## Edgar Filing: LOMBARDI JOHN R - Form 3

LOMBARDI JOHN R Form 3 April 16, 2003

(Check all applicable)

|\_| Director

, 2003		
		OMB APPROVAL
		OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response0.5
UNITE	ED STATES SECURITIES AND EX Washington, DC 20	
	FORM 3	
INITIAL S	STATEMENT OF BENEFICIAL OWN	NERSHIP OF SECURITIES
Section 17(a)		urities Exchange Act of 1934, ding Company Act of 1935 or Company Act of 1940
(Print of Type Respor	ises)	
1. Name and Address	s of Reporting Person*	
Lombardi	John	R.
(Last)	(First)	(Middle)
3100 AMS Boulevan		
	(Street)	
Green Bay	WI	54313
(City)	(State)	(Zip)
2. Date of Event Re	equiring Statement (Month/I	Day/Year)
4/14/03		
3. I.R.S. Identific	cation Number of Reporting	Person, if an entity (voluntary)
4. Issuer Name and	Ticker or Trading Symbol	

|\_| 10% Owner

|\_| Other (specify below)

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

Executive Vice President, Chief Financial Officer & Treasurer

American Medical Security Group, Inc. (AMZ)

Relationship of Reporting Person(s) to Issuer

|x| Officer (give title below)

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7. 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-Derivativ	e Securities Beneficially	Owned	
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature (Instr
No securities owned			
FORM 3 (continued)			
Table II Derivative Securities Ben (e.g., puts, calls, warra	nts, options, convertible		

3. Title and Amount of Securities Underlying Derivative Security

2. Date Exercisable (Instr. 4)
and Expiration Date

4. Conve

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		(Month	/Day/Year)		Amount	sion
1. Title of Derivative Security (Instr. 4)			Expira- tion Date	Title	or Number of Shares	Exerc Price Deriv Secur
Reminder	Report on a so owned directl			ass of securities	beneficially	
Explanati	on of Response.	s:				

4/15/2003

Date

- \* If the form is filed by more than one reporting person, see Instruction  $5\left(b\right)\left(v\right)$  .
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ J R Lombardi

John R. Lombardi

\*\*Signature of Reporting Person

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.