Frinquelli Angelo Michael Form 4

June 10, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

may continue. See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * Frinquelli Angelo Michael

2. Issuer Name and Ticker or Trading

Symbol

WHITE MOUNTAINS

INSURANCE GROUP LTD [WTM]

3. Date of Earliest Transaction

(Month/Day/Year)

06/08/2009

5. Relationship of Reporting Person(s) to

OMB APPROVAL

10% Owner Other (specify

(Instr. 4)

Estimated average

burden hours per

Expires:

response...

3235-0287

January 31,

2005

0.5

Issuer

below)

(Check all applicable)

C/O WHITE MOUNTAINS

INSURANCE GROUP, LTD, 80 SOUTH MAIN STREET

(Street)

(First)

(Middle)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

_X__ Director

Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

Indirect (I)

(Instr. 4)

Person

HANOVER, NH 03755

(City)	(State)	(Zip) Tab	le I - Non-E	Derivative Securities A	cquired, Disposed	l of, or Benefic	cially Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	onAcquired (A) or	Securities	Ownership	Indirect
(Instr. 3)		any	Code	Disposed of (D)	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	(D) or	Ownership

Following Reported (A)

Transaction(s) (Instr. 3 and 4) Code V (D) Price Amount

Common 06/08/2009 100 \$0 100 D Α A Shares

Common 200 I by Trust **Shares**

By Renaissance Common

300 I Fund Shares Advisors Inc.

(1)

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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.

SEC 1474 (9-02)

De

(In

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

1. Title of	2.	3. Transaction Date		4.		5.		6. Date Exer		7. Title and A	
Derivative Security	Conversion or Exercise	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date (Month/Day/Year)		Underlying Securities			
(Instr. 3)	Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		e S		(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Shares (Deferred Compensation)	<u>(2)</u>							<u>(3)</u>	(3)	Common Shares	0

Reporting Owners

Reporting Owner Name / Address	Relationships					
Pro Grand Control	Director	10% Owner	Officer	Other		
Frinquelli Angelo Michael C/O WHITE MOUNTAINS INSURANCE GROUP, LTD 80 SOUTH MAIN STREET HANOVER, NH 03755	X					

Signatures

Jason R. Lichtenstein, by Power of Attorney 06/10/2009

**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.

Reporting Owners 2

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(3) 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.

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.