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Form 4	ngelo Michael								
May 31, 201	1 /	CURITIES A		OMB APPROVAL					
	UNITED	STATES SE	Washington,		INGE	COMMISSIC	OMB Number	: 3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Section 16. Form 4 or Section 17(a) of the Section 16(a) of the Securit Section 17(a) of the Investment Company 30(h) of the Investment Company Section 16. Section 17(a) of the Investment Company 1(b).						Exchai y Act	Expires: Estimate burden respons	ated average hours per	
(Print or Type F	Responses)								
	ddress of Reporting ngelo Michael	Syr W	Issuer Name and nbol HITE MOUN SURANCE G	ΓAINS		-	5. Relationship Issuer []	o of Reporting heck all applic	
INSURANC	(First) (E MOUNTAINS CE GROUP, LTE AIN STREET	(M 05/	Date of Earliest Tr onth/Day/Year) /26/2011	ransaction			X Director Officer (g below)		10% Owner Other (specify
HANOVER	(Street) , NH 03755		f Amendment, Da ed(Month/Day/Year	-	ıl		6. Individual o Applicable Line _X_ Form filed Form filed b Person)	g Person
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Secu	rities A	cquired, Dispose	d of, or Benefi	cially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	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	05/26/2011		A	340 <u>(1)</u>		\$ 0	741	D	
Common Shares							100	Ι	by wife
Common Shares							300	Ι	by Trust
Common Shares							300	Ι	By Renaissance Fund

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Advisors	Inc.
(2)	

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)

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships							
	J	Director	10% Owner	Officer	Other					
Frinquelli Angelo Michael C/O WHITE MOUNTAINS INSURANCE GROUP, 80 SOUTH MAIN STREET HANOVER, NH 03755	LTD	Х								
Signatures										
Jason R. Lichtenstein, by Power of 05 Attorney	/31/2011									
**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) Includes Annual Director Share Award (200) and Director Retainer Fees elected by the Reporting Person to be received in WTM Common Shares (140).
- (2) Reporting Person is the sole shareholder of Renaissance Fund Advisors Inc.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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