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BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN

Form 4

January 03, 2003

03, 2003	
	OMB APPROVAL
	OMB Number 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5
UNITED STATES SECUR Washington,	ITIES AND EXCHANGE COMMISSION D.C. 20549
FOR	M 4
STATEMENT OF CHANGES I	N BENEFICIAL OWNERSHIP
Filed pursuant to Section 16(a) of t Section 17(a) of the Public Utili Section 30(h) of the Inve	
[_] Check this box if no longer subject obligations may continue. See Instr	
1. Name and Address of Reporting Perso	n*
BLUE CROSS & BLUE SHIELD	UNITED OF WISCONSIN (1)
(Last) (Fir	st) (Middle)
401 WEST MIC	HIGAN STREET
(Str	eet)
MILWAUKEE	, WI 53203
(City) (Sta	te) (Zip)
2. Issuer Name and Ticker or Trading S	ymbol
AMERICAN MEDICAL SECU	RITY GROUP, INC. (AMZ)
3. IRS Identification Number of Report	ing Person, if an Entity (Voluntary)
4. Statement for Month/Day/Year	
December	31, 2002
5. If Amendment, Date of Original (Mon	th/Day/Year)
6. Relationship of Reporting Person(s)	to Issuer

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	(Che	ck all applicable)						
1-3				X] 10% Owner _] Other (specify below)					
7.	-								
		Table I Non-l	Derivative Secu or Beneficia		uired, Disp	== oos ===	ed of,	=	
			Date	Date, if any (Month/ Day/	3. Transaction Code		4. Securities Acquired Disposed of (D) (Instr. 3, 4 an		(A) or
1. Title of Secu (Instr. 3)		Security	Day/		(Instr. 8) 		Amount	(A) or (D)	
Commo	on St	ock	12/31/02		S		149,098		
(2)	corp outs of t and Tran	result of the concoration to a Wiscontanding common stoke issued and out the Foundation becauseers as partial	onsin stock ins ock of BCBSUW a standing common came an indirec l consideration	urance cor nd Wiscons stock of t benefici for purch	poration, C in United f Cobalt Corp al owner of ase of asse	ob or or t	alt Corporation Health Foundati ation. Consequer he Common Stock	becar on, intly,	ne the owner Inc. ("Found Cobalt Corp d by BCBSUW.
Remin	nder:	Report on a sepa: Form is filed by 1	rate line for e	ach class	of securiti	es	beneficially ow	ned o	

Persons who respond to the collection of information contained in this form are not required to runless the form displays a currently valid OMB control number.

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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______ 2. Conver-5. 7. Number of Title and Amount sion Derivative 6. 3A. of Underlying or Deemed 4. Securities Date Exer-Securities cise 3. Execu- Trans- Acquired (A) Exercisable and (Instr. 3 and 4) ______ Explanation of Responses: BLUE CROSS & BI Intentional misstatements or omissions of facts constitute Federal /s/ Gail L. Han

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 form displays a currently valid OMB Number.

** Signature of