SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

	dress of Reporting		Date of Event equiring Staten Month/Day/Year 3/29/2004	nent	3. Issuer Name and Ticker or Trading Symbol <u>WILLIS GROUP HOLDINGS LTD</u> [WSH]					
(Last) C/O WILLIS LIMITED TEN TRINIT (Street) LONDON (City)	(First) GROUP HOLE Y SQUARE X0 (State)	(Middle) DINGS EC3P 3AX (Zip)				tionship of Reporting Perso (all applicable) Director Officer (give title below) EVP Global Ops and	10% Owne Other (spe below)	er cify 6.	Ionth/Day/Year) Individual or Joint pplicable Line) X Form filed b	ate of Original Filed i/Group Filing (Check y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock						0	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Secur				cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiratio Date	n Title	9	Amount or Number of Shares	Derivative Security		

Explanation of Responses:

Michael P Chitty., as attorney-

03/29/2004

Date

<u>in-fact for Jeanette Scampas</u> ** Signature of Reporting Person

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 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).

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.