

INTERNATIONAL BUSINESS MACHINES CORP  
Form SC 13G/A  
February 16, 2016

**SECURITIES AND EXCHANGE COMMISSION**

**Washington, DC 20549**

**SCHEDULE 13G**

**(Rule 13d-102)**

**INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT**

**TO § 240.13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED**

**PURSUANT TO § 240.13d-2**

**(Amendment No. 4)\***

**International Business Machines Corporation**

**(Name of Issuer)**

**COMMON STOCK**

**(Title of Class of Securities)**

**459200101**

**(CUSIP Number)**

**December 31, 2015**

**(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.)

CUSIP No. 459200101

13G

Page 2 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Warren E. Buffett

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

United States Citizen

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

9,000

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

81,033,450

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

9,000

**8 SHARED DISPOSITIVE POWER**

**WITH**

81,033,450

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

81,042,450

**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**

8.4%

**12 TYPE OF REPORTING PERSON\***

IN

CUSIP No. 459200101

13G

Page 3 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Berkshire Hathaway Inc.

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Delaware

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES** NONE  
**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY** 81,033,450  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**

**WITH**

81,033,450  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

81,033,450  
**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**

8.4%

**12 TYPE OF REPORTING PERSON\***

HC, CO

CUSIP No. 459200101

13G

Page 4 of 34 Pages

**1 NAME OF REPORTING PERSONS**

National Indemnity Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES** NONE  
**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY** 78,284,582  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**

**WITH**

78,284,582  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

78,284,582  
**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**

8.1%

**12 TYPE OF REPORTING PERSON\***

IC, CO



CUSIP No. 459200101

13G

Page 5 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Berkshire Hathaway Assurance Corporation

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

822,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

822,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

822,000

**10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES\***

**Not applicable.**

**11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9**

0.1%

**12 TYPE OF REPORTING PERSON\***

IC, CO

CUSIP No. 459200101

13G

Page 6 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Columbia Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES** NONE  
**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY** 1,543,288  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**

**WITH**

1,543,288  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

1,543,288  
**10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES\***

**Not applicable.**

**11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9**

0.2%

**12 TYPE OF REPORTING PERSON\***

IC, CO

CUSIP No. 459200101

13G

Page 7 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Central States of Omaha Companies, Inc.

**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**

**NUMBER OF**

**SHARES** NONE  
**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY** 84,480  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**

**WITH**

84,480  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

84,480  
**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\***

HC, CO

CUSIP No. 459200101

13G

Page 8 of 34 Pages

**1 NAME OF REPORTING PERSONS**

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**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

79,200

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

79,200

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

79,200

**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



CUSIP No. 459200101

13G

Page 9 of 34 Pages

**1 NAME OF REPORTING PERSONS**

CSI Life Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

5,280

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

5,280

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

5,280

**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

CUSIP No. 459200101

13G

Page 10 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Finial Reinsurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Connecticut

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

353,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

353,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

353,000

**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

CUSIP No. 459200101

13G

Page 11 of 34 Pages

**1 NAME OF REPORTING PERSONS**

National Indemnity Company of the South

**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 Florida

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

127,600

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

127,600

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

127,600

**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

CUSIP No. 459200101

13G

Page 12 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Boat America Corporation

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Virginia

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

34,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

34,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

34,000

**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\***

HC, CO



CUSIP No. 459200101

13G

Page 13 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Seaworthy Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Maryland

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

34,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

34,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

34,000

**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

CUSIP No. 459200101

13G

Page 14 of 34 Pages

**1 NAME OF REPORTING PERSONS**

GEICO Advantage Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

58,700

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

58,700

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

**10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES\***

58,700

**Not applicable.**

**11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9**

Less than 0.1%

**12 TYPE OF REPORTING PERSON\***

IC, CO

CUSIP No. 459200101

13G

Page 15 of 34 Pages

**1 NAME OF REPORTING PERSONS**

GEICO 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 Maryland

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

298,300

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

298,300

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

298,300

**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

CUSIP No. 459200101

13G

Page 16 of 34 Pages

**1 NAME OF REPORTING PERSONS**

GEICO Choice Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

58,900

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

58,900

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

58,900

**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



CUSIP No. 459200101

13G

Page 17 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Berkshire Hathaway Specialty Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES** NONE  
**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY** 3,171,337  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**

