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Harris Richar	rd John												
Form 4													
March 11, 20	010												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									02	3235-0287			
Check thi	s box		was	sningto	on, I	D.C. 20:	549			Number:	January 31,		
if no long	or	MENT	OF CHAN	CES I	NTE	DENIET	CIA		NEDSUID OF	Expires:	2005		
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSH							NERSIII OF	Estimated average					
Section 1 Form 4 or				SECU		IIILS				burden hours per			
Form 5	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								response	0.5			
obligation	¹⁸ Section 1								of 1935 or Section	m			
may conti <i>See</i> Instru	inue.		(h) of the In	-		-							
1(b).	letton					1.	•						
(Print or Type R	Responses)												
			k								<i>(</i>)		
II ' D' 1 1 I 1				Name a	nd '	Ticker or 7	Fradin	g	5. Relationship of Reporting Person(s) to Issuer				
Hallis Kicha	uu joini		Symbol	T	тт				155001				
			Enstar C	froup L	-11) [ESGR			(Cheo	ck all applicabl	e)		
(Last)	(First)	(Middle)	3. Date of			insaction							
	IN 2267 WIN	DCOD		h/Day/Year)					Director 10% Owner X Officer (give title Other (specify				
P.O. BOX HM 2267, WINDSOR 03/10/20 PLACE, 3RD FLOOR, 18 QUEEN				0/2010					below) below)				
STREET	D FLOOK, 18	QUEEN							Chief	Financial Offic	er		
STREET					-								
	(Street)			nendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mon	ith/Day/Y	ear)				Applicable Line) X Form filed by	One Reporting Person			
HAMILTON	N, D0 HM JX								Form filed by M	More than One R			
	, 20 110 011								Person				
(City)	(State)	(Zip)	Tabl	e I - Nor	1-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction D	Date 2A. I	Deemed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye		ution Date, if		ctio	nAcquired			Securities	Form: Direct			
(Instr. 3)		any (Mor	any (Month/Day/Year)		CodeDisposed of (D)) (Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
(Minion)			(iii/Day/TCal)	Day/Year) (Instr. 8)			+ anu	5)	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Ordinary	03/10/2010			А		7,331	А	\$0	66,871	D			
Shares						.,		+ V	,				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e s	te Exercisable and ation Date th/Day/Year)		tle and unt of crlying rities r. 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
Repo	rting C)wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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neporting Owners

Reporting Owner Name / Address		Keiationsnips							
	Director	10% Owner	Officer	Othe					
Harris Richard John P.O. BOX HM 2267, WINDS 3RD FLOOR, 18 QUEEN ST HAMILTON, D0 HM JX			Chief Financial Officer						
Signatures									
/s/ Richard J. Harris)3/11/2010								

<u>**</u>Signature of Reporting Person Date

of

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.