FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington	DC 2	0549		

OMB APPROVAL									
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).

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 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). Se	ee Instruction 1	0.																	
Name and Address of Reporting Person* Hildreth Michaela				2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				GR	<u>OUI</u>	P LT	<u>D</u> [w	TM]						Direc			10% Ov Other (s		
(Last) (First) (Middle)					[]									Officer (give title below)			below)		
` ′	,	NTAINS INSUR	,			3. Date of Earliest Transaction (Month/Day/Year)									MD &	Chief A	ccoun	iting Offic	cer
GROUP, LTD				02/2	02/26/2025														
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)														LIIIC)	Form	filed by On	e Repo	orting Perso	on
HANOV	ER NI	0 H	3755												Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst 5)			3, 4 and Securi Benefi Owned		ties For cially (D) I Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
									Code V		Amount	(A) or (D) Pr		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Shares (Restricted) 02/26			02/26/	2025		A		625(1)	625 ⁽¹⁾ A		\$ <mark>0</mark>	1,825			D				
Common Shares												2,225			D				
Common Shares												18				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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	vative urities uired or osed) r. 3, 4	Expiration Date (Month/Day/Ye		e Amount of Securities Underlying Derivative Security (Ins 3 and 4)				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)		Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	er					

Explanation of Responses:

1. On February 26, 2025, the Reporting Person received a restricted share award of 625 Common Shares, which vests on January 1, 2028.

Wesley C Bell, by Power of

02/27/2025

<u>Attorney</u>

** 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.