA		PENNSYLVANIA	

	5	Sole Voting Power	
		0.00	
Number of Shares		Shared Voting Power	
Beneficial ly Owned	6	9,800,000.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:	,	0.00	
	8	Shared Dispositive Power	
		9,800,000.00	
	Aggregate Amount Beneficially Owned by Each Reporting Person		
9	9,800,000.00		
	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
10			
44	Percent of class represented by amount in row (9)		
11	0.1 %		
42	Type of Reporting Person (See Instructions)		
12	IC, CO, HC		

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1	Names of Reporting Persons		
•	First Berkshire Life Insurance Company		
	Check the a	ppropriate box if a member of a Group (see instructions)	
2	<ul><li>✓ (a)</li><li>□ (b)</li></ul>		
3	Sec Use On	ıly	
_	Citizenship	or Place of Organization	
4	NEW YORK		
		Sole Voting Power	
	5	0.00	
Number of Shares	6	Shared Voting Power	
Beneficial ly Owned		145,500.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:		0.00	
	•	Shared Dispositive Power	
	8	145,500.00	
	Aggregate Amount Beneficially Owned by Each Reporting Person		
9	145,500.00		
40	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
10			

11	Percent of class represented by amount in row (9)
"	0.02 %
12	Type of Reporting Person (See Instructions)
	IC, CO

CUSIP No.	060505104		
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4	Names of F	Reporting Persons	
1	National Fire & Marine Insurance Company		
	Check the appropriate box if a member of a Group (see instructions)		
2	<ul><li>✓ (a)</li><li>✓ (b)</li></ul>		
3	Sec Use Only		
4	Citizenship or Place of Organization		
4	NEBRASKA		
		Sole Voting Power	
	5	0.00	
Number of Shares		Shared Voting Power	
Beneficial ly Owned	6	11,062,607.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:		0.00	
	8	Shared Dispositive Power	
		11,062,607.00	
	Aggregate Amount Beneficially Owned by Each Reporting Person 11,062,607.00		
9			
10	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
10			
11	Percent of class represented by amount in row (9)		
	0.1 %		
12	Type of Reporting Person (See Instructions)		
12	IC, CO		

CUSIP No. 060505104
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4	Names of Reporting Persons
'	Mount Vernon Fire Insurance Company
2	Check the appropriate box if a member of a Group (see instructions)

	(a) (b)		
3	Sec Use Only		
4	Citizenship or Place of Organization PENNSYLVANIA		
4			
	_	Sole Voting Power	
	5	0.00	
Number of Shares	•	Shared Voting Power	
Beneficial ly Owned	6	7,000,000.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:		0.00	
	8	Shared Dispositive Power	
	0	7,000,000.00	
	Aggregate Amount Beneficially Owned by Each Reporting Person		
9	7,000,000.00		
10	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
10			
11	Percent of class represented by amount in row (9)		
	0.1 %		
12	Type of Reporting Person (See Instructions)		
12	IC, CO		

CUSIP No.	060505104		
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1	Names of Reporting Persons
	General Star Indemnity Company
2	Check the appropriate box if a member of a Group (see instructions)
	<ul><li>✓ (a)</li><li>✓ (b)</li></ul>
3	Sec Use Only
4	Citizenship or Place of Organization
4	CONNECTICUT

		Sole Voting Power	
Number of Shares Beneficial ly Owned	5	0.00	
	6	Shared Voting Power	
		5,040,000.00	
by Each Reporting	7	Sole Dispositive Power	
Person With:		0.00	
	8	Shared Dispositive Power	
	8	5,040,000.00	
_	Aggregate Amount Beneficially Owned by Each Reporting Person		
9	5,040,000.00		
40	Check box if the aggregate amount in row (9) excludes certain shares (See Instructions)		
10			
44	Percent of class represented by amount in row (9)		
11	0.1 %		
42	Type of Reporting Person (See Instructions)		
12	IC, CO		

