The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

|                                           |                                                   |              |                  |                                                                                             |                    | OMB APPROVAL           |                 |
|-------------------------------------------|---------------------------------------------------|--------------|------------------|---------------------------------------------------------------------------------------------|--------------------|------------------------|-----------------|
|                                           | UNITED STATES SECURITIES AND EXCHANGE COMMISSION  |              |                  |                                                                                             |                    | OMB<br>Number:         | 3235-<br>0006   |
|                                           | Washington, D.C. 20549<br>FORM 13F                |              |                  |                                                                                             |                    | Expires:               | Oct 31,<br>2018 |
|                                           |                                                   | FO           | RM 13F COVE      | ER PAGE                                                                                     |                    | Estimated a burden     | verage          |
|                                           |                                                   |              |                  |                                                                                             |                    | hours per<br>response: | 23.8            |
| Report for the Ca                         | lendar Year or Quart                              | er Ended:    | 12-31-2019       |                                                                                             |                    |                        |                 |
| Check here if Amendment Amendment Number: |                                                   |              |                  |                                                                                             |                    |                        |                 |
| This Amendment                            | (Check only one.):                                | is a resta   | tement.          |                                                                                             |                    |                        |                 |
|                                           |                                                   | adds new     | v holdings entri | es.                                                                                         |                    |                        |                 |
| Institutional Inve                        | stment Manager Fili                               | ng this Rep  | port:            |                                                                                             |                    |                        |                 |
| Name:                                     | White Mountains Insurance Group Ltd               |              |                  |                                                                                             |                    |                        |                 |
| Address:                                  | ddress: 80 South Main Street<br>Hanover, NH 03755 |              |                  |                                                                                             |                    |                        |                 |
|                                           |                                                   |              |                  |                                                                                             |                    |                        |                 |
| Form 13F File<br>Number:                  | 028-01681                                         |              |                  |                                                                                             |                    |                        |                 |
| the report is autho                       | orized to submit it, th                           | at all infor | mation contain   | erson by whom it is signed<br>ed herein is true, correct an<br>nsidered integral parts of t | nd complete, and   |                        |                 |
| Person Signing th                         | nis Report on Behalf                              | of Reporti   | ng Manager:      |                                                                                             |                    |                        |                 |
| Name:                                     | J. Brian Palmer                                   |              |                  |                                                                                             |                    |                        |                 |
| Title:                                    | Managing Director & Chief Accounting<br>Officer   |              |                  |                                                                                             |                    |                        |                 |
| Phone:                                    | 603-640-2200                                      |              |                  |                                                                                             |                    |                        |                 |
| Signature, Place,                         | and Date of Signing                               | :            |                  |                                                                                             |                    |                        |                 |
|                                           |                                                   | on, MA       | 02-12-2020       |                                                                                             |                    |                        |                 |
| [Signat                                   | ture] [Ci                                         | ity, State]  | [Date]           |                                                                                             |                    |                        |                 |
| Report Type (Che                          | • •                                               |              |                  |                                                                                             |                    |                        |                 |
| 13F HOLDING                               | GS REPORT. (Check                                 | here if all  | holdings of thi  | s reporting manager are re                                                                  | ported in this rep | oort.)                 |                 |

X 13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)

13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)

List of Other Managers Reporting for this Manager:

[If there are no entries in this list, omit this section.]

Form 13F File Name Number 028-10494 White Mountains Advisors LLC