FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response	0.5							

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* CAMPBELL REID TARLTON					2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [WTM]									Check all	applica irector Officer (able)	g Person(s) to Is 10% Over (see Section 1)		wner
(Last) C/O WH	(Last) (First) (Middle) C/O WHITE MOUNTAINS INSURANCE					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024								C	below) bel President			below)	
GROUP, LTD				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
23 SOUTH MAIN STREET, SUITE 3B													X Form filed by One Reporting Person						
(Street) HANOVER NH 03755					Form filed by More than One Reporting Person												orting		
				Ru	Rule 10b5-1(c) Transaction Indication														
(City)	(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - N	on-Deriva	tive	Secui	rities	Ac	quire	d, Di	sposed of	, or E	Benefici	ally O	wned	d			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Year)	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Justines Of (5) Se Be O	5. Amount of Securities 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	Tr		orted saction(s) r. 3 and 4)			(Instr. 4)
Common Shares 01/01/20					24	.4			F		710	D	\$1,505	.01	15,185(1)			D	
Common Shares (Restricted)															0(1)		D		
Common Shares													1		116(2)			by 401(k)	
	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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any					sinsaction de (Instr. Securi Acqui (A) of Disposor of (D) (Instr. and 5		rities uired or osed) r. 3, 4	Expi	te Exeration I th/Day		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		0. Ownership form: Direct (D) or Indirect () (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Number of Shares						

Explanation of Responses:

- 1. On January 1, 2024, 1,800 restricted Common Shares became unrestricted. 710 of the Common Shares were withheld by the Company to satisfy the Reporting Person's tax obligations.
- 2. Reflects accumulation of 3 Common Shares in Reporting Person's Company 401(k) account since his last filed report. The information in this report is based on a plan report dated as of December 26, 2023.

Wesley Bell, by Power of Attorney

01/02/2024

** 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.