Edgar Filing: WHITE MOUNTAINS INSURANCE GROUP LTD - Form 4

	Lugari	i iiiig. Wii								
WHITE MOUN Form 4 May 29, 2007	ITAINS INS	SURANCE	GROUP	LTD						
								OMB APPROVAL		
		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287		
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type Resp	oonses)									
GILLESPIE GEORGE JOSEPH III Symbol WHITE				Name and Ticker or Trading MOUNTAINS ANCE GROUP LTD [WTM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)(First)(Middle)3. Date of 2 (Month/DaC/O WHITE MOUNTAINS05/24/20INSURANCE GROUP, LTD, 80 S.MAIN ST.				-				X_ Director 10% Owner Officer (give title Other (specify below) below)		
	(Street)	Filed(Month/Day/Year) App _X_				Applicable Line) _X_ Form filed by (X_ Form filed by One Reporting Person			
HANOVER, N	Н 03755							Form filed by M Person	Aore than One Ro	eporting
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned
Security (N (Instr. 3)	. Transaction I Month/Day/Ye	ear) Execution any	emed		4. Securi nAcquirec Disposec (Instr. 3,	ties I (A) o I of (D 4 and (A) or	r)	5. Amount of Securities Beneficially Owned		-
Common 0. Shares 0.	5/24/2007			А	100	А	\$0	1,100	D	

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

5.6. Date Exercisable and Number7. Title and Amount of8. Price of Derivative9.NumberExpiration DateAmount of UnderlyingDerivativeDeof(Month/Day/Year)Underlying SecuritiesSecuritySeDerivativeSecurities(Instr. 5)BeSecurities(Instr. 3 and 4)Ov AcquiredFo(A) orReTrObjectedTr(Instr. 3, 4, and 5)
(A) (D) Exercisable Expiration Date Expiration Date Date Date Title Amount or Number of Shares
(A

Relationships

Officer Other

Edgar Filing: WHITE MOUNTAINS INSURANCE GROUP LTD - Form 4

Reporting Owner Name / Address	Kelations		
	Director	10% Owner	
GILLESPIE GEORGE JOSEPH III C/O WHITE MOUNTAINS INSURANCE GRO 80 S. MAIN ST. HANOVER, NH 03755	UP, LTD	Х	
Signatures			
Jason R. Lichtenstein, by Power of Attorney	05/29/20	07	
**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).

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.