						W	ashin/	gton, D.C. 20	549					OMB	APPRC	VAL
Check this box if no longer subject to STATEMENT OF							IGE	S IN BE	NEFICI		NERS	HIP		Number		3235-0287
Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuar						uant to Section 16(a) of the Securities Exchange Act of 1934								Estimated average burden hours per response: 0		n 0.5
Instru	20011(0).			Filed				nvestment Co					<u>. </u>			
En traine and madress of reporting reson								er or Trading S		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Carey James D						L J						X Director 10% Owner Officer (give title Other (specify				
C/O STONE POINT CAPITAL LLC						of Earliest Transaction (Month/Day/Year) /2023						Officer (give title Other (s below) below)			specify	
20 HOR	SENECK L	ANE			4. If Ar	nendment, Da	ate of	Original Filed	(Month/Day	/Year)		dividual or Jo	oint/Group	Filing ((Check Ap	plicable
(Street) GREENWICH CT 06830-6327											Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
																(City)
		Ta	able I - Nor	-Deriva	tive S	Securities	Aco	quired, Dis	sposed of	f, or Ben	eficially	/ Owned				
Date					2A. Deemed Execution Date,				ies Acquired Of (D) (Instr.		and 5) Securities			nership Direct	7. Nature of Indirect	
(Month/D				ay/Year)	if any (Month/Day	if any (Month/Day/Year)		·			Beneficially Owned Follo Reported			or Indirect Instr. 4)	Beneficial Ownership (Instr. 4)	
								Code V	Amount	(A) or (D)	Price	Turneration				(
			Table II - I					uired, Disp options,				Owned				
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat	4.	saction	5. Number	5. Number of Derivative Securities Acquired (A)		6. Date Exercisable and Expiration Date (Month/Day/Year) Derivative Sp. (Instr. 3 and		Amount	ount 8. Price of 9		umber of 10. vative Owr	10. Ownershi	11. Natu of Indire
Security (Instr. 3)	or Exercise Price of Derivative		if any (Month/Day/Year)	Cod	e (Instr.	Securities Acquired (Security	Security (Instr. 5)	Securitie Beneficia Owned	es	Form: Direct (D) or Indirect	Beneficia Ownersh
	Security					or Disposed of (D) (Instr. 3, 4 and 5)				(insu: 5 an	u 4)		Following Reported Transaction(s)		(I) (Instr. 4	
								Date	Expiration		Amount or Number		(Instr. 4)			
				Cod	e V	(A)	(D)	Exercisable	Date		of Shares	ļ				
	(1)	01/03/2023		A ⁽²		117.849 ⁽³⁾		(1)	(1)	Ordinary Shares	117.849	\$233.35	8,110	.67	D ⁽²⁾	
Share Unit						117.045						4200100				
1. Name a		Reporting Person [*]				117.045						1200100				
1. Name a	nd Address of James D	Reporting Person [*]	1			117.043							<u> </u>			
1. Name a		Reporting Person [*] (First)	l (Middle			117.045			1	11			1			
1. Name a Carey (Last) C/O STO	James D One point	(First) CAPITAL LLC					1			1			<u> </u>			
1. Name a Carey (Last) C/O STO	James D	(First) CAPITAL LLC))			1						<u> </u>			
1. Name a Carey (Last) C/O STC 20 HOR (Street)	James D DNE POINT SENECK L	(First) F CAPITAL LLC ANE					1			1			<u>I</u>			
1. Name a Carey (Last) C/O ST(20 HOR	James D DNE POINT SENECK L	(First) CAPITAL LLC		•)						<u> </u>			1			
1. Name a Carey (Last) C/O STC 20 HOR (Street)	James D DNE POINT SENECK L	(First) F CAPITAL LLC ANE								<u> </u>						
1. Name a <u>Carey</u> (Last) C/O ST(20 HOR (Street) GREEN (City) 1. Name a	James D DNE POINT SENECK L WICH	(First) T CAPITAL LLC ANE CT (State) * Reporting Person*	06830 (Zip)						<u> </u>							
1. Name a <u>Carey</u> (Last) C/O ST(20 HOR (Street) GREEN (City) 1. Name a	James D DNE POINT SENECK L WICH	(First) F CAPITAL LLC ANE CT (State)	06830 (Zip)							<u> </u>						
1. Name a <u>Carey</u> (Last) C/O ST(20 HOR (Street) GREEN (City) 1. Name a <u>STON</u> (Last)	James D DNE POINT SENECK L WICH nd Address of E POINT	(First) CAPITAL LLC ANE CT (State) Reporting Person* CAPITAL L (First)	06830 (Zip)	-6327						<u> </u>						
1. Name a <u>Carey</u> (Last) C/O ST(20 HOR (Street) GREEN (City) 1. Name a <u>STON</u> (Last)	James D DNE POINT SENECK L WICH	(First) CAPITAL LLC ANE CT (State) Reporting Person* CAPITAL L (First)	06830 (Zip)	-6327						<u> </u>						
1. Name a <u>Carey</u> (Last) C/O ST(20 HOR (Street) GREEN (City) 1. Name a <u>STON</u> (Last)	James D DNE POINT SENECK L WICH nd Address of E POINT	(First) CAPITAL LLC ANE CT (State) Reporting Person* CAPITAL L (First)	06830 (Zip)	-6327						<u> </u>						
1. Name a <u>Carey</u> (Last) C/O ST(20 HOR (Street) GREEN (City) 1. Name a <u>STON</u> (Last) 20 HOR	James D DNE POINT SENECK L WICH nd Address of E POINT SENECK L	(First) CAPITAL LLC ANE CT (State) Reporting Person* CAPITAL L (First)	C 06830 (Zip) LC (Middle	-6327												

1. Each Share Unit is granted pursuant to the Enstar Group Limited Deferred Compensation and Ordinary Share Plan for Non-Employee Directors (the "Plan"). Pursuant to the Plan, each Share Unit is the economic equivalent of one ordinary share. The Share Units become payable in ordinary shares (with any fractional shares paid in cash) upon Mr. Carey's termination of service as a member of the Board of Directors of Enstar Group Limited.

2. These Share Units granted to Mr. Carey are held by him solely for the benefit of Stone Point Capital LLC ("Stone Point"), of which Mr. Carey is a senior principal. Mr. Carey disclaims beneficial ownership of these Share Units, except to the extent of his pecuniary interest therein, if any. Stone Point may be deemed an indirect beneficial owner of these Share Units.

3. Share Units granted as a result of the Reporting Person's election, pursuant to the Plan, to defer quarterly cash director fees.

Remarks:

/s/ Audrey B. Taranto by power 01/05/2023 of attorney

** 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.