FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DС	20549	
vvasinigton,	D.O.	200-0	

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		

- 11		
	OMB Number:	3235-0287
	Estimated average I	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed 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*  Gelston Philip A				2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [ WTM ]								k all app Direc			10% Ov	wner			
(Last)	(Fir	est) (N	Middle)						,						Office below	er (give title v)		Other (s	specify
` '	TTE MOUN	NTAINS INSUR	,			te of E 2/202		Transa	ection (M	lonth/	Day/Year)								
23 SOUTH MAIN STREET, SUITE 3B				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable								
(Street)														Line)	Form	filed by On	e Ren	orting Pers	on
HANOV	ER NI	Н 0	3755													filed by Mo		•	
(City)	(St	ate) (Z	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	osed of	, or l	Bene	ficially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)			execution (a) Ex		A. Deemed secution Date, any lonth/Day/Year)				ies Acquired (A Of (D) (Instr. 3,		, 4 and Secu Bene Own		curities neficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D	) or	Price		ed ction(s) 3 and 4)			(Instr. 4)
Common	Shares			05/22/	2025			A		150(1)	Τ.	A	<b>\$0</b>	1	,733		D		
		Tal									sed of, onvertib				Owne	d		•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	Month/Day/Year) 8)			tion of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Beneficia Ownersh (Instr. 4)	
						v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amor or Numi of Share	ber					

## **Explanation of Responses:**

1. Annual Director Share Award

Wesley C. Bell, by Power of <u>Attorney</u>

05/22/2025

\*\* Signature of Reporting Person

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.