## Edgar Filing: WRIGHT DANNY C - Form 4

WRIGHT D	ANNY C											
Form 4												
June 04, 201	12											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL		
	UNITED	STATES					GE CO	MMISSION	OMB	3235-0287		
Check th	uis box		Wa	shington	, D.C. 2054	9			Number:			
if no lon	cor				DENEELO	<b>.</b>	01101		Expires: January			
subject t	o SIAIEN	AENT OI	F CHAP	NGES IN BENEFICIAL OWNER				ERSHIP OF	Estimated a			
Section 16.				SECUF	ATTES			burden hour				
Form 4 o Form 5		cuent to	Section 1	6(a) of th	o Socurition	Evol	20200	Act of 1934,	response 0.			
obligatio	<b>n</b> a -						-	935 or Section				
may con	unue.			•	Company A	•		<i>755</i> 01 Section				
<i>See</i> Instr 1(b).	ruction	50(11)	or the h	i vestinent	company i	101 01	1710					
1(0).												
(Print or Type	Responses)											
	Address of Reporting					5. Relationship of Reporting Person(s) to						
WRIGHT I	DANNY C		Symbol					ssuer				
			Access	Plans Inc	[APNC]			(Check	all applicable	)		
(Last)	(First) (A	Middle)	3. Date o	of Earliest T	ransaction			(Check	un uppneuble	)		
			(Month/I	Day/Year)				X DirectorX 10% Owner X Officer (give title Other (specify below) below)				
900 36TH AVENUE, SUITE 105 05/31/2				2012								
							U	*	CUTIVE OFF	FICER		
								6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
								X_Form filed by O				
NORMAN	, OK 73072						P	Form filed by Me erson	ore than One Rej	porting		
(City)	(State)	(Zip)				•.•						
(eng)	(State)	(Zip)	Tab	le I - Non-I	Derivative Sec	urities	s Acqui	red, Disposed of,	or Beneficial	-		
1.Title of	2. Transaction Date			3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if					Securities Beneficially	Ownership Form:	Indirect Beneficial		
(1130.5)		(Month/D	ay/Year)					Owned		Ownership		
			-					Following	or Indirect	(Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
						or		(Instr. 3 and 4)	(Instr. 4)			
				Code V	Amount	(D)	Price	( )				
Common	05/21/2012			D	2 046 000	D	\$	0	D			
Stock	05/31/2012			D	3,946,900	D	3.28 (1)	0	D			
							<u> </u>					

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	Amou Under Secur	le and unt of rlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Addres</b>	s	Relationships							
	Director	10% Owner	Officer	Other					
WRIGHT DANNY C 900 36TH AVENUE SUITE 105 NORMAN, OK 73072	Х	Х	CHIEF EXECUTIVE OFFICER						
Signatures									
/s/ Danny Wright	06/04/2012								
<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) Disposed of pursuant to merger agreement between issuer, Affinity Insurance Services, Inc., Atlas Acquisition Corp. and Mark R. Kidd for \$3.28 per share merger consideration.

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.