FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigton,	D.O.	20070	

STATEMENT	OF CHA	NGFS IN	BENEFICIAL	OWNERSHI
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OMB APPROVAL										
OMB Number: 3235-02										
Estimated average burden										
hours per response	e: 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* Hildreth Michaela				WE	2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [WTM]								5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ow V Officer (give title Other (s					vner		
(Last) C/O WH	,	rst) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/01/2023							Λ	X Officer (give title below) MD & Chief Accounting Officer						
GROUP,					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
23 SOUT	TH MAIN	STREET, SUITE	3B											X Form filed by One Reporting Person						
(Street)															Form Perso		re tha	in One Repo	orting	
HANOV	ER N	H 0	3755		Rul	e 10)b5-	1(c)	Trans	sact	ion Indi	catio	n '							
(City)	(S	tate) (Z	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.								nded to							
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Disp	osed of	, or B	enefic	ially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	(A) (D)	or Pri	се	Transa	nsaction(s) tr. 3 and 4)			(Instr. 4)		
Common Shares 12/01/2			2023	.023		G		100	Γ) (\$0 1		,534		D					
Common Shares (Restricted)															1	,950		D		
Common Shares											15(1)				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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transa Code (8)	action of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		_		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Shares							

Explanation of Responses:

1. Reflects accumulation of 3 Common Shares in the Reporting Person's Company retirement account since her last report. The information in this report is based on a plan report dated as of November 30, 2023.

Wesley C Bell, by Power of **Attorney**

12/01/2023

** 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.