Edgar Filing: COZEN STEPHEN A - Form 4

COZEN STI	EPHEN A												
Form 4													
October 07,	2010												
FORM 4 UNITED STATES SECUE											OMB APPROVAL		
UNITED STATES SECUR								NGE C	COMMISSION	OMB	3235-0287		
Check th	is box		Was	shingtor	1, D	.C. 20	549			Number:	January 31,		
if no long	ger	AENT O	ГСИАМ	CES IN	трр	INIEEI			NEDSHID OF	Expires:	2005		
subject to	0		r CHAIV	GES IN BENEFICIAL OWNERSHIP O SECURITIES					ALASIII OF	Estimated average			
Section 1 Form 4 c				SECU.	IXI I	1125				burden hours per response 0.			
Form 5	Filed put	rsuant to S	Section 1	6(a) of t	he S	Securit	ies E	xchang	e Act of 1934,	response	0.5		
obligatio	ns Section 17(•	1935 or Section	n			
may cont See Instr	unue.		of the In	•		•	· ·						
1(b).													
(Print or Type]	Responses)												
1 Name and A	Address of Reporting	Person *	2 Issue	Nomo or	ы та	akar or	Tradia	20	5. Relationship of	Reporting Pers	on(s) to		
1. Name and Address of Reporting Person *2. IssuerCOZEN STEPHEN ASymbol				i i i i i i i i i i i i i i i i i i i				ig	Issuer	reporting i en	.011(5) 10		
			•	Indemnity plc [GBLI]									
(Last)	(First) (Middle)			• •	-			(Chec	k all applicable)		
			/2010 -					X Director 10% Owner					
								Officer (give title Other (specify					
MARKET S	STREET								below)	below)			
			endment, Date Original			6. Individual or Joint/Group Filing(Check							
			onth/Day/Year)					Applicable Line)					
									X Form filed by One Reporting Person Form filed by More than One Reporting				
PHILADEL	LPHIA, PA 19103	3							Person		porting		
(City)	(State)	(Zip)	Tahl	e I - Non-	.Deri	ivative	Secur	ities Aca	uired, Disposed of	° or Beneficial	lv Owned		
1.Title of	2. Transaction Date	a 24 Daar		3.					5. Amount of	6. Ownership	-		
Security	(Month/Day/Year)	med 3. 4. Securities Acquired on Date, if Transactior(A) or Disposed of (D)						Securities	Form: Direct				
(Instr. 3)	· · · ·	any	Code (Instr. 3, 4 and 5)					Beneficially		Beneficial			
		Day/Year) (Instr. 8)					Owned Following	~ ~ ~ ~	Ownership				
									Reported	(Instr. 4)	(Instr. 4)		
							(A)		Transaction(s)				
				Code V	V A	mount	or (D)	Price	(Instr. 3 and 4)				
Class A							. ,						
Common	10/05/2010			А	(1	, 49 4	А	\$ 16.35	45,748	D			
Shares						_		10.55					

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)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
COZEN STEPHEN A C/O COZEN O'CONNOR 1900 MARKET STREET PHILADELPHIA, PA 19103	Х						
Signatures							
/s/ Linda Hohn Attorney-in-fact	10/0	07/2010					

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

Date

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).

Represents the grant of 1,286 shares of restricted Class A common shares under the Issuer's Share Incentive Plan in recognition of service rendered as a Board member to Global Indemnity plc, and 1,208 shares of restricted Class A common shares under the Issuer's Share Incentive Plan in recognition of service rendered as a Board member to Global Indemnity Group, Inc., an indirect wholly-owned

subsidiary of the Issuer.

Remarks:

See footnote page

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.