

INTERNATIONAL BUSINESS MACHINES CORP  
Form SC 13G/A  
February 18, 2015

**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. 3)\***

**International Business Machines Corporation**

**(Name of Issuer)**

**COMMON STOCK**

**(Title of Class of Securities)**

**459200101**

**(CUSIP Number)**

**December 31, 2014**

**(Date of Event Which Requires Filing of this Statement)**

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

Rule 13d-1 (b)

Rule 13d-1 (c)

Rule 13d-1 (d)

\* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be filed for the purpose of Section 18 of the Securities Exchange Act of 1934 (the Act) or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes.)

1 NAME OF REPORTING 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 76,971,817  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 9,000  
8 SHARED DISPOSITIVE POWER

WITH

76,971,817

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

76,980,817

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

11 Not Applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 7.8%  
TYPE OF REPORTING PERSON\*

IN

13G

CUSIP No. 459200101

Page 3 of 38 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 6  NONE  
 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7  76,971,817  
 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON 8  NONE  
 SHARED DISPOSITIVE POWER

WITH

76,971,817

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

76,971,817

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 7.8%  
TYPE OF REPORTING PERSON\*

HC, CO

CUSIP No. 459200101

Page 4 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7 74,057,849  
EACH SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
SHARED DISPOSITIVE POWER

WITH

74,057,849

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

74,057,849

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 7.5%  
TYPE OF REPORTING PERSON\*

IC, CO



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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 822,000  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7 1,511,588  
EACH SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
SHARED DISPOSITIVE POWER

WITH

9 1,511,588  
AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

1,511,588

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0.2%  
TYPE OF REPORTING PERSON\*

IC, CO

CUSIP No. 459200101

Page 7 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 84,480  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

HC, CO

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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7 79,200  
EACH SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO



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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 5,280  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
SHARED DISPOSITIVE POWER

WITH

9 5,280  
AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

5,280

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

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 6  NONE  
 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7  353,000  
 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON 8  NONE  
 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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

13G

CUSIP No. 459200101

Page 11 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 103,000  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

CUSIP No. 459200101

Page 12 of 38 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 6  NONE  
 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7  34,000  
 SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON 8  NONE  
 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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

HC, CO



CUSIP No. 459200101

Page 13 of 38 Pages

1 NAME OF REPORTING PERSONS

2 Seaworthy 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 Maryland

5 SOLE VOTING POWER

NUMBER OF

SHARES 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7 34,000  
EACH SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
SHARED DISPOSITIVE POWER

WITH

9 34,000  
AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

34,000

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

13G

CUSIP No. 459200101

Page 14 of 38 Pages

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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 58,700  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 298,300  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

13G

CUSIP No. 459200101

Page 16 of 38 Pages

1 NAME OF REPORTING PERSONS

2 GEICO Choice 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 58,900  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO



1 NAME OF REPORTING PERSONS

2 Berkshire Hathaway Specialty 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

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

REPORTING

PERSON 8 NONE  
SHARED DISPOSITIVE POWER

WITH

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

3,171,337

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0.3%  
TYPE OF REPORTING PERSON\*

IC, CO

1 NAME OF REPORTING PERSONS

2 GEICO Secure 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  58,900  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

CUSIP No. 459200101

Page 19 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7 92,000  
EACH SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
SHARED DISPOSITIVE POWER

WITH

9 92,000  
AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

92,000

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 843,100  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO



CUSIP No. 459200101

Page 21 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 610,000  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

CUSIP No. 459200101

Page 22 of 38 Pages

1 NAME OF REPORTING PERSONS

2 National Indemnity of MidAmerica 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 Iowa

5 SOLE VOTING POWER

NUMBER OF

SHARES 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7 98,000  
EACH SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
SHARED DISPOSITIVE POWER

WITH

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

98,000

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

CUSIP No. 459200101

Page 23 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 60,000  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

13G

CUSIP No. 459200101

Page 24 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 190,000  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO



CUSIP No. 459200101

Page 25 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7 75,000  
EACH SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
SHARED DISPOSITIVE POWER

WITH

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

75,000

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

CUSIP No. 459200101

Page 26 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 200,000  
EACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
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\*

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

CUSIP No. 459200101

Page 27 of 38 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 6 NONE  
SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7 30,000  
EACH SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 NONE  
SHARED DISPOSITIVE POWER

WITH

9 30,000  
AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

30,000

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

11 Not applicable.  
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

12 Less than 0.1%  
TYPE OF REPORTING PERSON\*

IC, CO

CUSIP No. 459200101

Page 28 of 38 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 6  NONE  
 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 7  278,000  
EACH  SOLE DISPOSITIVE POWER

REPORTING

PERSON 8  NONE  
 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\*

11 Not applicable.  
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	Finial Reinsurance Company	GEICO Advantage Insurance Company
3555 Farnam Street	3024 Harney Street	100 Stamford Plaza	5260 Western Avenue
Omaha, Nebraska 68131	Omaha, Nebraska 68131	Stamford, Connecticut 06962	Chevy Chase, Maryland 20815
United States Citizen	Nebraska corporation	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	3024 Harney Street	5260 Western Avenue
Omaha, Nebraska 68131	Omaha, Nebraska 68114	Omaha, Nebraska 68131	Chevy Chase, Maryland 20815
Delaware corporation	Nebraska corporation	Florida corporation	Maryland corporation
National Indemnity Company	Central States Indemnity Company	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	

