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Frinquelli Ang	gelo Michael										
Form 4											
March 26, 200	19										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549							N OMB				
Check this if no longer	r							Expires	: January 31,		
subject to Section 16. Form 4 or	6. SECURITIES							F Estimat	ed average hours per		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the S Section 17(a) of the Public Utility Holdin 30(h) of the Investment Co						npany Act	of 1935 or Sec				
(Print or Type Rea	sponses)										
1. Name and Add Frinquelli Ang	2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [WTM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) C/O WHITE MOUNTAINS INSURANCE GROUP, LTD, 80 SOUTH MAIN STREET			3. Date of Earliest Transaction (Month/Day/Year) 03/25/2009			X_ Director 10% Owner Officer (give title Other (specify below) below)					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
							Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	cquired, Dispose	d of, or Benef	icially Owned		
	2. Transaction Dat Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares							200	Ι	by Trust		
Common Shares							300	I	By Renaissance Fund Advisors Inc.		

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactiv Code (Instr. 8)	TransactionNumber Expiration Date Code of (Month/Day/Year)		(Instr. 3 and 4)		8. De Se (In	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Shares (Deferred Compensation)	<u>(2)</u>	03/25/2009		A	1 (3)	<u>(4)</u>	<u>(4)</u>	Common Shares	1	\$

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Frinquelli Angelo Michael C/O WHITE MOUNTAINS INSURANCE GROUP, 80 SOUTH MAIN STREET HANOVER, NH 03755	LTD X						
Signatures							
Jason R. Lichtenstein, by Power of 03/ Attorney	26/2009						
**Signature of Reporting Person	Date						

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(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).
- (1) Reporting Person is the sole shareholder of Renaissance Fund Advisors Inc.
- (2) Phantom Shares are convertible into Common Shares on a 1 for 1 basis.
- (3)

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On March 25, 2009, the Reporting Person's deferred compensation account was credited with Phantom Shares equal in value to the ordinary dividend paid on the underlying WTM Common Shares on the dividend date.

- (4) The Phantom Shares are held in the Reporting Person's WTM deferred compensation account and are payable in cash upon the earlier of the date when the Reporting Person ceases to be a director of the Company or a date certain selected by the Reporting Person.
- (5) Dividends were automatically invested in Phantom Shares at the fair market price per share of the underlying WTM Common Shares on March 25, 2009, the date dividends were actually paid.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.