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BRIT INSURANCE HOLDINGS PLC

Form 4 August 30, 2002

 FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549								
// CHECK THIS BOX IF NO LONGER SUBJECT TO SECTION 16. FORM 4 OR FORM 5 OBLIGATIONS MAY CONTINUE. SEE INSTRUCTION 1(b). (Print or Type Responses)		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of Section 17(a) of the Public Utility Holding Company Act of 1935 Section 30(h) of the Investment Company Act of 1940							
1. Name and Add Brit Insuran	_	ting Person*			dame AND Tick		Irading Sy	mbol 6.1	
(Last) 55 Bishops		(Middle)	Ni P€	I.R.S. Identification Number of Reporting Person, if an entity (voluntary)			Month/Day/Year August 2002		
Londoon EC2N	(Street)					5.	If Amendm Date of O (Month/Da April 20	riginal _X y/Year)	
(City)	(State)				- NON-DERIV			ACQUIRED, D	
	action Date	Execution Date, if any (Month/ Day/	action Code (Instr	8)		1 of (D) 4 and 5) 5) r	Securit. Benefic. Owned For ing Report Transact (Instr.	
Common Stock, \$.10 par value	08/28/2002		P				0.693		

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Reminder: Report on a separate line for each class of securities beneficially owned directly or i * If the form is filed by more than one reporting person, SEE Instruction 4(b)(v).

POTENTIAL PERSONS WHO ARE TO RESPOND TO THE COLLECTION OF INFORMATI

CONTAINED IN THIS FORM ARE NOT REQUIRED TO RESPOND UNLESS THE FORM DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER.

FORM 4 (CONTINUED)	TABLE					JIRED, DISE OPTIONS, (
1. Title of Derivative Sec (Instr. 3)			3.	Trans- action Date (Month/ Day/ Year)	3A.	Deemed 'Execution Date, if any (Month/Day/Year)	4. I	ransa	ode		Numbe ative quire posed (Inst
						-	Coc	le	V		(A)
7. Title and Amount of Und			9. N	umber		10. Owner-	_	11.	Natı	ıre	

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lying Securities (Instr. 3 and 4)		of Deriv- ative Secur- ity (Instr. 5)	of Deriv- ative Securi- ties Bene- ficially Owned	ship Form of De- rivative Secu- rity: Direct	of In- direct Bene- ficial Own- ership (Instr. 4)
Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	(D) or Indi- rect (I) (Instr. 4)	
	1				
Explanation of	f Responses:				

/s/ Peter Goddard /s/ Ma
----**Signature of Report

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.

^{**}Intentional misstatements or omissions of facts constitute Federal Criminal Violations. SEE 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).