

Edgar Filing: AMERICAN MEDICAL SECURITY GROUP INC - Form 4

AMERICAN MEDICAL SECURITY GROUP INC

Form 4

January 22, 2003

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OMB APPROVAL  
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OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden  
hours per response.... 0.5  
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U.S. SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 1940

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

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1. Name and Address of Reporting Person\*

Schreyer H.T. Richard

(Last) (First) (Middle)

3100 AMS Boulevard

(Street)

Green Bay WI 54313

(City) (State) (Zip)

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2. Issuer Name and Ticker or Trading Symbol

American Medical Security Group, Inc. (AMZ)

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3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

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4. Statement for Month/Day/Year

01/20/2003

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5. If Amendment, Date of Original (Month/Day/Year)

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6. Relationship of Reporting Person to Issuer  
 (Check all applicable)

- Director  10% Owner  
 Officer (give title below)  Other (specify below)

7. Individual or Joint/Group Filing (Check applicable line)

- Form filed by one Reporting Person  
 Form filed by more than one Reporting Person

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

| 1.<br>Title of Security<br>(Instr. 3) | 2.<br>Transaction<br>Date<br>(mm/dd/yy) | 2A.<br>Deemed Exec-<br>ution Date,<br>if any<br>(mm/dd/yy) | 3.<br>Transaction<br>Code<br>(Instr. 8) |   | 4.<br>Securities Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |                  | Price |
|---------------------------------------|---|--|---|---|--|------------------|-------|
|                                       |   |  | Code                                    | V | Amount   | (A)<br>or<br>(D) |       |

\* If the Form is filed by more than one Reporting Person, see Instruction 4(b)(v).

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

(Print or Type Response)

(Over)

FORM 4 (continued)

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

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| 1.<br>Title of<br>Deriv-<br>ative Sec-<br>urity<br>(Instr.3) | 2.<br>Conv-<br>ersion<br>or<br>Exer-<br>cise<br>Price<br>of<br>Deriv-<br>ative Secur-<br>ity | 3.<br>Trans-<br>action<br>Date<br>(Month/<br>Day/<br>Year) | 3A.<br>Deemed<br>Exec-<br>ution<br>Date,<br>if any<br>(mm/dd<br>/yy) | 4.<br>Trans-<br>action<br>Code<br>(Instr.<br>8)<br>-----<br>Code V | 5.<br>Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed<br>of (D)<br>(Instr. 3,<br>4 and 5)<br>-----<br>(A) (D) | 6.<br>Date<br>Exercisable and<br>Expiration Date<br>(Month/Day/Year)<br>-----<br>Date Expira-<br>tion<br>Date | 7.<br>Title and Amount<br>of Underlying<br>Securities<br>(Instr. 3 and 4)<br>-----<br>Amount<br>or<br>Number<br>of<br>Shares<br><br>Title |
|--|--|--|--|--|--|---|---|
|--|--|--|--|--|--|---|---|

|   |         |          |  |   |       |              |                       |
|---|---------|----------|--|---|-------|--------------|-----------------------|
| Non-Emp-<br>loyee Dir-<br>ector Stock<br>Option (Right<br>to Buy) | \$14.41 | 01/20/03 |  | A | 6,700 | (1) 01/19/15 | Common<br>Stock 6,700 |
|---|---------|----------|--|---|-------|--------------|-----------------------|

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Explanation of Responses:

(1) Option vests in three (3) equal annual installments beginning 1/20/2004.

/s/ Cheryl A. Thomson

1/22/03

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\*\*Signature of Reporting Person  
Attorney-in-Fact

-----  
Date

\*\* 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 provided 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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