

Eagle Point Credit Co Inc.
Form 3
January 08, 2015

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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Enstar Group LTD		(Month/Day/Year)	Eagle Point Credit Co Inc. [ECC]	
(Last)	(First)	(Middle)	10/14/2014	
PO BOX 2267, WINDSOR PLACE,Â THIRD FLOOR, 22 QUEEN STREET			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
HAMILTON,Â D0Â HM JX			<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input type="checkbox"/> 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	1,825,278	I	See footnote ⁽¹⁾

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

SEC 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. 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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Enstar Group LTD PO BOX 2267, WINDSOR PLACE THIRD FLOOR, 22 QUEEN STREET HAMILTON, D0 HM JX	^	^ X	^	^
Kenmare Holdings Ltd. PO BOX 2267, WINDSOR PLACE THIRD FLOOR, 22 QUEEN STREET HAMILTON, D0 HM JX	^	^ X	^	^
Fitzwilliam Insurance Ltd PO BOX 2267, WINDSOR PLACE THIRD FLOOR, 22 QUEEN STREET HAMILTON, D0 HM JX	^	^ X	^	^

Signatures

/s/ Richard J.
Harris 01/08/2015

__Signature of Date
Reporting Person

Richard J. Harris 01/08/2015

__Signature of Date
Reporting Person

Richard J. Harris 01/08/2015

__Signature of Date
Reporting Person

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).

These shares are owned directly by Fitzwilliam Segregated Account No. 31 ("Cell 31"), a segregated account within Fitzwilliam Insurance Limited, a Bermuda segregated cell company ("FIL"), which is a wholly-owned subsidiary of Kenmare Holdings Ltd., a Bermuda company ("Kenmare"), which is a wholly-owned subsidiary of Enstar Group Limited, a Bermuda company ("Enstar"). FIL has (1) issued non-voting preferred shares related solely to the economic interest in Cell 31 to Bayshore Holdings Ltd., a Bermuda company ("Bayshore"). Kenmare owns approximately 59% of Bayshore. Kenmare and Enstar disclaim beneficial ownership of the shares held by Cell 31 except to the extent of their pecuniary interest therein. Kenmare and Enstar are indirect beneficial owners of the reported securities.

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.