(City)

(Last)

(State)

(First)

NEWCASTLE CAPITAL MANAGEMENT LP

1. Name and Address of Reporting Person*

200 CRESCENT COURT

(Zip)

(Middle)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 urden 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

U obligati	16. Form 4 or ons may contir ion 1(b).			File								es Exchanç pany Acti			4			ll ll		d average burd r response:	len 0.
AMER:		Reporting Person*		ANCE						or Tradir <mark>MO/</mark> [all ap Dire Offic	plicable) ctor cer (give tit			Owner (specify
(Last) (First) (Middle) 777 MAIN STREET, SUITE 1000				3. Date of Earliest Transaction (Month/Day/Year) 03/23/2011											belo	,	hed e	explanation)		
(Street) FORT WORTH TX 76102			- 4. If	Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person								
(City)	(SI	ate)	(Zip)																		
4 Tin) it (l		le I - No			_			÷		isp					ally		ed lount of	1.	O	7
'''' '''			2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		· ;	3. Transaction Code (Instr. 8)		Disposed 5)	Of (D)	s Acquired (A) or f (D) (Instr. 3, 4 a		Secur Benef Owne Repor		rities ficially d Following rted		. Ownership form: Direct D) or Indirect) (Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)	
						_				Code	_	Amount	([Price		(Instr.	action(s) . 3 and 4)			
Common	Stock	_			3/2011					P		124,11		A	\$2.			77,512		D ⁽¹⁾⁽²⁾	
		Ta	able II - I)									sed of, nvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code (8)		of Deriv	rities iired r osed) r. 3, 4	Ex	Date Exe	Date		7. Title Amou Secur Under Deriva Secur and 4)	nt of ities lying ative ity (Ins				9. Number derivative Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Da Ex	ate cercisable		xpiration ate	Title	Amo or Num of Shar	nber						
	ICAN HA	Reporting Person*	NSUR/	ANCE	<u>Co</u>																
(Last) 777 MAI	N STREET	(First)	(Mide	dle)																	
(Street) FORT W	ORTH	TX	761	02																	
(City)		(State)	(Zip)																		
ı		Reporting Person* PARTNERS I																			
(Last) 200 CRE STE 1400	SCENT CO	(First)	(Mide	dle)																	
(Street)	5	TX	7520	01																	

STE 1400								
(Street) DALLAS	TX	75201						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* NEWCASTLE CAPITAL GROUP LLC								
(Last) 200 CRESCENT C STE 1400	(First)	(Middle)						
(Street) DALLAS	TX	75201						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* Newcastle Focus Fund II LP								
(Last) 200 CRESCENT C SUITE 1400	(First)	(Middle)						
(Street) DALLAS	TX	75201						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* HALLMARK FINANCIAL SERVICES INC								
(Last) 777 MAIN STREE STE 1000	(First)	(Middle)						
(Street) FORT WORTH	TX	76102						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* SCHWARZ MARK E								
(Last) 200 CRESCENT C STE 1400	(First)	(Middle)						
(Street) DALLAS	TX	75201						
(City)	(State)	(Zip)						
Name and Address of Reporting Person* Coleman Clinton J								
(Last) (First) (Middle) C/O NEWCASTLE CAPITAL MANAGEMENT, L.P. 200 CRESCENT COURT, SUITE 1400								
(Street) DALLAS	TX	75201						
(City)	(State)	(Zip)						

Explanation of Responses:

("Hallmark"), AHIC, Hallmark Specialty Insurance Company ("HSIC"), Mark E. Schwarz ("Schwarz") and Clinton J. Coleman ("Coleman"). Each Reporting Person disclaims beneficial ownership of the shares of the Issuer's Common Stock owned by the other members of the Section 13(d) group except to the extent of the pecuniary interest therein.

2. NCM is the general partner of each of NP and NFF. NCG is the general partner of NCM, and Schwarz is the managing member of NCG. Accordingly, each of NCM, NCG and Schwarz may be deemed to beneficially own the shares directly owned by NP and NFF. In addition, NCM may be deemed to beneficially own a controlling interest in Hallmark, and Hallmark is the parent company of AHIC and HSIC. Accordingly, each of NCM, NCG, Schwarz and Hallmark may be deemed to beneficially own the shares directly owned by AHIC.

American Hallmark Insurance
Company of Texas

Newcastle Partners, L.P., By:
Newcastle Capital

<u>partner, By: Newcastle Capital</u> 03/25/2011 <u>Group, L.L.C. its general</u>

<u>partner, By: /s/ Mark E.</u> <u>Schwarz, its managing member</u>

Management, L.P., its general

Newcastle Capital

Management, L.P., its general

partner, By: Newcastle Capital Group, L.L.C. its general 03/25/2011

partner, By: /s/ Mark E.

Schwarz, its managing member

Newcastle Capital Group,

L.L.C. its general partner, By: 03/25/2011

/s/ Mark E. Schwarz, its managing member

Focus Fund II, L.P., By: Newcastle Capital

Management, L.P., its general

partner, By: Newcastle Capital 03/25/2011

Group, L.L.C. its general partner, By: /s/ Mark E.
Schwarz, its managing member

Jenwarz, its managing member

Hallmark Financial Services, <u>03/25/2011</u> Inc.

 /s/ Mark E. Schwarz
 03/25/2011

 /s/ Clinton J. Coleman
 03/25/2011

Hallmark Specialty Insurance Company 03/25/2011

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).