FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* 2. Date of Event Requestatement (Month/Day 06/09/2005)		3. Issuer Name and Ticker or Trading Symbol RENAISSANCERE HOLDINGS LTD [RNR]				
(Last) (First) (Middle) RENAISSANCE HOUSE 8-20 EAST BROADWAY (Street)		4. Relationship of Reporting Person((Check all applicable) X Director Officer (give title below)	s) to Issuer 10% Owner Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
PEMBROKE HM 19, BERMUDA (City) (State) (Zip)				Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned						
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)						

3. Title and Amount of Securities Underlying

Derivative Security (Instr. 4)

Explanation of Responses:

No securities are beneficially owned.

1. Title of Derivative Security (Instr. 4)

/s/ Stephen H. Weinstein, Attorney-06/10/2005 in-fact

Conversion or Exercise

Price of Derivative

Security

** Signature of Reporting Person

Amount

Number

of Shares

Date

5. Ownership

Form: Direct (D) or

Indirect (I) (Instr. 5)

6. Nature of Indirect

Beneficial Ownership (Instr. 5)

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

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.

2. Date Exercisable and

Expiration Date

Title

Expiration Date (Month/Day/Year)

Date Exercisable

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).