FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

0.5

hours per response:

|               | Check this box if no longer subject |
|---------------|-------------------------------------|
| $\overline{}$ | to Section 16. Form 4 or Form 5     |
| $\cup$        | obligations may continue. See       |
|               | Instruction 1(b).                   |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Carlson Peter M  (Last) (First) (Middle)  C/O WHITE MOUNTAINS INSURANCE |   |  |         |                                   | 2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [ WTM ]  3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023  |   |   |  |  |  |  |                                      |        |   | k all app<br>Direc   | er (give title | ng Pe  | 10% O<br>Other (below)   | wner |
|---|---|--|---------|-----------------------------------|---|---|---|--|--|--|--|--------------------------------------|--------|---|--|----------------|--|--|------|
| GROUP, LTD 23 SOUTH MAIN STREET, SUITE 3B   |   |  |         |                                   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |   |   |  |  |  |  |                                      |        | 5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting |  |                |  |  | son  |
| (Street) HANOVER NH 03755   |   |  |         | Rule                              | Rule 10b5-1(c) Transaction Indication   |   |   |  |  |  |  |                                      |        |   |  |                |  |  |      |
| (City)  | (St   | ate) (Z                                    | Zip)    |                                   | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |   |  |  |  |  |                                      |        |   | an that is int   | ended to       |  |  |      |
|   |   | Table                                      | l - Noı | n-Deriva                          | tive S  | ecur  | ities   | Acq  | uired, I   | Disp                                     | osed of  | , or E                               | 3enefi | ciall   | y Owr  | ned            |  |  |      |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)   |   |  |         | Execu<br>ay/Year) if any          |   | Deemed<br>cution Date,<br>ny<br>nth/Day/Year) |   | Transaction Disposed Code (Instr. and 5)   |  | ities Acquired (A<br>d Of (D) (Instr. 3, |  | , 4 Secur<br>Benef<br>Owne<br>Follov |        | cially<br>I<br>ing  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |  |      |
|   |   |  |         |                                   |   |   |   | Code                                       | v  | Amount                                   | (A) or (D)   |                                      | ice    |   | orted<br>saction(s)<br>r. 3 and 4)                                   |                |  |  |      |
| Common  | Shares  |  |         | 05/25/2                           | 2023  |   |   |  | A  |  | 180(1)   | A A                                  |        | \$ <mark>0</mark>   | 968  |                | D  |  |      |
|   |   | Tab  |         | Derivativ<br>(e.g., pu            |   |   |   |  |  |  |  |                                      |        |   | Owne   | ed             |  |  |      |
| 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<br>Date<br>(Month/Day/Year) | if any  | emed<br>tion Date,<br>n/Day/Year) | 4.<br>Transaction<br>Code (Instr. 8)  |   | 5.<br>Numl<br>of<br>Deriv<br>Secu<br>Acqu<br>(A) or<br>Dispo<br>of (D)<br>(Instr<br>and 5 | rative<br>rities<br>ired<br>r<br>osed<br>) | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |  | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4 |                                      | t      |   |  |                | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |      |

## Explanation of Responses:

1. Annual Director Share Award

Wesley C. Bell, by Power of

05/30/2023

**Attorney** 

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.