### SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

SCHEDULE 13G/A

UNDER THE SECURITIES EXCHANGE ACT OF 1934

VESTA INSURANCE GROUP, INC.

(Name of Issuer)

COMMON STOCK, PAR VALUE \$0.01 PER SHARE

(Title of Class of Securities)

#### 

DECEMBER 19, 2000

(Dete of Funct which Derwines Filing of this Otetement)

(Date of Event which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

[X]	Rule 13d-1(b)
[]	Rule 13d-1(c)
[]	Rule 13d-1(d)

(Continued on following page(s))

-	1	Names of Reporting Persons Identification Nos. of Above Persons (entities only) WHITE MOUNTAINS INSURANCE GROUP, LTD. (NO. 94-2708455)					
-	2	Check the Appropriate Box if a Member of a Group (See Instructions) (a) [ ]					
-	3	SEC USE ONLY					
-	4	Citizenship or Place of Organization BERMUDA					
-		Number of Shares		Sole Voting Power 0			
		Beneficially Owned by Each Reporting Person with	6	Shared Voting Power 0			
			7	Sole Dispositive Power 0			
			8	Shared Dispositive Power 0			
-	9	9 Aggregate Amount Beneficially Owned by Each Reporting Person 0					
-	10	Check Box if the Aggregate Amount in Row (11) Excludes Certain Shares (See Instructions) [ ]					
-	11	Percent of Class Represented by Amount in Row (11) 0.0%					
-	12 Type of Reporting Person (See Instructions) CO						

\_\_\_\_\_ Names of Reporting Persons 1 Identification Nos. of Above Persons (entities only) WHITE MOUNTAINS HOLDINGS (BARBADOS) SRL (NO. 94-2708455) ----------Check the Appropriate Box if a Member of a Group (See Instructions) 2 (a) [ ] (b) [ ] -----. . . . . . \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ - - - - -3 SEC USE ONLY \_\_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Citizenship or Place of Organization 4 BARBADOS Number of Sole Voting Power Θ Shares 5 Beneficially Shared Voting Power 6 0 Owned by Each Reporting Person with Sole Dispositive Power 7 Θ -----Shared Dispositive Power 8 0 -----9 Aggregate Amount Beneficially Owned by Each Reporting Person Θ Check Box if the Aggregate Amount in Row (11) Excludes 10 Certain Shares (See Instructions) [] - - - -Percent of Class Represented 11 by Amount in Row (11) 0.0% - - - - - - -\_\_\_\_\_ 12 Type of Reporting Person (See Instructions) CO \_\_\_\_\_

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	1	Names of Reporting Persons Identification Nos. of Above Persons (entities only) WHITE MOUNTAINS PROPERTIES (BARBADOS) SRL (NO. 94-2708455)					
-	2	Check the Appropriate Box if a Member of a Group (See Instructions) (a) [ ]					
-	3	SEC USE ONLY	SEC USE ONLY				
-	4	Citizenship or Place of Organization BARBADOS					
-		Number of Shares Beneficially Owned by Each Reporting Person with	5	Sole Voting Power 0			
			6	Shared Voting Power 0			
	Person		7	Sole Dispositive Power 0			
			8	Shared Dispositive Power 0			
-	9 Aggregate Amount Beneficially Owned by Each Reporting Person 0						
-	10	Check Box if the Aggregate Amount in Row (11) Excludes Certain Shares (See Instructions) [ ]					
-	11	Percent of Class Represented by Amount in Row (11) 0.0%					
-	12 Type of Reporting Person (See Instructions) CO						

1	Names of Reporting Persons Identification Nos. of Above Persons (entities only) FOLKSAMERICA HOLDING COMPANY, INC. (NO. 13-3301641)				
2	(a) [ ]		r of a Group (See Instructions) (b) [ ]		
3	SEC USE ONLY				
4	Citizenship or Place of Organization NEW YORK				
	Number of Shares	5	Sole Voting Power 0		
	Beneficially - Owned by Each Reporting Person with -	6	Shared Voting Power 0		
		7	Sole Dispositive Power 0		
		8	Shared Dispositive Power 0		
9	Aggregate Amount Beneficially 0	0wned	by Each Reporting Person		
10	Check Box if the Aggregate Amo Certain Shares (See Instructio	ns)			
11	Percent of Class Represented by Amount in Row (11) 0.0%				
12	Type of Reporting Person (See CO	Instru	ctions)		

1	Names of Reporting Persons Identification Nos. of Above Persons (entities only) FOLKSAMERICA REINSURANCE COMPANY (NO. 13-2997499)					
2	Check the Appropriate Box if a M (a) [ ]		r of a Group (See Instructions) (b) [ ]			
3	SEC USE ONLY					
4	Citizenship or Place of Organization NEW YORK					
	Number of Shares Beneficially Owned by Each Reporting Person with	5	Sole Voting Power 0			
		6	Shared Voting Power 0			
		7	Sole Dispositive Power 0			
		8	Shared Dispositive Power 0			
9	Aggregate Amount Beneficially Ov 0	wned I	by Each Reporting Person			
10	Check Box if the Aggregate Amoun Certain Shares (See Instructions		Row (11) Excludes [ ]			
11	Percent of Class Represented by Amount in Row (11) 0.0%					
12	Type of Reporting Person (See In IC; CO	nstru	ctions)			

ITEM 1.

