## Edgar Filing: AMERISAFE INC - Form 4

AMERISAFE INC Form 4 November 22, 2005 FORM 4 Check this box if no longer subject to Sction 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).													
(Print or Type	e Responses)												
CARSON RUSSELL L Syn				l	nd Ticker or T INC [AMSF	c	,	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)							(Check all applicable)					
				Month/Day/Year) 1/16/2006				Director    X 10% Owner       Officer (give title below)     Other (specify below)					
				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person					
NEW YORK, NY 10022 — Form filed by More than One Reporting Person									eporting				
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative So	ecuriti	ies Acqui	ired, Disposed of,	, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)		saction Date 2A. Deemed /Day/Year) Execution Date, if any (Month/Day/Year)			4. Securities . onor Disposed of (Instr. 3, 4 an Amount	red (A) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	OwnershipIndirectForm:BeneficiaDirect (D)Ownershior Indirect(Instr. 4)(I)(Instr. 4)					
Common Stock	11/16/2006			Code V	7,636,475	(D) D	\$ 11.75	0	I	By Welsh, Carson, Anderson & Stowe VII, L.P. (1)			
Common Stock	11/16/2006			S	61,020	D	\$ 11.75	0	I	By WCAS Healthcare Partners, L.P. $(1)$			
Common Stock	11/16/2006			S	64,506	D	\$ 11.75	0	D				

## Edgar Filing: AMERISAFE INC - Form 4

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

Persons who respond to the collection of information contained in this form are not 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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
CARSON RUSSELL L C/O WELSH, CARSON, ANDERSON AND STO 320 PARK AVENUE, SUITE 2500 NEW YORK, NY 10022		Х						
Signatures								
Jonathan M. Rather, Attorney-in-Fact 11/21/2	2006							

\*\*Signature of Reporting Person

C 3 N S

J A

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 is a general partner of the sole general partner of Welsh, Carson, Anderson & Stowe VII, L.P., and a general partner of WCAS Healthcare Partners, L.P. Pursuant to Instruction 4(b)(iv) of Form 4, the Reporting Person has elected to report as

(1) indirectly beneficially owned the entire number of securities beneficially owned by each such entity. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his pecunciary interest therein, and/or that are not actually distributed to him.

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.