

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

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. Issuer Name and Ticker or Trading Symbol <u>NOVATEL WIRELESS INC [MIFI]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) Member of 10% group
	3. Date of Earliest Transaction (Month/Day/Year) 03/17/2016	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock ⁽¹⁾	03/17/2016		P		3,709,094	A	\$1.59	11,473,799	I	By Continental General Insurance Company and United Teacher Associates Insurance Company ⁽²⁾

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	Date Exercisable	Expiration Date					

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

1. Name and Address of Reporting Person*
Continental Insurance, Inc.
 (Last) (First) (Middle)
 505 HUNTMAR PARK DR., SUITE 325
 (Street)
 HERNDON VA 20170
 (City) (State) (Zip)

Explanation of Responses:

1. The shares of common stock were purchased from HC2 Holdings 2, Inc., the indirect 100% shareholder of United Teacher Associates Insurance Company ("UTAIC") and Continental General Insurance Company ("CGIC"), pursuant that certain securities purchase agreement, dated March 17, 2016.

2. The securities of the Issuer reported herein are held directly by UTAIC, 8,338,270 shares, and CGIC, 3,135,529 shares. UTAIC and CGIC are direct wholly owned subsidiaries of Continental Insurance, Inc., and UTAIC and CGIC are indirect wholly owned subsidiaries of Continental Insurance Group Ltd.

Continental Insurance Group,
Ltd. By: /s/ James Corcoran, 03/21/2016
Executive Chair

Continental Insurance, Inc. By:
/s/ James Corcoran, Executive 03/21/2016
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 4 (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.