

Edgar Filing: AMERICAN MEDICAL SECURITY GROUP INC - Form 4

AMERICAN MEDICAL SECURITY GROUP INC  
Form 4  
January 22, 2003

-----  
OMB APPROVAL  
-----

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden  
hours per response.... 0.5  
-----

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).

-----  
1. Name and Address of Reporting Person\*

Skillern

Frank

L

(Last)

(First)

(Middle)

3100 AMS Boulevard

(Street)

Green Bay

WI

54313

(City)

(State)

(Zip)

-----  
2. Issuer Name and Ticker or Trading Symbol

American Medical Security Group, Inc. (AMZ)

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

-----  
4. Statement for Month/Day/Year

01/20/2003

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

**Edgar Filing: AMERICAN MEDICAL SECURITY GROUP INC - Form 4**

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

-----

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

Edgar Filing: AMERICAN MEDICAL SECURITY GROUP INC - Form 4

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)

=====

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

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

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

Edgar Filing: AMERICAN MEDICAL SECURITY GROUP INC - Form 4

---

Explanation of Responses:

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

/s/ Cheryl A. Thomson

01/22/03

-----  
\*\*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.

Page 2