### Edgar Filing: CAMPBELL REID TARLTON - Form 4

#### **CAMPBELL REID TARLTON**

Form 4

December 28, 2009

| December 28   | , 2009  |  |   |              |             |           |  |  |   |                              |  |  |
|---|---|--|---|--------------|-------------|-----------|--|--|---|------------------------------|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION |   |  |   |              |             |           | OMB APPROVAL   |  |   |                              |  |  |
| Washington, D.C. 20549 Check this box                   |   |  |   |              |             |           |  | Number:  | 3235-0287   |                              |  |  |
| if no longe<br>subject to                               | er STATEN   | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP                     |   |              |             |           |  |  |   | January 31,<br>2005<br>erage |  |  |
| Section 16<br>Form 4 or                                 | ection 16. SECURITIES   |  |   |              |             |           |  | burden hours response                                  | s per<br>0.5  |                              |  |  |
| Form 5  | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934. |  |   |              |             |           |  | тоэропэс   | 0.5   |                              |  |  |
| obligation<br>may conti<br><i>See</i> Instru<br>1(b).   | nue. Section 17(  |  | Public Ut<br>of the Inv   | •            | _           |           |  | 935 or Section   |   |                              |  |  |
| (Print or Type R  | esponses)   |  |   |              |             |           |  |  |   |                              |  |  |
|   | ddress of Reporting   | Dorson *   | 0.1   | .,           | m: 1        | m 1'      | 5  | Palationship of I                                      | Danarting Darge   | un(s) to                     |  |  |
| CAMPBELI  | Symbol  | In   |   |              |             |           | Relationship of Reporting Person(s) to suer                                  |  |   |                              |  |  |
|   |   |  |   | NCE GF       |             | TD [      | WTM]   | (Check all applicable)                                 |   |                              |  |  |
| (Last)  | (First) (   | First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) |   |              |             |           |  | Director X Officer (give t                             | itle Other  |                              |  |  |
| C/O WHITE MOUNTAINS 12/23/                              |   |  |   | •            |             |           | be   | low) below) Managing Director & President              |   |                              |  |  |
| INSURANC<br>SOUTH MA                                    | E GROUP, LTI<br>IN STREET   | 0, 80  |   |              |             |           |  |  |   |                              |  |  |
|   |   |  |   |              |             |           |  |  | Individual or Joint/Group Filing(Check                            |                              |  |  |
|   |   |  | Filed(Mon   | th/Day/Year) |             |           |  | oplicable Line)  _ Form filed by Or _ Form filed by Mo |   |                              |  |  |
| HANOVER,  | NH 03755  |  |   |              |             |           | Pe   | rson   | ле шап Опе кер  | orung                        |  |  |
| (City)  | (State)   | (Zip)  | Table   | I - Non-D    | erivative : | Secur     | ities Acquir   | ed, Disposed of,                                       | or Beneficially   | Owned                        |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                    | 2. Transaction Da<br>(Month/Day/Year                                    | ) Execution any  | med 3. 4. Securities Acquir on Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) |              |             | (D)       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 6. Ownership Form: Direct (D) or Indirect (I)          | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                              |  |  |
|   |   |  |   |              |             | (A)<br>or |  | Transaction(s  | (Instr. 4)  |                              |  |  |
| Common  |   |  |   | Code V       | Amount      |           | Price  | (Instr. 3 and 4  | ·)  |                              |  |  |
| Common<br>Shares  | 12/23/2009  |  |   | S            | 100         | D         | \$ 334.080   | 2,600  | D   |                              |  |  |
| Common<br>Shares  | 12/27/2008  |  |   | M            | 900         | A         | \$<br>188.2878   | 3,500  | D   |                              |  |  |
| Common<br>Shares<br>(Restricted)                        |   |  |   |              |             |           |  | 7,500  | D   |                              |  |  |
| Common<br>Shares  |   |  |   |              |             |           |  | 36 (1)   | I   | by<br>401(k)                 |  |  |

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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)

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | Derivative |            | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |  | 8. Pr<br>Deri<br>Secu<br>(Inst |
|---|---|---|---|--|------------|------------|--|--------------------|---|--|--------------------------------|
|   |   |   |   | Code V                                 | (A) (I     | <b>O</b> ) | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |                                |
| Common<br>Share<br>Options                          | \$<br>188.2878<br><u>(2)</u>  | 12/27/2009                              |   | M                                      | 90         | 00         | <u>(3)</u>   | 02/28/2010         | Common<br>Shares  | 900                                    | 9                              |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CAMPBELL REID TARLTON C/O WHITE MOUNTAINS INSURANCE GROUP, LTD 80 SOUTH MAIN STREET HANOVER, NH 03755

Managing Director & President

### **Signatures**

Jason R. Lichtenstein, by Power of Attorney 12/28/2009

\*\*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).
  - Since the date of Reporting Person's last filing, Reporting Person acquired 20 shares of WTM Common Shares in his company 401(k)
- (1) plan account. WTM Common Shares are purchased at fair market value on the date of purchase. The information in this report is based on a plan statement dated as of November 30, 2009.

**(2)** 

Reporting Owners 2

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On February 28, 2000, the Reporting Person was granted options to purchase WTM Common Shares on a 1 for 1 basis at an initial exercise price of \$106.19. The exercise price increases by 6% annually on a cumulative basis.

(3) Options to acquire 900 Common Shares became exercisable on December 27, 2009.

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.