**WITH**

3,171,337  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

3,171,337  
**10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES\***

**Not applicable.**

**11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9**

0.3%

**12 TYPE OF REPORTING PERSON\***

IC, CO

CUSIP No. 459200101

13G

Page 18 of 34 Pages

**1 NAME OF REPORTING PERSONS**

GEICO Secure Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES** NONE  
**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY** 58,900  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**

**WITH**

58,900  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

58,900  
**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

CUSIP No. 459200101

13G

Page 19 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Philadelphia Reinsurance 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

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

92,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

92,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

92,000

**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

CUSIP No. 459200101

13G

Page 20 of 34 Pages

**1 NAME OF REPORTING PERSONS**

National Fire & Marine Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

843,100

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

843,100

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

843,100

**10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES\***

**Not applicable.**

**11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9**

0.1%

**12 TYPE OF REPORTING PERSON\***

IC, CO



CUSIP No. 459200101

13G

Page 21 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Redwood Fire & Casualty Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

610,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

610,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

610,000

**10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES\***

**Not applicable.**

**11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9**

0.1%

**12 TYPE OF REPORTING PERSON\***

IC, CO

CUSIP No. 459200101

13G

Page 22 of 34 Pages

**1 NAME OF REPORTING PERSONS**

National Indemnity of MidAmerica Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Iowa

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES** NONE  
**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY** 98,000  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**

**WITH**

98,000  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

98,000  
**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

CUSIP No. 459200101

13G

Page 23 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Oak River Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES** NONE  
**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY** 60,000  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**

**WITH**

60,000  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

60,000  
**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

CUSIP No. 459200101

13G

Page 24 of 34 Pages

**1 NAME OF REPORTING PERSONS**

AmGUARD Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Pennsylvania

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

190,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

190,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

190,000

**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



CUSIP No. 459200101

13G

Page 25 of 34 Pages

**1 NAME OF REPORTING PERSONS**

EastGUARD Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Pennsylvania

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES** NONE  
**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY** 75,000  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**

**WITH**

75,000  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

75,000  
**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

CUSIP No. 459200101

13G

Page 26 of 34 Pages

**1 NAME OF REPORTING PERSONS**

NorGUARD Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Pennsylvania

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

200,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

200,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

200,000

**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

CUSIP No. 459200101

13G

Page 27 of 34 Pages

**1 NAME OF REPORTING PERSONS**

WestGUARD Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Pennsylvania

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

30,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

30,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

30,000

**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

CUSIP No. 459200101

13G

Page 28 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Berkshire Hathaway Homestate Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Nebraska

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

278,000

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

278,000

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

278,000

**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



CUSIP No. 459200101

13G

Page 29 of 34 Pages

**1 NAME OF REPORTING PERSONS**

Berkshire Hathaway Direct Insurance Company

**2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\***

(a)  (b)

