Edgar Filing: SNEAD THOMAS G JR - Form 4

SNEAD TH	IOMAS G JR										
Form 4											
December 0											
FORM			CECU				NCEO		OMB AF	PROVAL	
	UNITED	STATES		RITIES A			NGE C	COMMISSION	OMB Number:	3235-0287	
	Check this box						Expires:	January 31,			
subject t	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							NERSHIP OF	Estimated average 200		
	Section 16. SECURITIES							burden hours per			
	Form 4 or						response	0.5			
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
obligation may con	tinue.			Itility Hol	•	· ·		f 1935 or Section			
<i>See</i> Instr 1(b).	ruction	50(11)		ivestillen	t Compa	1y 7 tt	101177	10			
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person *	2 Issue	er Name an	d Ticker or	Tradi	ng	5. Relationship of I	Reporting Pers	on(s) to	
			Symbol	2. Issuer Name and Ticker or Trading				Issuer			
			-	POINT II	NC IWLF	ןי					
(Last)	(First) (Middle)			•	1		(Check	all applicable)	
(N			3. Date of Earliest Transaction (Month/Day/Year) 12/01/2005					Director 10% Owner X Officer (give title Other (specify			
								below)	below) EVP		
	(Street)		4. If Am	endment, D	ate Origina	ıl		6. Individual or Joi	nt/Group Filin	g(Check	
			Filed(Month/Day/Year)					Applicable Line)			
								_X_Form filed by Or			
INDIANAI	POLIS, IN 46204							Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-J	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deeme	ed	3.	4. Securit	ies Ac	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if		on(A) or Dis	•		Securities	Ownership	Indirect	
(Instr. 3)		any Marth (Da	(N)	Code (Instr. 3, 4 and 5) $(1 + 1)$				Beneficially		Beneficial	
		(Month/Da	(y/ Y ear)	(Instr. 8)				Owned Following Reported	or Indirect	Ownership (Instr. 4)	
						(A)		Transaction(s)	(I)	(mouter)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(Instr. 4)		
Common							\$				
Stock	12/01/2005			М	10,000	А	ф 24.27	112,349.6078	D		
Common Stock	12/01/2005			S <u>(1)</u>	10,000	D	\$ 78	102,349.6078	D		

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

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy)	\$ 24.27	12/01/2005		М	10,000	01/02/2002 <u>(2)</u>	01/02/2011	Common Stock	10,0

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SNEAD THOMAS G JR 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204			EVP				
Signatures							
Nancy L. Purcell, Attorney-in-fact		12/05/2005					

<u>**</u>Signature of Reporting Person

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).

(1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 09, 2004.

(2) A portion of the option vested as of 7/31/02, as part of the Issuer's merger with Trigon Healthcare, Inc.

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.