FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden

					5	SECURITIES				ll.	response: 0.5	
			Filed pursua or Se	nt to	Section 30(h) of	16(a) of the Securities Exchange of the Investment Company Act of 1	Act of 1934 940					
	ddress of Reportin	•	2. Date of Eve Requiring Stat (Month/Day/Ye 01/21/2010	emer	nt	3. Issuer Name <b>and</b> Ticker or Tra Symetra Financial CO						
(Last) 3555 FARN	(First) AM STREET	(Middle)	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Relationship of Reporting Pers (Check all applicable)     Director X	10% Owne	r	If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check			
(Street)	NE	68131				Officer (give title below)	Other (spec below)		Applicat <b>v</b>	ole Line) Form filed b	y One Reporting Person y More than One	
(City)	(State)	(Zip)										
			Table I - No	on-E	Deriva	tive Securities Beneficial	ly Owned					
1. Title of Secu	urity (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownershi Form: Direct or Indirect ( (Instr. 5)	t (D)   (I	. Nature nstr. 5)	of Indirect	Beneficial Ownership	
Common Sto	ock					17,400,000	I	S	ee foot	note 1 <sup>(1)</sup>		
		(				e Securities Beneficially ants, options, convertible		s)				
Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)			3. Title and Amount of Securit Underlying Derivative Security			sion C cise F	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Exp Dat	piration te	Title	Amount or Number of Shares	Price of Derivati Security	ve  o	r Indirect (D) r Indirect (Instr. 5)		
Warrant (righ	nt to buy)		(2)	08/	02/2014	Common Stock	9,487,872	11.4	9	I	See footnote 1. <sup>(1)</sup>	
	ddress of Reportin	•										
(Last) 3555 FARN	(First) AM STREET	(Midd	lle)									
(Street) OMAHA	NE	6813	31									
(City)	(State)	(Zip)										
	ddress of Reportin	-										
(Last) 3555 FARN	(First) AM STREET	(Midd	dle)									

## (Street) **OMAHA** NE 68131 (City) (State) (Zip) 1. Name and Address of Reporting Person\* **GENERAL RE CORP** (Middle) (Last) (First) 1440 KIEWIT PLAZA (Street) **OMAHA** NE 68131 (City) (State) (Zip) 1. Name and Address of Reporting Person\*

GENERAL	REINSURANC	CE CORP				
(Last)	(First)	(Middle)				
1440 KIEWIT PLAZA						
(Street)						
OMAHA	NE	68131				
(City)	(State)	(Zip)				

## **Explanation of Responses:**

1. These securities are owned directly by General Reinsurance Corporation ("GRC"), which is a wholly owned subsidiary of General Re Corporation ("Gen Re"), which is a wholly owned subsidiary of Berkshire Hathaway Inc. As Berkshire and Gen Re are in the chain of ownership of GRC, each of Berkshire and Gen Re may be deemed presently to both beneficially own and have a pecuniary interest in all shares of Symetra Financial Corporation common stock presently owned by GRC. Warren E. Buffett, as the controlling stockholder of Berkshire, may be deemed presently to beneficially own, but only to the extent he has a pecuniary interest in, the shares of Symetra Financial Corporation common stock presently owned by GRC. Mr. Buffett disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

2. The warrant is currently exercisable.

Berkshire Hathaway Inc., by Marc D. Hamburg 01/21/2010

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.