

INTERNATIONAL BUSINESS MACHINES CORP

Form SC 13G/A

February 14, 2014

## **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. 2)\***

## **International Business Machines Corporation**

**(Name of Issuer)**

**COMMON STOCK**

**(Title of Class of Securities)**

**459200101**

**(CUSIP Number)**

**December 31, 2013**

**(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

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**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** 68,121,984  
**EACH** **7 SOLE DISPOSITIVE POWER****REPORTING****PERSON** 9,000  
**8 SHARED DISPOSITIVE POWER**  
**WITH**68,121,984  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**68,130,984  
**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**

12 6.3%  
TYPE OF REPORTING PERSON\*

IN

CUSIP No. 459200101

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**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** 68,121,984  
**EACH** **7 SOLE DISPOSITIVE POWER****REPORTING****PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**  
**WITH**68,121,984  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**68,121,984  
**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**

12 6.3%  
TYPE OF REPORTING PERSON\*

HC, CO

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**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** 67,439,916  
**EACH** **7 SOLE DISPOSITIVE POWER****REPORTING****PERSON** NONE  
**8 SHARED DISPOSITIVE POWER**  
**WITH**67,439,916  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**67,439,916  
**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**

12 6.2%  
TYPE OF REPORTING PERSON\*

IC, CO



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**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** 506,000  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

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

506,000  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

506,000  
**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**

12 Less than 0.1%  
**TYPE OF REPORTING PERSON\***

IC, CO

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**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** 597,588  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

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

597,588  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

597,588  
**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**

12 Less than 0.1%  
**TYPE OF REPORTING PERSON\***

IC, CO

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**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**

12 Less than 0.1%  
**TYPE OF REPORTING PERSON\***

HC, CO

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**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**

12 Less than 0.1%  
**TYPE OF REPORTING PERSON\***

IC, CO



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**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**

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

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**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**

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

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**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** 103,000  
**EACH** **7 SOLE DISPOSITIVE POWER**

**REPORTING**

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

103,000  
**9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON**

103,000  
**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**

12 Less than 0.1%  
**TYPE OF REPORTING PERSON\***

IC, CO

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**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**

12 Less than 0.1%  
**TYPE OF REPORTING PERSON\***

HC, CO



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**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**

12 Less than 0.1%  
**TYPE OF REPORTING PERSON\***

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**1 NAME OF REPORTING PERSONS**

**2** GEICO Advantage Insurance Company  
**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**

58,700  
**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**

12 Less than 0.1%  
**TYPE OF REPORTING PERSON\***

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**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**

12 Less than 0.1%  
**TYPE OF REPORTING PERSON\***

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**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**

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO



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**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**

12 0.3%  
TYPE OF REPORTING PERSON\*

IC, CO

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**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**

12 Less than 0.1%  
**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 Company 3024 Harney Street	Finial Reinsurance Company	GEICO Advantage Insurance Company
3555 Farnam Street	Omaha, Nebraska 68131	100 Stamford Plaza	5260 Western Avenue
Omaha, Nebraska 68131	Nebraska corporation	Stamford, Connecticut 06962	Chevy Chase, Maryland 20815
United States Citizen		Connecticut corporation	Nebraska corporation
Berkshire Hathaway Inc.	Central States of Omaha Companies, Inc.	National Indemnity Company of the South	GEICO Casualty Company
3555 Farnam Street	1212 North 96th Street Omaha, Nebraska 68114	3024 Harney Street	5260 Western Avenue
Omaha, Nebraska 68131	Nebraska corporation	Omaha, Nebraska 68131	Chevy Chase, Maryland 20815
Delaware corporation		Florida corporation	Maryland corporation
National Indemnity Company	Central States Indemnity Company of Omaha	Boat America Corporation	GEICO Choice Insurance Company
3024 Harney Street	1212 North 96th Street	880 South Pickett Street	5260 Western Avenue
Omaha, Nebraska 68131	Omaha, Nebraska 68114	Alexandria, Virginia 22304	Chevy Chase, Maryland 20815
Nebraska corporation	Nebraska corporation	Virginia corporation	Nebraska corporation
Berkshire Hathaway	CSI Life Insurance Company	Seaworthy Insurance Company	GEICO Secure Insurance Company
Assurance Corporation	1212 North 96th Street Omaha,	880 South Pickett Street	

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3024 Harney Street	Nebraska 68114	Alexandria, Virginia 22304	5260 Western Avenue Chevy Chase, Maryland 20815
Omaha, Nebraska 68131	Nebraska corporation	Maryland corporation	Nebraska corporation
Nebraska corporation			

Berkshire Hathaway Specialty  
Insurance Company

3024 Harney Street

Omaha, Nebraska 68131

Nebraska 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, 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 and GEICO Secure 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 14, 2014  
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 14, 2014  
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

By: /s/ Warren E. Buffett  
Signature

Warren E. Buffett  
Attorney-in-Fact

Name/Title

February 14, 2014  
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 and GEICO Secure 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 14, 2014

/S/ Warren E. Buffett  
Warren E. Buffett

Berkshire Hathaway Inc.

Dated: February 14, 2014

/S/ Warren E. Buffett  
By: Warren E. Buffett  
Title: Chairman of the Board

National Indemnity Company

Dated: February 14, 2014

/S/ Dale D. Geistkemper  
By: Dale D. Geistkemper  
Title: Treasurer

Berkshire Hathaway Assurance Corporation

Dated: February 14, 2014

/S/ Dale D. Geistkemper  
By: Dale D. Geistkemper  
Title: Treasurer

Columbia Insurance Company

Dated: February 14, 2014

/S/ Dale D. Geistkemper  
By: Dale D. Geistkemper  
Title: Treasurer

Dated: February 14, 2014

Central States of Omaha Companies, Inc.

/S/ Thomas B. Schlichting  
By: Thomas B. Schlichting  
Title: CFO

Dated: February 14, 2014

CSI Life Insurance Company

/S/ Thomas B. Schlichting  
By: Thomas B. Schlichting  
Title: CFO

Dated: February 14, 2014

Central States Indemnity Company of Omaha

/S/ Thomas B. Schlichting  
By: Thomas B. Schlichting  
Title: CFO

Dated: February 14, 2014

Finial Reinsurance Company

/S/ Dale D. Geistkemper  
By: Dale D. Geistkemper  
Title: Treasurer

Dated: February 14, 2014

National Indemnity Company of the South

/S/ Dale D. Geistkemper  
By: Dale D. Geistkemper  
Title: Treasurer

Dated: February 14, 2014

Boat America Corporation

/S/ William M. Oakerson  
By: William M. Oakerson  
Title: Chairman

Dated: February 14, 2014

Seaworthy Insurance Company

/S/ William M. Oakerson  
By: William M. Oakerson  
Title: Chairman

Dated: February 14, 2014

GEICO Advantage Insurance Company

/S/ Charles G. Schara  
By: Charles G. Schara  
Title: Treasurer

Dated: February 14, 2014

GEICO Casualty Company

/S/ Charles G. Schara  
By: Charles G. Schara  
Title: Treasurer

Dated: February 14, 2014

GEICO Choice Insurance Company

/S/ Charles G. Schara  
By: Charles G. Schara  
Title: Treasurer

Dated: February 14, 2014

GEICO Secure Insurance Company

/S/ Charles G. Schara  
By: Charles G. Schara  
Title: Treasurer

Dated: February 14, 2014

Berkshire Hathaway Specialty Insurance Company

/S/ Dale D. Geistkemper  
By: Dale D. Geistkemper  
Title: Treasurer