### Edgar Filing: WHITE MOUNTAINS INSURANCE GROUP LTD - Form 5

#### WHITE MOUNTAINS INSURANCE GROUP LTD

Form 5

February 12, 2016

1 cordary 12,	2010											
FORM 5									OMB APPROVAL			
	OMB Number:	3235-0362										
Check this no longer s		Wa	Washington, D.C. 20549					Expires:	January 31, 2005			
to Section Form 4 or 5 obligatio may contir	16. Form ANN ons nue.		ATEMENT OF CHANGES IN BENI OWNERSHIP OF SECURITIES					EFICIAL Estimated av burden hours response				
See Instruction 1(b). Form 3 Horal Reported Form 4 Transactio Reported	Filed purs	suant to Section a) of the Public U 30(h) of the I	Itility Holdin	g Compa	any A	ct of	1935 or Section	on				
	ddress of Reporting F E RAYMOND JO	SEPH Symbol WHIT	WHITE MOUNTAINS				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)					
			INSURANCE GROUP LTD [WTM]				(Chook all applicable)					
(Last)	` , , , , , ,	(Month/	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015				X Director 10% OwnerX Officer (give titleX Other (specify below)  Chief Executive Officer / Chairman of the					
INSURANC	E MOUNTAINS CE GROUP, LTD AIN STREET	, 80						Board				
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Reporting					
							(chec	ck applicable line	)			
HANOVER	, NH 03755											
_X_ Form Filed by O									ne Reporting Person ore than One Reporting			
(City)	(State)	(Zip) Tak	ole I - Non-Deri	ivative Sec	curitie	s Acqu	ired, Disposed o	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership			
				Amount	(A) or (D)	Price	Fiscal Year (Instr. 3 and 4)	(IIIsti. +)	(Instr. 4)			
Common Shares	12/30/2015	Â	G	500	D	\$0	16,190 (1)	D	Â			
Common Shares	Â	Â	Â	Â	Â	Â	21,975 (1)	I	By Grantor Retained Annuity Trust			
	Â	Â	Â	Â	Â	Â	6,106	I	by IRA			

Common Shares

Common  $\hat{A}$   $\hat{A}$ 

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

Persons who respond to the collection of information SEC 2270 contained in this form are not required to respond unless (9-02) the form displays a currently valid OMB control number.

# 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. Transaction Code (Instr. 8)	5. 6. Date Exercisable and Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		7. Title and A Underlying S (Instr. 3 and	Securities	
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Share Options	\$ 742	Â	Â	Â	Â	(2)	01/20/2017	Common Shares	125,000

# **Reporting Owners**

Relationships Reporting Owner Name / Address 10% Officer Other Director Owner BARRETTE RAYMOND JOSEPH RENE C/O WHITE MOUNTAINS INSURANCE Chief Executive Chairman of the ÂΧ Â GROUP, LTD Officer **Board 80 SOUTH MAIN STREET** HANOVER, NHÂ 03755

### **Signatures**

Jason R. Lichtenstein, by Power of Attorney 02/12/2016

\*\*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).

Reporting Owners 2

#### Edgar Filing: WHITE MOUNTAINS INSURANCE GROUP LTD - Form 5

- (1) Amount reflects net WTM share transfers between Reporting Person and Grantor Retained Annuity Trusts in November and December 2015 (change in form of ownership).
- (2) All the options are vested and immediately exerciseable.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.