#### 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:

Warren E. Buffett Berkshire Hathaway Inc. National Indemnity Company National Liability & Fire Insurance Company GEICO Corporation Finial Holdings Inc. Government Employees Insurance Company Finial Reinsurance Company GEICO Indemnity Company Columbia Insurance Company **General Re Corporation** General Reinsurance Corporation General Star Indemnity Company United States Liability Insurance Company General Star National Insurance Company NRG America Holding Company Oak River Insurance Company National Indemnity Company of the South Cypress Insurance Company National Indemnity Company of Mid-America Central States of Omaha Companies, Inc. Berkshire Hathaway Specialty Insurance Company Central States Indemnity Company of Omaha Mount Vernon Fire Insurance Company Berkshire Hathaway Homestate Insurance Company **BH Finance LLC** First Berkshire Life Insurance Company National Fire & Marine Insurance Company

(b) Address or principal business office or, if none, residence:

Warren E. Buffett 3555 Farnam Street Omaha, NE 68131

Berkshire Hathaway Inc. 3555 Farnam Street Omaha, NE 68131

National Indemnity Company 1314 Douglas Street Omaha, NE 68102

National Liability & Fire Insurance Company 1314 Douglas Street Omaha, NE 68102

GEICO Corporation 5260 Western Ave. Chevy Chase, MD 20815

Finial Holdings Inc. 1314 Douglas Street Omaha, NE 68102

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

Finial Reinsurance Company 1314 Douglas Street Omaha, NE 68102

GEICO Indemnity Company 5260 Western Ave. Chevy Chase, MD 20815

Columbia Insurance Company 1314 Douglas Street Omaha, NE 68102

General Re Corporation 120 Long Ridge Road Stamford, CT 06902

General Reinsurance Corporation 120 Long Ridge Road Stamford, CT 06902

General Star Indemnity Company 120 Long Ridge Road Stamford, CT 06902

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

General Star National Insurance Company 120 Long Ridge Road Stamford, CT 06902

NRG America Holding Company 1314 Douglas Street Omaha, NE 68102

Oak River Insurance Company 1314 Douglas Street Omaha, NE 68102

National Indemnity Company of the South 1314 Douglas Street Omaha, NE 68102

Cypress Insurance Company 1314 Douglas Street Omaha, NE 68102

National Indemnity Company of Mid-America 1314 Douglas Street Omaha, NE 68102

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

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

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

Mount Vernon Fire Insurance Company 1190 Devon Park Drive Wayne, PA 19087

Berkshire Hathaway Homestate Insurance Company 1314 Douglas Street Omaha, NE 68102

BH Finance LLC 3555 Farnam Street, Suite 1440 Omaha NE 68131

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

U.S. Investment Corporation 190 South Warner Road Wayne, PA 19087

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

#### (c) Citizenship:

Warren E. Buffett (United States Citizen); Berkshire Hathaway Inc. (Delaware); National Indemnity Company (Nebraska); National Liability & Fire Insurance Company (Connecticut); GEICO Corporation (Delaware); Finial Holdings Inc. (Delaware); Government Employees Insurance Company (Nebraska); Finial Reinsurance Company (Connecticut); GEICO Indemnity Company (Nebraska); Columbia Insurance Company (Nebraska); General Re Corporation (Delaware); General Reinsurance Corporation (Delaware); General Reinsurance Corporation (Delaware); General Star Indemnity Company (Connecticut); United States Liability Insurance Company (Pennsylvania); General Star National Insurance Company (Ohio); NRG America Holding Company (Delaware); Oak River Insurance Company (Nebraska); National Indemnity Company of the South (Florida); Cypress Insurance Company (California); National Indemnity Company of Mid-America (Iowa); Central States of Omaha Companies, Inc. (Nebraska); Berkshire Hathaway Specialty Insurance Company (Nebraska); Central States Indemnity Company of Omaha (Nebraska); Mount Vernon Fire Insurance Company (Pennsylvania); Berkshire Hathaway Homestate Insurance Company (Nebraska); BH Finance LLC (Nebraska); First Berkshire Life Insurance Company (New York); U.S. Investment Corporation (Pennsylvania); National Fire & Marine Insurance Company (Nebraska)

(d) Title of class of securities:

Common Stock, par value \$0.01 per share

(e) CUSIP No.:

