#### AMERISAFE INC Form 3 March 05, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

### 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 or Type Responses)

| 1. Name and Ad<br>Person <u>*</u><br>Roach Rar |                   | orting   | 2. Date of Event I<br>Statement<br>(Month/Day/Year                             | 1 0                                    | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>AMERISAFE INC [AMSF] |  |                           |   |  |  |
|--|-------------------|--|--|--|--|--|---------------------------|---|--|--|
| (Last)   | (First)           | (Middle)   | 03/01/2007   |  | 4. Relationship of Reporting Person(s) to Issuer                           |  |                           | 5. If Amendment, Date Original Filed(Month/Day/Year)  |  |  |
| 2301 HIGHW<br>DERIDDER,                        | (Street)          |  |  |  | (Check<br>X_ Director<br>Officer<br>(give title below                      | Other  | Owner                     | 6. Individual or Joint/Group<br>Filing(Check Applicable Line)<br>_X_ Form filed by One Reporting<br>Person<br>Form filed by More than One<br>Reporting Person |  |  |
| (City)   | (State)           | (Zip) Table I - Non-Derivative Securities Beneficially Owned |  |  |  |  |                           |   |  |  |
| 1.Title of Securit<br>(Instr. 4)               | ty                |  | Be   | Amount of<br>eneficially (<br>ustr. 4) |  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nat<br>Owne<br>(Instr. | •   |  |  |
| Common Stock, par value \$.01 per share        |                   |  |  |  |  | D  | Â                         |   |  |  |
| Reminder: Report<br>owned directly of          | -                 | te line for ea   | ch class of securitie  | es beneficia                           | ally SI  | EC 1473 (7-02  | )                         |   |  |  |
|  | inform<br>require | ation conta<br>ed to respo                                   | oond to the colle<br>ined in this form<br>nd unless the fo<br>//B control numb | n are not<br>orm displa                | iys a  |  |                           |   |  |  |
| Ta   | ble II - Deri     | ivative Secur  | ities Beneficially   | Owned (e.                              | g., puts, calls,   | warrants, opt  | ions, c                   | onvertible securities)  |  |  |

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) |                        | 4.<br>Conversion<br>or Exercise<br>Price of                | 5.<br>Ownership<br>Form of<br>Derivative | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|------------------------|--|--|---|
|   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount or<br>Number of | Derivative Security:<br>Security Direct (D)<br>or Indirect |  |   |

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

### Edgar Filing: AMERISAFE INC - Form 3

Shares

(I) (Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address
Relationship

Director
10% Owner
Officer
Other

Roach Randy
2301 HIGHWAY 190 WEST
Â X
Â
Â
Â

DERIDDER, LAÂ 70634
Â X
Â
Â
Â
A

Signatures
south State S

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

\* 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).

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### **Remarks:**

No securities are beneficially owned.

### Exhibit Index Exhibit 24 - Power of Attorney

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.