

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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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* <u>Continental Insurance Group, Ltd.</u>  (Last) (First) (Middle) 505 HUNTMAR PARK DR., SUITE 325  (Street) HERNDON VA 20170  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/30/2015	3. Issuer Name and Ticker or Trading Symbol <u>NOVATEL WIRELESS INC [ NVTL ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	7,764,705	I	By Continental General Insurance Company and United Teacher Associates Insurance Company <sup>(1)</sup>

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	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			

1. Name and Address of Reporting Person* <u>Continental Insurance Group, Ltd.</u>  (Last) (First) (Middle) 505 HUNTMAR PARK DR., SUITE 325  (Street) HERNDON VA 20170  (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Continental Insurance, Inc.</u>  (Last) (First) (Middle) 505 HUNTMAR PARK DR., SUITE 325  (Street) HERNDON VA 20170  (City) (State) (Zip)		
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**Explanation of Responses:**

1. The securities of the Issuer reported herein are held directly by United Teacher Associates Insurance Co., 4,941,176 shares and Continental General Insurance Co., 2,823,529 shares. United Teacher Associates Insurance Co. and Continental General Insurance Co. are indirect wholly owned subsidiaries of Continental Insurance Group, Ltd.

**Remarks:**

Continental Insurance Group, Ltd., By: /s/ James Corcoran, 01/11/2016  
Executive Chair  
Continental Insurance, Inc. By: /s/ James Corcoran, Executive 01/11/2016  
Chair

\*\* 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.**