LOMBARDI JOHN R
Form 3
April 16, 2003

OMB APPROVAL	
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 3

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print of Type Responses)

1. Name and Address of Reporting Person*

Lombardi	John	R.
(Last)	(First)	(Middle)

3100 AMS Boulevard
(Street)

Green Bay	WI	54313
(City)	(State)	(Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

4/14/03

3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)

4. Issuer Name and Ticker or Trading Symbol

American Medical Security Group, Inc. (AMZ)

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

|_| Director
|x| Officer (give title below)
|_| 10% Owner
|_| Other (specify below)

Executive Vice President, Chief Financial Officer & Treasurer

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

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-Derivative 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 Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

2. Date Exercisable and Expiration Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conve

1. Title of Derivative Security (Instr. 4)	(Month/Day/Year) Date Exer-cisable	Expira-tion Date	Title	Amount or Number of Shares	sion Exerc Price Deriv Secur

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

Explanation of Responses:

/s/ J R Lombardi 4/15/2003

**Signature of Reporting Person Date

John R. Lombardi

* If the form is filed by more than one reporting person, see Instruction 5(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).

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