060505104

ltem 3.	If this statement is filed pursuant to §§ 240.13d-1(b) or 240.13d-2(b) or (c), check whether the person filing is a:
(a)	☐ Broker or dealer registered under section 15 of the Act (15 U.S.C. 78o);
(b)	Bank as defined in section 3(a)(6) of the Act (15 U.S.C. 78c);
(c)	■ Insurance company as defined in section 3(a)(19) of the Act (15 U.S.C. 78c);
(d)	■ Investment company registered under section 8 of the Investment Company Act of 1940 (15 U.S.C. 80a-8);
(e)	An investment adviser in accordance with § 240.13d-1(b)(1)(ii)(E);
(f)	An employee benefit plan or endowment fund in accordance with § 240.13d-1(b)(1)(ii)(F);
(g)	A parent holding company or control person in accordance with § 240.13d-1(b)(1)(ii)(G);
(h)	A savings associations as defined in Section 3(b) of the Federal Deposit Insurance Act (12 U.S.C. 1813);
(i)	A church plan that is excluded from the definition of an investment company under section 3(c)(14) of the Investment Company Act of 1940 (15 U.S.C. 80a-3);
(j)	A non-U.S. institution in accordance with § 240.13d-1(b)(1)(ii)(J). If filing as a non-U.S. institution in accordance with § 240.13d-1(b)(1)(ii)(J), please specify the type of institution:
(k)	Group, in accordance with Rule 240.13d-1(b)(1)(ii)(K).

#### Item 4. Ownership

(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 the person has:

(i) Sole power to vote or to direct the vote:

See the Cover Pages for each of the Reporting Persons.

#### (ii) Shared power to vote or to direct the vote:

See the Cover Pages for each of the Reporting Persons.

#### (iii) Sole power to dispose or to direct the disposition of:

See the Cover Pages for each of the Reporting Persons.

#### (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 5 Percent or Less of a Class.

#### Item 6. Ownership of more than 5 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.

If a parent holding company has filed this schedule, pursuant to Rule 13d-1(b)(ii)(G), so indicate under Item 3(g) and attach an exhibit stating the identity and the Item 3 classification of the relevant subsidiary. If a parent holding company has filed this schedule pursuant to Rule 13d-1(c) or Rule 13d-1(d), attach an exhibit stating the identification of the relevant subsidiary.

See Exhibit A.

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

If a group has filed this schedule pursuant to §240.13d-1(b)(1)(ii)(J), so indicate under Item 3(j) and attach an exhibit stating the identity and Item 3 classification of each member of the group. If a group has filed this schedule pursuant to §240.13d-1(c) or §240.13d-1(d), attach an exhibit stating the identity of each member of the group.

See Exhibit A.

#### Item 9. Notice of Dissolution of Group.

Not Applicable

#### Item 10. Certifications:

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, other than activities solely in connection with a nomination under § 240.14a-11.

#### **SIGNATURE**

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.

#### Warren E. Buffett

Signature: /s/ Warren E. Buffett
Name/Title: Warren E. Buffett
Date: 02/14/2025

Berkshire Hathaway Inc.

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Chairman of the Board

Date: 02/14/2025

#### **National Indemnity Company**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **GEICO Corporation**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **Government Employees Insurance Company**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **GEICO Indemnity Company**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **General Re Corporation**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **General Reinsurance Corporation**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **General Star National Insurance Company**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### Central States of Omaha Companies, Inc.

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

### Central States Indemnity Company of Omaha

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

## Berkshire Hathaway Homestate Insurance Company

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **BH Finance LLC**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### Oak River Insurance Company

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### Cypress Insurance Company

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### National Liability & Fire Insurance Company

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### Finial Holdings Inc.

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **Finial Reinsurance Company**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### Columbia Insurance Company

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

### **NRG America Holding Company**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

### National Indemnity Company of the South

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### National Indemnity Company of Mid-America

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

# Berkshire Hathaway Specialty Insurance Company

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **U.S. Investment Corporation**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **United States Liability Insurance Company**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### First Berkshire Life Insurance Company

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### National Fire & Marine Insurance Company

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### Mount Vernon Fire Insurance Company

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025

#### **General Star Indemnity Company**

Signature: /s/ Warren E. Buffett

Name/Title: Warren E. Buffett, Attorney-in-Fact

Date: 02/14/2025