SEC Form 4 FORM 4	UNITED ST	NITED STATES SECURITIES AND EXCHANGE COMMISSION					
		OMB APPROVAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATEM	ll e	OMB Number: 3235- Estimated average burden hours per response:				
	Г	iled pursuant to Section 16(a) of the Securities Exchange Act of or Section 30(h) of the Investment Company Act of 1940	1934				
1. Name and Address of Reporting Pe <u>CAMPBELL REID TAR</u>		2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE CROLIB LTD [WITH]	5. Relationship of (Check all applicat Director	,) to Issuer)% Owner		

OMB	APPROVAL

OMB Number:	3235-0287
Estimated average	burden
hours per response:	0.5

CAMPBELL REID TARLTON				WHITE MOUNTAINS INSURANCE GROUP LTD [WTM]							k all applicable) Director Officer (give title	10% 0 Other	Owner (specify		
(Last) C/O WHITE M GROUP, LTD	(First) 10UNTAINS	(Middle)			e of Earliest Transa /2022	ction (N	lonth/l	Day/Year)		_ X	below) Pres	below sident)		
23 SOUTH MAIN STREET, SUITE 3B				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) HANOVER	NH	03755								X	Form filed by On Form filed by Mo Person				
(City)	(State)	(Zip)													
		Table I - Nor	n-Derivat	tive S	ecurities Acqu	uired,	Disp	osed of,	or Ben	eficially	/ Owned				
Date			2. Transac Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3.4. Securities Acquired (TransactionDisposed Of (D) (Instr. 3Code (Instr. 8)5)				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	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Share	es		06/01/2	2022		G		100	D	\$ <mark>0</mark>	13,005	D			
Common Share	es (Restricted)									3,600	D			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(3-,,,,														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Exp		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Reflects accumulation of 4 Common Shares in the Reporting Person's Company 401(k) account since his last report. The information in this report is based on a plan report dated as of June 2, 2022.

Wesley C Bell, by Power of

06/02/2022

<u>Attorney</u> ** 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.