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

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**SCHEDULE 13G**  
(Rule 13d-102)

**INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT  
TO § 240.13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED  
PURSUANT TO § 240.13d-2**

**(Amendment No. 3)**

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**GENERAL MOTORS COMPANY**  
(Name of Issuer)

**COMMON STOCK**  
(Title of Class of Securities)

**37045V100**  
(CUSIP Number)

**December 31, 2021**  
(Date of Event Which Requires Filing of this Statement)

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

- Rule 13d-1 (b)  
 Rule 13d-1 (c)  
 Rule 13d-1 (d)

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

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

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1	NAME OF REPORTING PERSON	
	Warren E. Buffett	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	United States Citizen	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		60,000,000 shares
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		60,000,000 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	60,000,000 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	4.1%	
12	TYPE OF REPORTING PERSON	
	IN	

1	NAME OF REPORTING PERSON Berkshire Hathaway Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION  State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED EACH REPORTING PERSON WITH	5	SOLE VOTING POWER  NONE
	6	SHARED VOTING POWER  60,000,000 shares
	7	SOLE DISPOSITIVE POWER  NONE
	8	SHARED DISPOSITIVE POWER  60,000,000 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  60,000,000 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>  Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9  4.1%	
12	TYPE OF REPORTING PERSON  HC, CO	

1	NAME OF REPORTING PERSON National Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 39,707,162 shares
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 39,707,162 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 39,707,162 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 2.7%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON	
	GEICO Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		24,887,209 shares
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		24,887,209 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	24,887,209 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	1.7%	
12	TYPE OF REPORTING PERSON	
	HC, CO	

1	NAME OF REPORTING PERSON	
	Government Employees Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		11,739,909 shares
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		11,739,909 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	11,739,909 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.8%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON	
	GEICO Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		7,945,845 shares
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		7,945,845 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	7,945,845 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.5%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON National Fire & Marine Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 8,402,338 shares
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 8,402,338 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 8,402,338 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.6%	
12	TYPE OF REPORTING PERSON IC, CO	



1	NAME OF REPORTING PERSON	
	GEICO Casualty Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		3,869,700 shares
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		3,869,700 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	3,869,700 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.3%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON	
	GEICO Secure Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		435,400 shares
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		435,400 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	435,400 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON GEICO Advantage Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 447,170 shares
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 447,170 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 447,170 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 Less than 0.1%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON GEICO Choice Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 449,185 shares
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 449,185 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 449,185 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 Less than 0.1%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON BNSF Master Retirement Trust	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Texas	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 500,000 shares
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 500,000 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 500,000 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 Less than 0.1%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON Precision Castparts Corp. Master Trust	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Oregon	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 1,600,000 shares
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 1,600,000 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 1,600,000 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.1%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Life Insurance Company of Nebraska	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		4,865,500 shares
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		4,865,500 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	4,865,500 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.3%	
12	TYPE OF REPORTING PERSON	
	IC, CO	

1	NAME OF REPORTING PERSON	
	First Berkshire Life Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		103,500 shares
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		103,500 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	103,500 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	Less than 0.1%	
12	TYPE OF REPORTING PERSON	
	IC, CO	



1	NAME OF REPORTING PERSON	
	Berkshire Hathaway Consolidated Pension Plan Master Trust	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		4,925,000 shares
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		4,925,000 shares
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	4,925,000 shares	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/>	
	Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9	
	0.3%	
12	TYPE OF REPORTING PERSON	
	EP	

**Item 1.****(a) Name of Issuer**

General Motors Company

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

300 Renaissance Center, Detroit, MI 48265

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

Warren E. Buffett  
3555 Farnam Street  
Omaha, Nebraska 68131  
United States Citizen

Berkshire Hathaway Inc.  
3555 Farnam Street  
Omaha, Nebraska 68131  
Delaware corporation

National Indemnity Company  
1314 Douglas Street  
Omaha, Nebraska 68102  
Nebraska corporation

GEICO Corporation  
One GEICO Plaza  
Washington, DC 20076  
Delaware corporation

Government Employees Insurance Company  
One GEICO Plaza  
Washington, DC 20076  
Nebraska corporation

GEICO Indemnity Company  
One GEICO Plaza  
Washington D.C. 20076  
Nebraska corporation

BNSF Master Retirement Trust  
c/o BNSF Railway  
2650 Lou Menk Drive  
Fort Worth, TX 76131  
Texas

GEICO Casualty Company  
One GEICO Plaza  
Washington, DC 20076  
Nebraska corporation

GEICO Advantage Insurance  
Company One GEICO Plaza  
Washington, DC 20076  
Nebraska corporation

Berkshire Hathaway Consolidated  
Pension Plan Master Trust  
c/o Berkshire Hathaway Inc.  
3555 Farnam Street  
Omaha, NE 68131  
Nebraska

GEICO Secure Insurance  
Company One GEICO Plaza  
Washington DC, 20076  
Nebraska corporation

Precision Castparts Corp. Master Trust  
c/o Precision Castparts Corp.  
4650 SW Macadam Ave.  
Portland, OR 97239  
Oregon

GEICO Choice Insurance Company  
One GEICO Plaza  
Washington, DC 20076  
Nebraska corporation

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

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

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

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

Common Stock

**(e) CUSIP Number**

37045V100

**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. and GEICO Corporation are each a Parent Holding Company or Control Person, in accordance with § 240.13d-1(b)(1)(ii)(G).

