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WHITE MOUNTAINS INSURANCE GROUP LTD

Form 4

September 28, 2006

| September 20 | 5, 2000 | | | | | | | | |
|-------------------------|--------------------------------------|---------------------|---|-------------------------|------------------------|----------------------------|------------------------|--|--|
| FORM | 4 | TATES SECTI | | ANCE COMM | IICCION | | PPROVAL | | |
| Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | |
| Check thi if no long | er | | , , , , , , , , , , , , , , , , , , , | | | Expires: | January 31, | | |
| subject to | STATEMI | ENT OF CHAN | GES IN BENEFICI | AL OWNERS | HIP OF | Estimated | 2005 average | | |
| Section 10 Form 4 or | | | SECURITIES | | | burden hou | • | | |
| Form 5 | Filed purs | uant to Section 1 | 6(a) of the Securities | Exchange Act of | of 1934, | response | . 0.5 | | |
| obligation may conti | Section 17(a) |) of the Public U | tility Holding Compa | ny Act of 1935 | | n | | | |
| See Instru | | 30(h) of the In | vestment Company A | act of 1940 | | | | | |
| 1(b). | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | |
| | ddress of Reporting Po | | r Name and Ticker or Tra | . 0 | tionship of | Reporting Per | rson(s) to | | |
| BARRETTE RENE | E RAYMOND JOS | Symbol | | Issuer | Issuer | | | | |
| KENE | | | WHITE MOUNTAINS INSURANCE GROUP LTD [WTM] | | | (Check all applicable) | | | |
| (Last) | (First) (Mi | | f Earliest Transaction | | Director Officer (give | | 6 Owner er (specify | | |
| C/O WHITE | MOUNTAINS | (Month/I 09/27/2 | | below) | officer (give | below) | ici (specify | | |
| | E GROUP, 80 SC | | 003 | | | | | | |
| MAIN STRI | EET | | | | | | | | |
| | (Street) | 4. If Ame | endment, Date Original | 6. Indiv | vidual or Jo | int/Group Fili | ng(Check | | |
| | | Filed(Mo | nth/Day/Year) | * * | ble Line) | One Reporting P | erson | | |
| HANOVER, | , NH 03755 | | | | | Iore than One R | | | |
| (City) | (State) (Z | Zip) Tab | | | 1 6 | . T | | | |
| . • | | 1 av | le I - Non-Derivative Sec | | _ | | - | | |
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | | 3. 4. Securities TransactionAcquired (A | | | 6. Ownership Form: Direct | | | |
| (Instr. 3) | • | any | Code Disposed of | (D) Benefic | ially | () | Beneficial | | |
| | | (Month/Day/Year) | (Instr. 8) (Instr. 3, 4 a | nd 5) Owned Followin | | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| | | | (4 | Reporte | d | , | , , | | |
| | | | (| Or (Instr 3 | | | | | |
| Common | | | Code V Amount (1 | D) Price | | | | | |
| Shares | | | | 10,834 |] | D | | | |
| Common | | | | 4,615 | | I | By wife | | |
| Shares | | | | 7,013 | - | ı | by wife | | |
| Common | | | | 100 | | I | By son | | |
| Shares | | | | 100 | | • | D) 5011 | | |
| Common | | | | 5,000 | | I | By Grantor | | |
| Shares | | | | | | | Retained | | |

Annuity

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| | Persons who respond to information contained ir required to respond unle displays a currently valinumber. | SEC 1474 (9-02) | |
|---|---|--------------------|--------------|
| Common Shares Reminder: Report on a separate line for each class of securities benefits | 13 cicially owned directly or indirect | I tly. | By 401(k) |
| Common Shares | 4,230 |) I | Trust By IRA |
| | | | Tanat |

 $\label{thm:convertible} \textbf{Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned} \\ \textit{(e.g., puts, calls, warrants, options, convertible securities)}$

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Title and | Amount of | 8. |
|---------------------|-------------|---------------------|--------------------|------------|------------|--------------|-------------|---------------|------------|-----|
| Derivative Security | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orNumber | Expiration D | ate | Underlying | Securities | Dε |
| (Instr. 3) | or Exercise | | any | Code | of | (Month/Day | /Year) | (Instr. 3 and | 4) | Se |
| | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | | | (Ir |
| | Derivative | | | | Securities | | | | | |
| | Security | | | | Acquired | | | | | |
| | | | | | (A) or | | | | | |
| | | | | | Disposed | | | | | |
| | | | | | of (D) | | | | | |
| | | | | | (Instr. 3, | | | | | |
| | | | | | 4, and 5) | | | | | |
| | | | | | | | | | Amount | |
| | | | | | | Date | Expiration | | or | |
| | | | | | | Exercisable | Date | Title | Number | |
| | | | | C = V | (A) (D) | | | | of | |
| | | | | Code V | (A) (D) | | | | Shares | |
| Phantom | | | | | | | | | | |
| Shares | | | | | 98 | | | Common | | \$ |
| (Deferred | <u>(1)</u> | 09/27/2006 | | A | (2) | (3) | (3) | Shares | 98 | Ψ |
| ` | | | | | <u>/</u> | | | Shares | | |
| Compensation) | | | | | | | | | | |

Reporting Owners

| | Relationships | | | | |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| BARRETTE RAYMOND JOSEPH RENE C/O WHITE MOUNTAINS INSURANCE GROUP 80 SOUTH MAIN STREET HANOVER, NH 03755 | X | | | | |

Reporting Owners 2

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Signatures

Dennis Beaulieu, by Power of Attorney

09/28/2006

**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) Phantom Shares are convertible into Common Shares of a 1 for 1 basis.
- On September 27, 2006, 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.
- (3) The Phantom Shares are payable, as a result of the Reporting Person's separation of employment from WTM, in cash or in Common Shares, in ten equal installments that commenced in 2006. Final payment is due in 2015.
- (4) Dividends are automatically invested in Phantom Shares at the fair market value per share of the underlying WTM Common Shares on September 27, 2006, the date the dividends are deemed to be 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.

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