**3 SEC USE ONLY**

**4 CITIZENSHIP OR PLACE OF ORGANIZATION**

State of Delaware

**5 SOLE VOTING POWER**

**NUMBER OF**

**SHARES**

NONE

**6 SHARED VOTING POWER**

**BENEFICIALLY**

**OWNED BY**

31,700

**EACH**

**7 SOLE DISPOSITIVE POWER**

**REPORTING**

**PERSON**

NONE

**8 SHARED DISPOSITIVE POWER**

**WITH**

31,700

**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

31,700

**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

**SCHEDULE 13G****Item 1.****(a) Name of Issuer:**

International Business Machines Corporation

**(b) Address of Issuer's Principal Executive Offices:**

1 New Orchard Road, Armonk, NY 10504

**Item 2(a). Name of Person Filing:****Item 2(b). Address of Principal Business Office:****Item 2(c). Citizenship:**

Warren E. Buffett	Columbia Insurance	Finial Reinsurance Company	GEICO Advantage Insurance
3555 Farnam Street	Company	100 Stamford Plaza	Company
Omaha, Nebraska 68131	1314 Douglas Street	Stamford, Connecticut 06962	5260 Western Avenue Chevy
United States Citizen	Omaha, Nebraska	Connecticut corporation	Chase, Maryland 20815
	68102 Nebraska		Nebraska corporation
	corporation		
Berkshire Hathaway Inc.	Central States of	National Indemnity Company	GEICO Casualty Company.
3555 Farnam Street	Omaha Companies,	of the South	5260 Western Avenue Chevy
Omaha, Nebraska 68131	Inc.	1314 Douglas Street	Chase, Maryland 20815
Delaware corporation	1212 North 96th Street	Omaha, Nebraska 68102	Maryland corporation
	Omaha,	Florida corporation	
	Nebraska 68114		
	Nebraska corporation		
National Indemnity	Central States	Boat America Corporation	GEICO Choice Insurance
Company	Indemnity Company	880 South Pickett Street	Company
1314 Douglas Street		Alexandria, Virginia 22304	
		Virginia corporation	

Edgar Filing: INTERNATIONAL BUSINESS MACHINES CORP - Form SC 13G/A

Omaha, Nebraska 68102	1212 North 96th Street Omaha, Nebraska 68114 Nebraska corporation		5260 Western Avenue Chevy Chase, Maryland 20815 Nebraska corporation
Berkshire Hathaway Assurance Corporation	CSI Life Insurance Company	Seaworthy Insurance Company 880 South Pickett Street Alexandria, Virginia 22304 Maryland corporation	GEICO Secure Insurance Company
1314 Douglas Street Omaha, Nebraska 68102	1212 North 96th Street Omaha, Nebraska 68114 Nebraska corporation		5260 Western Avenue Chevy Chase, Maryland 20815 Nebraska corporation
Nebraska corporation			
Berkshire Hathaway Specialty Insurance Company	Philadelphia Reinsurance Corporation	National Fire & Marine Insurance Company	Redwood Fire & Casualty Insurance Company
1314 Douglas Street Omaha, Nebraska 68102	1314 Douglas Street Omaha, NE 68102	1314 Douglas Street Omaha, NE 68102	1314 Douglas Street Omaha, NE 68102
Nebraska corporation	Omaha, NE 68102 Pennsylvania corporation	Nebraska corporation	Nebraska corporation

National Indemnity Company of MidAmerica Insurance Company	Oak River Insurance Company	AmGUARD Insurance Company	EastGUARD Insurance Company
1314 Douglas Street Omaha, NE 68102 Iowa corporation	1314 Douglas Street Omaha, NE 68102 Nebraska corporation	16 South River Street Wilkes-Barre, PA 18703 Pennsylvania corporation	16 South River Street Wilkes-Barre, PA 18703 Pennsylvania corporation
NorGUARD Insurance Company	WestGUARD Insurance Company	Berkshire Hathaway Homestate Insurance Company	Berkshire Hathaway Direct Insurance Company
16 South River Street Wilkes-Barre, PA 18703 Pennsylvania corporation	16 South River Street Wilkes-Barre, PA 18703 Pennsylvania corporation	1314 Douglas Street Omaha, NE 68102 Nebraska corporation	1314 Douglas Street Omaha, NE 68102 Delaware corporation

**(d) Title of Class of Securities:**

Common Stock

**(e) CUSIP Number:**

459200101

**Item 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:**

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.), Berkshire Hathaway Inc., Central States of Omaha Companies, Inc. and Boat America Corporation are each a Parent Holding Company or Control Person, in accordance with §240.13d-1(b)(1)(ii)(G).

National Indemnity Company, Berkshire Hathaway Assurance Corporation, Berkshire Hathaway Specialty Insurance Company, Berkshire Hathaway Homestate Insurance Company, Columbia Insurance Company, Central States Indemnity Company of Omaha, CSI Life Insurance Company, Finial Reinsurance Company, National Indemnity Company of the South, Seaworthy Insurance Company, GEICO Advantage Insurance Company, GEICO Casualty Company, GEICO Choice Insurance Company, GEICO Secure Insurance Company, Philadelphia Reinsurance Corporation, National Fire and Marine Insurance Company, Redwood Fire & Casualty Insurance Company, National Indemnity of MidAmerica Insurance Company, Oak River Insurance Company, AmGUARD Insurance Company, EastGUARD Insurance Company, NorGUARD Insurance Company, WestGUARD Insurance Company and Berkshire Hathaway Direct Insurance Company are each an Insurance Company as defined in section 3(a)(19) of the

Act.