National Indemnity Company, Government Employees Insurance Company, GEICO Indemnity Company, National Fire & Marine Insurance Company, GEICO Advantage Insurance Company, GEICO Casualty Company, GEICO Secure Insurance Company, GEICO Choice Insurance Company, Berkshire Hathaway Life Insurance Company of Nebraska and First Berkshire Life Insurance Company are each an Insurance Company as defined in section 3(a)(19) of the Act.

The BNSF Master Retirement Trust, Berkshire Hathaway Consolidated Pension Plan Master Trust, and Precision Castparts Master Trust are each an Employee Benefit Plan in accordance with § 240.13d-1(b)(1)(ii)(F).

**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.**

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than 5 percent of the class of securities, check the following .

**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.

Dated this 14th day of February, 2022

/s/ Warren E. Buffett

Warren E. Buffett

BERKSHIRE HATHAWAY INC.

By: /s/ Warren E. Buffett

Warren E. Buffett

Chairman of the Board

NATIONAL INDEMNITY COMPANY, GEICO CORPORATION, GOVERNMENT EMPLOYEES INSURANCE COMPANY, GEICO INDEMNITY COMPANY, NATIONAL FIRE & MARINE INSURANCE COMPANY, GEICO ADVANTAGE INSURANCE COMPANY, GEICO CASUALTY INSURANCE COMPANY, GEICO CHOICE INSURANCE COMPANY, GEICO SECURE INSURANCE COMPANY, BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBRASKA, FIRST BERKSHIRE LIFE INSURANCE COMPANY, BNSF MASTER RETIREMENT TRUST, PRECISION CASTPARTS CORP. MASTER TRUST AND BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN MASTER TRUST

By: /s/ Warren E. Buffett

Warren E. Buffett

Attorney-in-Fact

**SCHEDULE 13G**

**EXHIBIT A**

**RELEVANT SUBSIDIARIES AND MEMBERS OF FILING GROUP**

**PARENT HOLDING COMPANIES OR CONTROL PERSONS:**

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.)

Berkshire Hathaway Inc.

GEICO Corporation

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

National Indemnity Company

Government Employees Insurance Company

GEICO Indemnity Company

National Fire & Marine Insurance Company

GEICO Advantage Insurance Company

GEICO Casualty Insurance Company

GEICO Secure Insurance Company

GEICO Choice Insurance Company

Berkshire Hathaway Life Insurance Company of Nebraska

First Berkshire Life Insurance Company

**EMPLOYEE BENEFIT PLANS IN ACCORDANCE WITH § 240.13d-1-(b)(1)(ii)(F)**

BNSF Master Retirement Trust

Precision Castparts Corp. Master Trust

Berkshire Hathaway Consolidated Pension Plan Master Trust

**SCHEDULE 13G**

**EXHIBIT B**

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

The undersigned persons hereby agree that reports on Schedule 13G, and amendments thereto, with respect to the Common Stock of General Motors Company may be filed in a single statement on behalf of each of such persons, and further, each of such persons designates Warren E. Buffett as its agent and Attorney-in-Fact for the purpose of executing any and all Schedule 13G filings required to be made by it with the Securities and Exchange Commission.

Dated: February 14, 2022

/S/ Warren E. Buffett

Warren E. Buffett

Berkshire Hathaway Inc.

Dated: February 14, 2022

/S/ Warren E. Buffett

By: Warren E. Buffett

Title: Chairman of the Board

National Indemnity Company

Dated: February 14, 2022

/S/ Marc D. Hamburg

By: Marc D. Hamburg

Title: Chairman of the Board

GEICO Corporation

Dated: February 14, 2022

/S/ Todd A. Combs

By: Todd A. Combs

Title: President

Government Employees Insurance Company

Dated: February 14, 2022

/S/ Todd A. Combs

By: Todd A. Combs

Title: President

GEICO Indemnity Company

Dated: February 14, 2022

/S/ Todd A. Combs

By: Todd A. Combs

Title: President, GEICO Corporation



Berkshire Hathaway Consolidated Pension Plan Master Trust

Dated: February 14, 2022

/S/ Mark D. Millard

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By: Mark D. Millard

Title: Vice President, Berkshire Hathaway Inc.

BNSF Master Retirement Trust

Dated: February 14, 2022

/S/ Julie Piggott

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By: Julie Piggott

Vice President, Burlington Northern Santa Fe, LLC

Precision Castparts Corp. Master Trust

Dated: February 14, 2022

/S/ Shawn Hagel

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By: Shawn Hagel

Title: Executive Vice President, Precision Castparts Corp.

GEICO Choice Insurance Company

Dated: February 14, 2022

/S/ Todd A. Combs

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By: Todd A. Combs

Title: President

GEICO Secure Insurance Company

Dated: February 14, 2022

/S/ Todd A. Combs

---

By: Todd A. Combs

Title: President

National Fire & Marine Insurance Company

Dated: February 14, 2022

/S/ Dale D. Geistkemper

---

By: Dale D. Geistkemper

Title: Treasurer

GEICO Advantage Insurance Company

Dated: February 14, 2022

/S/ Todd A. Combs

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By: Todd A. Combs

Title: President

GEICO Casualty Insurance Company

Dated: February 14, 2022

/S/ Todd A. Combs

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By: Todd A. Combs

Title: President

Berkshire Hathaway Life Insurance Company of Nebraska

Dated: February 14, 2022

/S/ Dale D. Geistkemper

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By: Dale D. Geistkemper

Title: Treasurer

First Berkshire Life Insurance Company

Dated: February 14, 2022

/S/ Dale D. Geistkemper

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By: Dale D. Geistkemper

Title: Treasurer