Edgar Filing: AMERUS GROUP CO/IA - Form 4

| AMERUS GR | ROUP CO/IA | | | | | | | | | |
|--|---|--|---|-------------|--|--|---|---------------------------------------|-----------|--|
| Form 4 | | | | | | | | | | |
| July 06, 2006 | Л | | | | | | | OMB A | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | 3235-0287 | |
| Check this if no longe subject to Section 16 Form 4 or | er STATEM | ENT OF CHAI | F CHANGES IN BENEFICIAL OWNI SECURITIES | | | | | Expires: Estimated a burden hou | rs per | |
| Form 5 obligations may contin <i>See</i> Instruct 1(b). | s Section 17(a | uant to Section) of the Public U 30(h) of the I | Itility Hold | ling Com | pany | Act o | of 1935 or Sectio | response | 0.5 | |
| (Print or Type Re | esponses) | | | | | | | | | |
| 1. Name and Ad KLEIN WAF | ldress of Reporting P RD M | Symbol | er Name and US GROU | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 699 WALNU 2000 | (First) (M JT STREET, SUI | (Month/ | 3. Date of Earliest Transaction (Month/Day/Year) 07/03/2006 | | | | XDirector10% Owner Officer (give titleOther (specify below) below) | | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| DES MOINE | ES, IA 50309 | | | | | | Form filed by M Person | More than One Re | eporting | |
| (City) | (State) (2 | Zip) Tat | ole I - Non-D | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | on Date, if TransactionAcquired (A) or Code Disposed of (D) | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | • | | | |
| Common Stock | 07/03/2006 | 07/03/2006 | A | 403 | A | \$ 0 | 4,256.3354 | D | | |

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 Deriva Securit (Instr. | ative ty | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | 7. Title Amour Underl Securit (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|--|-------------|---|---|---|---------------------------------------|--|---------------------|--------------------|---|--|---|--|
| | | | | | Code V | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|----------------------|------------|---------|-------|--|--|--|--|
| 1 0 | Director 10% Owner C | | Officer | Other | | | | |
| KLEIN WARD M 699 WALNUT STREET SUITE 2000 DES MOINES, IA 50309 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/Jeananne M. Celander, attor Klein | | 07/06/2006 | | | | | | |
| ** Signature of Reporting | | 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).

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.