## Edgar Filing: WHITE MOUNTAINS INSURANCE GROUP LTD - Form 4

WHITE MOU Form 4 June 02, 2008	JNTAINS INSUE	RANCE	GROUP	LTD							
FORM	4 UNITED S	TATES					NGE (	COMMISSION		PPROVAL 3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5	<ul> <li>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</li> <li>SECURITIES</li> <li>r</li> </ul>								Expires: Estimated burden hou	January 31	
obligation may contin <i>See</i> Instruct 1(b).	s Section 17(a	20(h) of the Inviectment (Commenty A of of $1040$									
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u></u> DAVIS MORGAN W			2. Issuer Name <b>and</b> 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) 05/29/2008					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President, American Centennial			
HANOVER,	(Street) NH 03755		4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>				
(City)	(State) (2	Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	emed on Date, if /Day/Year)	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) o 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								14,700	D		
Common Shares								5,498 <u>(1)</u>	Ι	By 401(k)	

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.

## Edgar Filing: WHITE MOUNTAINS INSURANCE GROUP LTD - Form 4

 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)	Execution Date, if Transactionof any Code Derivative		Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)16	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Shares (Deferred Compensation)	<u>(2)</u>	05/29/2008		A	100	(3)	(3)	Common Shares	100

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
	Director	10% Owner	Officer	Other			
DAVIS MORGAN W C/O WHITE MOUNTAINS INSURANCE GROULTD 80 SOUTH MAIN STREET HANOVER, NH 03755	UP, X		President, American Centennial				
Signatures							
Jason R. Lichtenstein, by Power of Attorney	06/02/2008						
**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).

Since January 1, 2008, Reporting Person acquired 23 shares of WTM Common Shares under his Folksamerica 401(k) Plan. WTM
 (1) Common Shares are purchased at fair market value on the date of purchase. The information in this report is based on a plan statements dated as of April 30, 2008.

(2) Phantom Shares are convertible into Common Shares on a 1 for 1 basis.

The Phantom Shares are held in Reporting Person's WTM deferred compensation account and are payable in cash or shares upon the (3) earlier of the date when the Reporting Person ceases to be an employee or director of the Company or a date certain selected by the

Reporting Person.

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.