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ASPEN INSURANCE HOLDINGS LTD

Form 3

April 02, 2014

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person *

Haugh Ann

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

04/01/2014

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

ASPEN INSURANCE HOLDINGS LTD [AHL]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Filed(Month/Day/Year)

ASPEN INSURANCE HOLDINGS LIMITED, 141 FRONT STREET

(Street)

Director _X__ Officer

10% Owner Other

6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) COO & CUO Aspen Insurance

X Form filed by One Reporting Person

5. If Amendment, Date Original

Form filed by More than One Reporting Person

HAMILTON. DOÂ HM19

(State) (Zip) Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

(City)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Direct (D) or Indirect (I)

(Instr. 5) Â D

No securities are beneficially owned (1)0

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.

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

Expiration Date (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. 5. Ownership Conversion or Exercise Form of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Price of Derivative Security:

Derivative

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Date Expiration Title Amount or Security Direct (D)

Exercisable Date Number of Shares (I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Haugh Ann

ASPEN INSURANCE HOLDINGS LIMITED 141 FRONT STREET HAMILTON, D0Â HM19

Â COO & CUO Aspen Insurance

Signatures

/s/ Michael Cain as Attorney-in-Fact for Ann Haugh

04/02/2014

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) This form is being filed following the Reporting Person's appointment to the Issuer's Group Executive Committee effective April 1, 2014. 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.

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