SEC Form 3

FORM 3

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

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* OROS JOHN J			2. Date of Even Requiring Stater (Month/Day/Yea	ment (at and Ticker or Trading Symbol Castlewood Holdings LTD [ESGR]				
(Last) P.O. BOX HN 3RD FLOOR (Street) HAMILTON (City)	, 18 QUEEN S	(Middle) DSOR PLACE, DTREET HM JX (Zip)	01/31/2007		4. Relationship of Reporting Pers Check all applicable) X Director X Officer (give title below) Executive Chai	10% Own Other (spe below)	er 6. In ecify App	5. If Amendment, Date of Original 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 Person	
			Table I - Nor	n-Derivati	ve Securities Beneficiall	y Owned	· · ·		
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership str. 5)	
No securities are beneficially owned					0	D			
		(4			Securities Beneficially nts, options, convertible		s)		
Ex			2. Date Exerce Expiration Da (Month/Day/Y	ite	3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversion or	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security			

Explanation of Responses:

Remarks:

John J. Oros

01/31/2007

** Signature of Reporting Person Date

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

* 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.

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 Number.