FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL								
OWNEDCHID								

OMB APPROVAL										
OMB Number:	3235-0362									
Estimated average burden										
1 .										

Instruct	Instruction 1(b). OWNERSHIP Estimated average burden											- 11					
Form 3	Holdings Repo						· -					<u> </u>	ours per	response:	1.0		
Form 4	Transactions F	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac								
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BYRNE JOHN JOSEPH									<u>NSURA</u>	NCE		X Director 10% Owner					Owner
(Loot) (Firet) (Middle)				GROO	GROUP LTD [WTM]								Office	er (give ti v)	itle	Other below	(specify
(Last) (First) (Middle) C/O WHITE MOUNTAINS INSURANCE GROUP, LTD				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004										,			,
80 SOUT	TH MAIN S	TREET		4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) HANOVER NH 03755												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)														
		Table	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed (of, or	Benefic	ially	Owne	ed			
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				Securiti Benefici		es ally	Form	ership II n: Direct E	7. Nature of Indirect Beneficial	
								Amou	nt	(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)			ect (I) (Ownership (Instr. 4)
Common Shares			01/16/2004			G		:	759	D	(1)		412,	12,153 ⁽²⁾		D	
Common Shares			11/12/2004			G		1,	,856	D	(1)		410,297			D	
Common Shares 12/			12/09/2004			G		8	322	D	D (1)		409,475			D	
Common Shares 12/14/2004			12/14/2004	C		G		,517	D	D (1)		407,958			D		
Common Shares 05/21.			05/21/2004		G		1,	,100	D	(1)		50			I I	By wife	
Common Shares												624,072 ⁽²⁾			I	By Family Trusts GRAT)	
Common Shares											2			I I	By 401(k)		
		Та	ble II - Derivat (e.g., pı	ive Secur uts, calls,	ities warr	Acquants,	uired, , opti	Disp	osed of, converti	or Be	eneficial curities	ly O	wned				
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. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr and E	ative rities ired r osed)	Expira	e Exercisable and ation Date h/Day/Year) Expiration isable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		Der Sec (Ins	8. Price of Derivative Security (Instr. 5) Reported Transacti (Instr. 4)		ve es ially ng ed tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Value of WTM Common Shares gifted based on the average of the high and low bid price of WTM Common Shares.
- 2. Since February 10, 2004, the Reporting Person's last report, 7,262 WTM Common Shares previously held in a grantor retained annuity trust have been distributed and are now owned directly.

Remarks:

John J. Byrne

02/04/2005

** Signature of Reporting Person

Date

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

- * 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).

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

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 Number.