#### LUCHETTA THOMAS A

Form 4

December 15, 2004

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

**OMB** Number:

3235-0287

2005

0.5

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires:

Estimated average burden hours per

**OMB APPROVAL** 

response...

Form 4 or Form 5 obligations may continue.

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

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \* LUCHETTA THOMAS A

2. Issuer Name and Ticker or Trading

Issuer

Symbol

AMERICAN MEDICAL SECURITY GROUP INC [AMZ]

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Last)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

X\_ Officer (give title

10% Owner Other (specify

C/O AMERICAN MEDICAL SECURITY GROUP, 3100 AMS

**BOULEVARD** 

12/13/2004

Filed(Month/Day/Year)

(Month/Day/Year)

below) Vice President, Sales

Director

4. If Amendment, Date Original

Applicable Line)

(Street)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

GREEN BAY, WI 54313

(City) (State)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership

(Instr. 4)

(Instr. 4)

(A) or

Reported Transaction(s)

0

Following

Code V Amount (D) Price (Instr. 3 and 4)

Common Stock

12/13/2004

409.5 \$ D (1)32.75

By 401(k) I Plan

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

### Edgar Filing: LUCHETTA THOMAS A - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee stock option (right to buy)	\$ 12.9	12/13/2004		D	5,000	(2)	03/09/2015	Common Stock	5,000

# **Reporting Owners**

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

LUCHETTA THOMAS A C/O AMERICAN MEDICAL SECURITY GROUP 3100 AMS BOULEVARD GREEN BAY, WI 54313

Vice President, Sales

## **Signatures**

/s/Cheryl A. Thomson 12/15/2004 Attorney-in-Fact

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- 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).

The reporting person acquired a total of 129 shares of AMZ common stock under the issuer's 401(k) plan since April 6, 2004. Such

- (1) acquisitions, which were not "discretionary transactions" as defined in Rule 16b-3(b), are exempt from Section 16(b) by virtue of Rule 16b-3(c) and are exempt from the reporting requirements of Section 16(a) by virtue of Rule 16a-3(f)(1)(i)(B).
- (2) This option vested in four equal annual installments beginning March 10, 2004.

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.

Reporting Owners 2