| Bozeman Judy C. | | |
|---|------------------------------------|---------------------|
| Form 3 | | |
| November 20, 2009 | | |
| FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | OMB AF | PPROVAL |
| Washington, D.C. 20549 | OMB Number: | 3235-0104 |
| INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES | | January 31, 2005 |
| Sheekills | Estimated average burden hours per | |
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | response | · · · · · |
| 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 <u>*</u> Bozeman Judy C. | Date of Event Requiring Statement (Month/Day/Year) | | | ing Symbol NGS INC/DE/ [HCC] | | |
|---|--|--|--|---|--|--|
| (Last) (First) (Middle) | 11/18/2009 | 4. Relationship of Reporting Person(s) to Issuer | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| C/O HCC INSURANCE HOLDINGS, INC., 13403 NORTHWEST FREEWAY (Street) HOUSTON, TX 77040 | | X Director Officer | all applicable) 10% Own Other v) (specify below) | er 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) (State) (Zip) | Table I - I | Table I - Non-Derivative Securities Beneficially Owned | | | | |
| 1.Title of Security (Instr. 4) | 2. Amount o Beneficially (Instr. 4) | | Ownership Ow | Nature of Indirect Beneficial vnership str. 5) | | |
| Reminder: Report on a separate line for e owned directly or indirectly. | ach class of securities benefic | cially S | EC 1473 (7-02) | | | |
| 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | |

| 1. Title of Derivative Security (Instr. 4) | 2 | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---------------------|--------------------|--|------------------------|---|--|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of | Derivative Security | Security: Direct (D) | |

| Shares | | |
|--------|--|--|
| | | |

or Indirect (I) (Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|------------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Bozeman Judy C. C/O HCC INSURANCE HOLDINGS, INC. 13403 NORTHWEST FREEWAY HOUSTON, TX 77040 | ÂX | Â | Â | Â | | |
| Signatures | | | | | | |
| Randy D. Rinicella as Attorney in Fact for Judy C. Bozeman | | | | 11/20/2009 | | |
| **Signature of Reporting Person | | | Date | | | |
| Explanation of Responses: | | | | | | |

No securities are beneficially owned

- * 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).

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.