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

Nebraska corporation	Nebraska corporation	Virginia corporation	Chevy Chase, Maryland 20815
			Nebraska corporation
Berkshire Hathaway Assurance Corporation	CSI Life Insurance Company	Seaworthy Insurance Company	GEICO Secure 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	Maryland corporation	Nebraska corporation
Berkshire Hathaway Specialty Insurance Company	Philadelphia Reinsurance Corporation	National Fire & Marine Insurance Company	Redwood Fire & Casualty Insurance Company
3024 Harney Street	3024 Harney Street	3024 Harney Street	1314 Douglas Street
Omaha, Nebraska 68131	Omaha, NE 68131	Omaha, NE 68131	Omaha, NE 68102
Nebraska corporation	Pennsylvania corporation	Nebraska corporation	Nebraska corporation

National Indemnity Company of MidAmerica Insurance Company	Oak River Insurance Company	AmGUARD Insurance Company	EastGUARD Insurance Company
3024 Harney Street	1314 Douglas Street	16 South River Street	16 South River Street
Omaha, NE 68131	Omaha, NE 68102	Wilkes-Barre, PA 18703	Wilkes-Barre, PA 18703
Iowa corporation	Nebraska corporation	Pennsylvania corporation	Pennsylvania corporation
NorGUARD Insurance Company	WestGUARD Insurance Company	Berkshire Hathaway Homestate Insurance Company	
16 South River Street	16 South River Street	1314 Douglas Street	
Wilkes-Barre, PA 18703	Wilkes-Barre, PA 18703	Omaha, NE 68102	
Pennsylvania corporation	Pennsylvania corporation	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, 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, and WestGUARD 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 17, 2015  
Date

Berkshire Hathaway Inc.

/s/ Warren E. Buffett  
Signature

By: /s/ Warren E. Buffett  
Signature

Warren E. Buffett  
Name

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

February 17, 2015  
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

By: /s/ Warren E. Buffett  
Signature

Warren E. Buffett

Attorney-in-Fact  
Name/Title

February 17, 2015  
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 and Berkshire Hathaway Homestate 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 17, 2015

/S/ Warren E. Buffett  
Warren E. Buffett

Berkshire Hathaway Inc.

Dated: February 17, 2015

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

National Indemnity Company

Dated: February 17, 2015

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

Berkshire Hathaway Assurance Corporation

Dated: February 17, 2015

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

Columbia Insurance Company

Dated: February 17, 2015

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

Central States of Omaha Companies, Inc.

Dated: February 17, 2015

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

CSI Life Insurance Company

Dated: February 17, 2015

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

Central States Indemnity Company of Omaha

Dated: February 17, 2015

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

Finial Reinsurance Company

Dated: February 17, 2015

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

National Indemnity Company of the South

Dated: February 17, 2015

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

Boat America Corporation

Dated: February 17, 2015

/S/ Richard Schwartz  
By: Richard Schwartz  
Title: Chairman

Seaworthy Insurance Company

Dated: February 17, 2015

/S/ Jim Holler  
By: Jim Holler  
Title: President

GEICO Advantage Insurance Company

Dated: February 17, 2015

/S/ Michael H. Campbell  
By: Michael H. Campbell  
Title: Senior Vice President

GEICO Casualty Company

Dated: February 17, 2015

/S/ Michael H. Campbell  
By: Michael H. Campbell  
Title: Senior Vice President

GEICO Choice Insurance Company

Dated: February 17, 2015

/S/ Michael H. Campbell  
By: Michael H. Campbell  
Title: Senior Vice President

GEICO Secure Insurance Company

Dated: February 17, 2015

/S/ Michael H. Campbell  
By: Michael H. Campbell  
Title: Senior Vice President

Berkshire Hathaway Specialty Insurance Company

Dated: February 17, 2015

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

AmGUARD Insurance Company

Dated: February 17, 2015

/S/ Sy Foguel  
By: Sy Foguel  
Title: President

EastGUARD Insurance Company

Dated: February 17, 2015

/S/ Sy Foguel  
By: Sy Foguel  
Title: President

NorGUARD Insurance Company

Dated: February 17, 2015

/S/ Sy Foguel  
By: Sy Foguel  
Title: President

WestGUARD Insurance Company

Dated: February 17, 2015

/S/ Sy Foguel  
By: Sy Foguel  
Title: President

Berkshire Hathaway Homestate Insurance Company

Dated: February 17, 2015

/S/ Andrew Linkhart  
By: Andrew Linkhart  
Title: Treasurer

Philadelphia Reinsurance Corporation

Dated: February 17, 2015

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

National Fire and Marine Insurance Company

Dated: February 17, 2015

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

Redwood Fire & Casualty Insurance Company

Dated: February 17, 2015

/S/ Andrew Linkhart  
By: Andrew Linkhart  
Title: Treasurer

National Indemnity Company of MidAmerica Insurance  
Company

Dated: February 17, 2015

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

Oak River Insurance Company

Dated: February 17, 2015

/S/ Andrew Linkhart  
By: Andrew Linkhart  
Title: Treasurer