## Edgar Filing: NUVEEN INSURED CALIFORNIA PREMIUM INCOME MUNICIPAL FUND 2 IN - Form 3

### NUVEEN INSURED CALIFORNIA PREMIUM INCOME MUNICIPAL FUND 2 IN

Form 3

March 07, 2007

# FORM 3

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

**OMB APPROVAL** 

**OMB** Number:

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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 \*

McCarthy Kevin J

(First) (Last)

(Middle)

(Zip)

333 W. WACKER, A SUITE

2900

(Street)

CHICAGO, ILÂ 60606

(City) (State)

1. Title of Security (Instr. 4)

Statement

(Month/Day/Year)

02/26/2007

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

NUVEEN INSURED CALIFORNIA PREMIUM INCOME MUNICIPAL FUND 2 IN [NCL]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

Director X\_ Officer Other (give title below) (specify below) Vice President

10% Owner

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 - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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

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.

SEC 1473 (7-02)

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)

5. Conversion Ownership or Exercise Form of Derivative Price of Security: Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable

**Expiration Title** Date

Amount or Number of Shares

Direct (D) Security or Indirect

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

McCarthy Kevin J

333 W. WACKER
SUITE 2900
CHICAGO, ILÂ 60606

## **Signatures**

/s/ McCarthy,
Kevin J.

\*\*Signature of Reporting Person

Date

# **Explanation of Responses:**

No securities are beneficially owned

- \* 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. 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.

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