The Reporting Persons together are a Group in accordance with §240.13d-1(b)(1)(ii)(K).

**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.**

See Exhibit A.

**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 acquired and are held in the ordinary course of business and 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.

**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.

February 16, 2016

Date

/s/ Warren E. Buffett

Signature

Warren E. Buffett

Name

Berkshire Hathaway Inc.

By: /s/ Warren E. Buffett

Signature

Warren E. Buffett, Chairman of the Board

Name/Title

February 16, 2016

Date

Berkshire Hathaway Assurance Corporation  
Columbia Insurance Company  
Central States Indemnity Company of Omaha  
CSI Life Insurance Company  
Finial Reinsurance Company  
National Indemnity Company  
National Indemnity Company of the South  
Seaworthy Insurance Company  
GEICO Advantage Insurance Company  
GEICO Casualty Company  
GEICO Choice Insurance Company  
GEICO Secure Insurance Company  
Central States of Omaha Companies, Inc.  
Boat America Corporation



Berkshire Hathaway Specialty Insurance Company  
Philadelphia Reinsurance Corporation  
National Fire and Marine Insurance Company  
Redwood Fire & Casualty Insurance Company  
National Indemnity Company of MidAmerica  
Insurance Company  
Oak River Insurance Company  
AmGUARD Insurance Company  
EastGUARD Insurance Company  
NorGUARD Insurance Company  
WestGUARD Insurance Company  
Berkshire Hathaway Homestate Insurance Company  
Berkshire Hathaway Direct Insurance Company

By: /s/ Warren E. Buffett

Signature

Warren E. Buffett

Attorney-in-Fact

Name/Title

February 16, 2016

Date

**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.

Central States of Omaha Companies, Inc.

Boat America Corporation

**INSURANCE COMPANIES AS DEFINED IN SECTION 3(a)(19) OF THE ACT:**

National Indemnity Company, Berkshire Hathaway Assurance Corporation, Berkshire Hathaway Specialty Insurance Company, Columbia Insurance Company, Central States Indemnity Company of Omaha, CSI Life Insurance Company, Finial Reinsurance Company, National Indemnity Company of the South, Seaworthy Insurance Company, GEICO Advantage Insurance Company, GEICO Casualty Company, GEICO Choice Insurance Company, GEICO Secure Insurance Company, Philadelphia Reinsurance Corporation, National Fire and Marine Insurance Company, Redwood Fire & Casualty Insurance Company, National Indemnity Company of MidAmerica Insurance Company, Oak River Insurance Company, AmGUARD Insurance Company, EastGUARD Insurance Company, NorGUARD Insurance Company, WestGUARD Insurance Company, Berkshire Hathaway Homestate Insurance Company and Berkshire Hathaway Direct Insurance Company

**SCHEDULE 13G**

**EXHIBIT B**

**JOINT FILING AGREEMENT PURSUANT TO RULE 13d-1(k)(1)**

**AND POWER OF ATTORNEY**

The undersigned persons agree and consent to the joint filing on their behalf of Schedule 13G and all amendments thereto in connection with their beneficial ownership of the Common Stock of International Business Machines Corporation.

Each person other than Warren E. Buffett whose signature appears below hereby constitutes and appoints Warren E. Buffett as his true and lawful attorney-in-fact and agent with full power of substitution and resubstitution, to act for him and in his name, place and stead, in any and all capacities, to sign a Schedule 13G and any or all amendments to Schedule 13G in connection with the beneficial ownership of the Common Stock of International Business Machines Corporation, and to file the same, with all exhibits thereto, and other documents in connection therewith, with the Securities and Exchange Commission, granting unto said attorney-in-fact and agent full power and authority to do and perform each and every act and thing requisite and necessary to be done in and about the premises, as fully to all intents and purposes as he might or could do in person, hereby ratifying and confirming all that said attorney-in-fact and agent or his substitute may lawfully do or cause to be done by virtue hereof.

