FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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W	as	sh	ind	ato	n.	D	C.	2	054	19					

OMB API	PROVAL								
OMB Number:	3235-0287								
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0.5

hours per response:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

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

	0
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	

.(0). 00	ee instruction																		
1. Name and Address of Reporting Person* <u>CAMPBELL REID TARLTON</u>						2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE									k all app	,	ng Per	rson(s) to Is	
(Last) (First) (Middle)					GROUP LTD [WTM]											er (give title		Other (s	
C/O WHITE MOUNTAINS INSURANCE GROUP, LTD						3. Date of Earliest Transaction (Month/Day/Year) 05/22/2025													
23 SOUT	TH MAIN	STREET, SUITE	3B		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) HANOVER NH 03755													Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																			
		Table	I - Nor	n-Deriva	tive S	ecur	ities	Acq	uired,	Disp	osed of,	or B	enef	icially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3)				4 and Securit Benefic Owned		ies cially Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Shares			05/22/	2025		A		150(1)	150 ⁽¹⁾ A		\$ <mark>0</mark>	15,490			D			
Common	Shares															119			by 401(k)
		Tal									sed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Durity or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8)		n of		6. Date E Expiration (Month/E		Amount of Securities Underlying Derivative Security (In: 3 and 4) Amount of Security (In: 0 or Numl of Security Of Security (In: 0 or Numl of Security Of Security (In: 0 or Numl of Security Of Secu		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	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			er							

Explanation of Responses:

Annual Director Share Award

Wesley C Bell, by Power of Attorney

05/22/2025

** 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.