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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"/> If the reporting person is a member of a group, the reporting person must be the person who has the power to purchase or dispose of the securities of the issuer.	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION  State of Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER  NONE
	6	SHARED VOTING POWER SHARED POSITIVE POWER 5,242,855
	7	SOLE DISPOSITIVE POWER  NONE

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1	NAME OF REPORTING PERSON  FlightSafety International Inc. Retirement Income Plan	
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 New York	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER  NONE
	6	SHARED VOTING POWER  200,000
	7	SOLE DISPOSITIVE POWER  NONE
	8	SHARED DISPOSITIVE POWER  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 <input type="checkbox"/>  Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9  0.2%	
12	TYPE OF REPORTING PERSON  EP	

1	NAME OF REPORTING PERSON  Fruit of the Loom Pension 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 Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER  NONE
	6	SHARED VOTING POWER  325,000
	7	SOLE DISPOSITIVE POWER  NONE
	8	SHARED DISPOSITIVE POWER  325,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  325,000	
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	

1	NAME OF REPORTING PERSON	
	GEICO Corporation Pension Plan 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 Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER  NONE
	6	SHARED VOTING POWER  500,000
	7	SOLE DISPOSITIVE POWER  NONE
	8	SHARED DISPOSITIVE POWER  500,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  500,000	
10	CHECK <input checked="" type="checkbox"/> s	



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1	NAME OF REPORTING PERSON  General Re Corp. Employee 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 Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER  NONE
	6	SHARED VOTING POWER  100,000
	7	SOLE DISPOSITIVE POWER  NONE
	8	SHARED DISPOSITIVE POWER  100,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  100,000	
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1	NAME OF REPORTING PERSON  Lubrizol Corp. Master Pension 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 Ohio	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER  NONE
	6	SHARED VOTING POWER  150,000
	7	SOLE DISPOSITIVE POWER  NONE
	8	SHARED DISPOSITIVE POWER  150,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  150,000	
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1	NAME OF REPORTING PERSON  R. Ted Weschler	
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  285,834
	6	SHARED VOTING POWER  0
	7	SOLE DISPOSITIVE POWER  285,834
	8	SHARED DISPOSITIVE POWER  8,277
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  294,111	
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  IN	



## SCHEDULE 13G

## Item 1.

## (a) Name of Issuer

LIBERTY MEDIA CORPORATION

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

12300 Liberty Boulevard, Englewood, CO 80112

## 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

National Indemnity Company  
 3024 Harney Street  
 Omaha, Nebraska 68131  
 Nebraska corporation

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

GEICO Indemnity Company  
 One GEICO Plaza  
 Washington, DC 20076  
 Maryland corporation

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

GEICO Corporation  
 One GEICO Plaza  
 Washington, DC 20076  
 Delaware corporation

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

Fruit of the Loom Pension Trust  
 c/o Fruit of the Loom  
 1 Fruit of the Loom Drive

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

R. Ted Weschler  
404 East Main Street  
Charlottesville, VA 22902  
United States Citizen

General Re Corp. Employee Retirement Trust  
c/o General Re Corporation  
120 Long Ridge Road  
Stamford, CT 06902  
Connecticut

(d) Title of Class of Securities

Class A Common Stock

(e) CUSIP Number

531229409

**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 and National Fire & Marine Insurance Company are each an Insurance Company as defined in section 3(a)(19) of the Act.

FlightSafety International Inc. Retirement Income Plan, Fruit of the Loom Pension Trust, GEICO Corporation Pension Plan Trust, Johns Manville Corporation Master Pension Trust, BNSF Master Retirement Trust, General Re Corp. Employee Retirement Trust and Lubrizol Corp. Master Trust Pension are each an Employee



**Item 10. Certification.**

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that p

**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

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

FlightSafety International Inc. Retirement Income Plan  
Fruit of the Loom Pension Trust  
GEICO Corporation Pension Plan Trust  
Johns Manville Corporation Master Pension Trust  
BNSF Master Retirement Trust  
General Re Corp. Employee Retirement Trust  
Lubrizol Corp. Master Trust Pension

**OTHER MEMBER OF FILING GROUP**

R. Ted Weschler

**SCHEDULE 13G**

**EXHIBIT B**

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

The undersigned persons hereby agree that reports on Schedule 13

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