(a) NAME OF ISSUER Vesta Insurance Group, Inc.

(b) ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES 3760 River Run Drive, Birmingham, Alabama 35243

ITEM 2.

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NAME OF PERSON FILING, ADDRESS OF PRINCIPAL BUSINESS (a), (b), (c) OFFICE AND CITIZENSHIP

This statement is filed by White Mountains Insurance Group, Ltd., a Bermuda corporation ("WMIG"), White Mountains Holdings (Barbados) SRL, a Barbados corporation ("WMH"), White Mountains Properties (Barbados) SRL, a Barbados corporation ("WMP"), Folksamerica Holding Company, Inc., a New York Corporation ("FHC") and Folksamerica Reinsurance Group, Inc., a New York corporation (the "COMPANY" and, together with WMIG, WMH, WMP and FHC, the "Filing Persons"). WMIG, WMH, WMP and FHC are financial services holding companies. The Company is a property/casualty reinsurance company.

The address of the principal executive offices of WMIG is 80 South Main Street, Hanover, New Hampshire 03755. The address of the principal executive offices of WMH and WMP is The Financial Services Centre, Bishop's Hill Court, St. Michael, Barbados, West Indies. The address of the principal business offices of FHC and the Company is One Liberty Plaza, 19th Floor, New York, New York 10006.

(d)	TITLE	OF CLASS OF SECURITIES	Common	Stock	(\$.01	par	value)
(e)	CUSIF	NUMBER	9253915	10			
		EMENT IS FILED PURSUANT TO SEC CHECK WHETHER THE PERSON FIL			1-l(b)	0R	
(a)	[]	Broker or dealer registered ur (15 U.S.C. 78o).	nder sec	tion 1	L5 of t	the /	Act
(b)	[]	Bank as defined in section 3(a (15 U.S.C. 78c).	a)(6) of	the A	Act		

- (c) [X](1) Insurance company as defined in section 3(a)(19) of the Act (15 U.S.C. 78c).
- (d) [] Investment company registered under section 8 of the Investment Company Act of 1940 (15 U.S.C. 80a-8).
- (e) [ ] An investment adviser in accordance with Section 240.13d-l(b)(1)(ii)(E);
- An employee benefit plan or endowment fund in accordance (f) [] with Section 240.13d-1(b)(1)(ii)(F);
- (g) [X](2) A parent holding company or control person in accordance with Section 240.13d-1(b)(1)(ii)(G);

<sup>(1)</sup> The Company is filing as an insurance company as defined in section 3(a)(19) of the Act (15 U.S.C. 78c).

<sup>(2)</sup> WMIG, WMH, WMP and FHC are filing as parent holding companies or control persons in accordance with Section 240.13d-1(b)(1)(ii)(G)

- (h) [ ] A savings associations as defined in Section 3(b) of the Federal Deposit Insurance Act (12 U.S.C. 18 13);
- (i) [] A church plan that is excluded from the definition of an investment company under section 3(c)(14) of the Investment Company Act of 1940 (15 U.S.C. 80a-3);
- (j) [] Group, in accordance with Section 240.13d-1(b)(1)(ii)(J).

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#### ITEM 4. OWNERSHIP.

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

(a) Amount beneficially owned: 0 shares

(c) Number of shares as to which the person has:

- (b) Percent of class: 0.0%
- - - (i) Sole power to vote or to direct the vote 0.
    - (ii) Shared power to vote or to direct the vote  $\quad$  0 .
    - (iii) Sole power to dispose or to direct the disposition of 0.
    - (iv) Shared power to dispose or to direct the disposition of 0.

ITEM 5. OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following  $|\_|$ .

ITEM 6. OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON.

Not applicable.

ITEM 7. IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY

The subsidiary which acquired the security being issued is Folksamerica Reinsurance Company, an insurance company as defined in Section 3(a)(19) of the Act (15 U.S.C. 78c).

ITEM 8. IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP

Not applicable.

ITEM 9. NOTICE OF DISSOLUTION OF GROUP

Not applicable.

#### ITEM 10. CERTIFICATION

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

# SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief,  ${\tt I}$  certify that the information set forth in this Statement is true, complete and correct.

Date: January 4, 2001

WHITE MOUNTAINS INSURANCE GROUP, LTD.

by: /s/ Name: Michael S. Paquette Title: Senior Vice President

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this Statement is true, complete and correct.

Date: January 4, 2001

WHITE MOUNTAINS HOLDINGS (BARBADOS) SRL

by: /s/ Name: Kenneth F.G. Thomson Title: President

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this Statement is true, complete and correct.

Date: January 4, 2001

WHITE MOUNTAINS PROPERTIES (BARBADOS) SRL.

by: /s/ Name: Kenneth F.G. Thomson Title: President

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this Statement is true, complete and correct.

Date: January 4, 2001

FOLKSAMERICA HOLDING COMPANY, INC.

by: /s/ Name: Steven E. Fass Title: President and CEO

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this Statement is true, complete and correct.

Date: January 4, 2001

FOLKSAMERICA REINSURANCE COMPANY

by: /s/ Name: Steven E. Fass Title: President and CEO