Dated: February 16, 2016

/S/ Warren E. Buffett

Warren E. Buffett

Berkshire Hathaway Inc.

Dated: February 16, 2016

/S/ Warren E. Buffett

By: Warren E. Buffett

Title: Chairman of the Board

National Indemnity Company

Dated: February 16, 2016

/S/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

Berkshire Hathaway Assurance Corporation

Dated: February 16, 2016

/S/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

Dated: February 16, 2016	Columbia Insurance Company /S/ Dale D. Geistkemper By: Dale D. Geistkemper Title: Treasurer
Dated: February 16, 2016	Central States of Omaha Companies, Inc. /S/ Thomas B. Schlichting By: Thomas B. Schlichting Title: CFO
Dated: February 16, 2016	CSI Life Insurance Company /S/ Thomas B. Schlichting By: Thomas B. Schlichting Title: CFO
Dated: February 16, 2016	Central States Indemnity Company of Omaha /S/ Thomas B. Schlichting By: Thomas B. Schlichting Title: CFO
Dated: February 16, 2016	Finial Reinsurance Company /S/ Dale D. Geistkemper By: Dale D. Geistkemper Title: Treasurer
Dated: February 16, 2016	National Indemnity Company of the South /S/ Dale D. Geistkemper By: Dale D. Geistkemper Title: Treasurer

Dated: February 16, 2016

Boat America Corporation  
/S/ Richard Schwartz

By: Richard Schwartz

Title: Chairman

Dated: February 16, 2016

Seaworthy Insurance Company  
/S/ Jim Holler

By: Jim Holler

Title: President

Dated: February 16, 2016

GEICO Advantage Insurance Company  
/S/ Michael H. Campbell

By: Michael H. Campbell

Title: Senior Vice President

Dated: February 16, 2016

GEICO Casualty Company  
/S/ Michael H. Campbell

By: Michael H. Campbell

Title: Senior Vice President

Dated: February 16, 2016

GEICO Choice Insurance Company  
/S/ Michael H. Campbell

By: Michael H. Campbell

Title: Senior Vice President

Dated: February 16, 2016	GEICO Secure Insurance Company /S/ Michael H. Campbell By: Michael H. Campbell Title: Senior Vice President
Dated: February 16, 2016	Berkshire Hathaway Specialty Insurance Company /S/ Dale D. Geistkemper By: Dale D. Geistkemper Title: Treasurer
Dated: February 16, 2016	AmGUARD Insurance Company /S/ Sy Foguel By: Sy Foguel Title: President
Dated: February 16, 2016	EastGUARD Insurance Company /S/ Sy Foguel By: Sy Foguel Title: President
Dated: February 16, 2016	NorGUARD Insurance Company /S/ Sy Foguel By: Sy Foguel Title: President
Dated: February 16, 2016	WestGUARD Insurance Company /S/ Sy Foguel By: Sy Foguel Title: President
Dated: February 16, 2016	Berkshire Hathaway Homestate Insurance Company



Dated: February 16, 2016

/S/ Andrew Linkhart

By: Andrew Linkhart

Title: Treasurer

Dated: February 16, 2016

Philadelphia Reinsurance Corporation

/S/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

Dated: February 16, 2016

National Fire and Marine Insurance Company

/S/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

Dated: February 16, 2016

Redwood Fire & Casualty Insurance Company

/S/ Andrew Linkhart

By: Andrew Linkhart

Title: Treasurer

Dated: February 16, 2016

Berkshire Hathaway Direct Insurance Company

/S/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

National Indemnity Company of MidAmerica  
Insurance  
Company

Dated: February 16, 2016

/S/ Dale D. Geistkemper

By: Dale D. Geistkemper

Title: Treasurer

Oak River Insurance Company

Dated: February 16, 2016

/S/ Andrew Linkhart

By: Andrew Linkhart

Title: Treasurer