FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>LUMMIS JOHN M</u> | | | | | RE | 2. Issuer Name and Ticker or Trading Symbol RENAISSANCERE HOLDINGS LTD RNR | | | | | | | | 5. Relationship of Reporting F (Check all applicable) Director Officer (give title | | | 10 | to Issuer)% Owner ther (specify | |
|--|---|--|---------|-------------------------------------|------------------------------|--|---|----------------------------------|--|----------|---------------------------------|--|---|--|--|--|----------------------------------|---|--|
| | (Fi SANCE HO ST BROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2006 | | | | | | | | X Officer (give title Offier (specify below) Exec VP, COO & CFO | | | | | |
| (Street) PEMBRO HM 19, (City) | | Bermuda (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - 1 | Non-Deriv | vative | Sec | uritie | s A | cquir | ed, D | isposed c | of, or E | Benefici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | Execution Date, | | | | | Acquired (A) or f (D) (Instr. 3, 4 an | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 03/03/200 | | | | 006 | | | | F | | 564(1) | D | \$43.59 | 78,3 | 47 | I |) | | | |
| Common Stock | | | | | | | | | | | | | 42,4 | 70 | | I | by Partnership ⁽²⁾ | | |
| Common Stock | | | | | | | | | | | | | | 3,00 | 00 | | I | by Mother | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu | eemed ution Date, h/Day/Year) | 4. Transa Code (8) | (Instr. | 5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instrand 5 | rities ired osed . 3, 4 | Expi (Mor | ration E | Year) Expiration | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of Title Shares | | 8. Price of Derivative Security (Instr. 5) Report Transa (Instr. 4) | | tive Owner ities Form: icially Direct or Indiving (I) (Instance) ted action(s) | | Beneficial Ownership ect (Instr. 4) | |

Explanation of Responses:

- 1. Represents exclusively shares withheld by the Issuer in respect of payment of withholding tax liability.
- 2. These securities are owned and controlled by a family limited partnership for the benefit of immediate family members of the reporting person and may be deemed to be beneficially owned by the reporting person.

/s/ John M. Lummis 03/07/2006

** 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.