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WHITE MOUNTAINS INSURANCE GROUP LTD

Form 5

February 11, 2015

FORM	15							OMB A	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Check this box if Washington, D.C. 20549								OMB Number:	3235-0362		
no longer s	sinington, D.	.C. 2034)	Expires:	January 31, 2005							
to Section Form 4 or 5 obligatio may contir	Form ANNU ns		MENT OF CHANGES IN BENEFICIAL ERSHIP OF SECURITIES					Estimated average burden hours per response 1.			
See Instruct 1(b). Form 3 Ho Reported Form 4 Transactio Reported	Filed purs sldings Section 17(a	uant to Section 1) of the Public U 30(h) of the Ir	tility Holdin	g Compa	ny A	ct of	1935 or Sectio	n			
1. Name and A SMITH LOV	Name and Ticker or Trading E MOUNTAINS ANCE GROUP LTD [WTM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)	nent for Issuer's Fiscal Year Ended Day/Year)				_X_ Director Officer (give below)	e title 10% Owner Other (specify below)					
INSURANC	E MOUNTAINS EE GROUP, LTD, AIN STREET	80									
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
HANOVER	, NH 03755						_X_ Form Filed by Form Filed by 1 Person				
(City)	(State) (Z	Zip) Tab	le I - Non-Deri	vative Sec	urities	s Acau	ired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		r)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common Shares	05/22/2014	Â	A4(1)	200	A	\$0	2,202	D	Â		
Reminder: Reposecurities benef	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 2270 (9-02)					

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	
	Derivative				Securities			(Instr.	. 3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	Title	of		
					(A) (D)				Shares		
									Shares		

of D

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Othe			
SMITH LOWNDES ANDREW							
C/O WHITE MOUNTAINS INSURANCE GROUP, LTD	â v	Â	â	Â			
80 SOUTH MAIN STREET	АЛ	А	A	A			
HANOVER Â NHÂ 03755							

Signatures

Jason R. Lichtenstein, by Power of Attorney 02/11/2015

**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) Annual director share award

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.

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