## Edgar Filing: KELBEL CRAIG J - Form 4

KELBEL CR	AIG J										
Form 4 January 06, 2	010										
	Л									PPROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru	er <b>STATE</b> 5. Filed pu <sup>18</sup> Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1040								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
1(b). (Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> KELBEL CRAIG J			2. Issuer Name <b>and</b> Ticker or Trading Symbol HCC INSURANCE HOLDINGS INC/DE/ [HCC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O HCC INSURANCE HOLDINGS, INC., 13403 NORTHWEST FREEWAY			3. Date of Earliest Transaction (Month/Day/Year) 01/04/2010					Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President			
HOUSTON,	(Street) TX 77040	Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)		(Zin)						Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	) Execution any		3. Transactic Code (Instr. 8) Code V	on(A) or Dis (D) (Instr. 3, 4	and 5 (A) or	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock								19,355	D		
Common Stock	01/04/2010			А	21,710	А	\$0	41,065	D		

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

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#### 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Purchase $(1)$	\$ 23.83					(2)	12/31/2010	Common Stock	112,500	
Option to Purchase $(1)$	\$ 28.53					(3)	09/28/2011	Common Stock	100,000	
Option to Purchase $(1)$	\$ 31.92					(4)	05/09/2012	Common Stock	100,000	

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
KELBEL CRAIG J C/O HCC INSURANCE HOLDINGS, INC. 13403 NORTHWEST FREEWAY HOUSTON, TX 77040			Executive Vice President				
Signatures							
James L. Simmons as Attorney in Fact for Cra Kelbel	aig J.	01/	/06/2010				
**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).
- (1) Option to purchase granted pursuant to the 2004 Flexible Incentive Plan.
- (2) The options vest equally annually over a 3 year period beginning 12/31/06 @ 37,500 shares per year.
- The options vest equally annually over a 5 year period beginning 09/28/06 @ 20,000 shares per year. (3)
- (4) The options vest equally annually over a 4 year period beginning 02/28/08 @ 25,000 shares per year.

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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.