**Tolman Gary Charles** Form 4

March 08, 2007	
FORM 4	UNITED STATES SECURITIES AND EXC

#### **OMB APPROVAL**

CURITIES AND EXCHANGE COMMISSION	OM
Washington, D.C. 20549	Nun

3235-0287 mber:

January 31,

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per 0.5 response...

Expires:

Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

See Instruction

(Print or Type 1	Responses)											
1. Name and Address of Reporting Person * Tolman Gary Charles			Symbol WHITE	r Name <b>and</b> MOUNT  ANCE G	ΓAINS		6	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
INSURANO	(First) (N E MOUNTAINS CE GROUP, LTD AIN STREET		3. Date of (Month/E) 03/07/2	•	ransaction			Director 10% Owner Self-order (give title Other (specify below) below)  Pres & CEO - Esurance				
HANOVER	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tabl	le I - Non-L	Derivative	Secui	rities Acqu	ired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deeme (Month/Day/Year) Execution any (Month/Day		Date, if	3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		d of (D) 5)	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	03/07/2007			P	2	A	\$ 561.95	2	I	By son		
Common Shares								557 <u>(1)</u>	D			
Common Shares								872 <u>(1)</u>	I	By IRA		
Common Shares								139	I	By family trust		

### Edgar Filing: Tolman Gary Charles - Form 4

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.

**SEC 1474** 

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	<ol><li>Date Exer</li></ol>	cisable and	7. Title	and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ctionNumber	Expiration D	ate	Amoun	t of	Derivative
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underly	ying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	<ol><li>B) Derivati</li></ol>	ve		Securiti	ies	(Instr. 5)
	Derivative				Securiti	es		(Instr. 3	3 and 4)	
	Security				Acquire	d				
					(A) or					
					Dispose	d				
					of (D)					
					(Instr. 3	,				
					4, and 5	)				
								,	Amount	
									or	
						Date	Expiration		Number	
						Exercisable	Date		of	
				Code	V (A) (D	)			Shares	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director

10% Owner

Tolman Gary Charles C/O WHITE MOUNTAINS INSURANCE GROUP, LTD 80 SOUTH MAIN STREET HANOVER, NH 03755

Pres & CEO - Esurance

Other

Officer

## **Signatures**

Jason R. Lichtenstein, by Power of Attorney 03/08/2007

\*\*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) Reflects ownership reclassification of 137 Common Shares from Direct to Indirect since since the Reporting Person's last Form 4.

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.

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