#### Edgar Filing: Frinquelli Angelo Michael - Form 4

Frinquelli Angelo Michael Form 4 November 10, 2005

#### **OMB APPROVAL** FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Frinquelli Angelo Michael Issuer Symbol WHITE MOUNTAINS (Check all applicable) **INSURANCE GROUP LTD [WTM]** (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_\_ Director 10% Owner Officer (give title \_ Other (specify (Month/Day/Year)

### C/O WHITE MOUNTAINS INSURANCE GROUP, LTD, 80 SOUTH MAIN STREET

(Street)

#### HANOVER, NH 03755

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	Secu	rities A	cquired, Dispose	d of, or Benefi	cially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	onAcquired Disposed	Securities quired (A) or sposed of (D) str. 3, 4 and 5) (A) or nount (D) Price		5. Amount of Securities6.BeneficiallyForm: DirectOwned(D) orFollowingIndirect (I)Reported(Instr. 4)Transaction(s) (Instr. 3 and 4)(Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares	11/08/2005		Р	100	A	\$ 618	100	I	By Renaissance Fund Advisors Inc.

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

11/08/2005

4. If Amendment, Date Original

Filed(Month/Day/Year)

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

below)

Person

Applicable Line)

below)

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person \_\_\_\_ Form filed by More than One Reporting

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#### 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. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
Repo	rtina O	owners		Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
	C	ing Owner Name / A	.ddress	Dire	ector		<b>Relationships</b> 6 Owner Of	fficer Othe	r			
Frinquelli	i Angelo Mi	chael										

Frinquelli Angelo Michael C/O WHITE MOUNTAINS INSURANCE GROUP, LTD 80 SOUTH MAIN STREET HANOVER, NH 03755

### Signatures

Dennis P. Beaulieu, by Power of	11/10/2005		
Attorney	11/10/2003		

\*\*Signature of Reporting Person

## **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).

Date

(1) 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. 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.