### Edgar Filing: MITCHELL ROBERT BRIAN - Form 4

MITCHELI Form 4 March 13, 2	L ROBERT BRIAN 2013									
FORM								OMB AP	PROVAL	
	UNITED SI	FATES SECU Wa		AND EX 1, D.C. 20		NGE CO	OMMISSION	OMB Number:	3235-0287	
Check t if no loi	nger				Expires:	January 31, 2005				
subject Section Form 4	16.	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES						Estimated a burden hour response		
Form 5 obligations may continue. See Instruction 1(b). 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 MITCHEL					5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (Mid			Fransaction		-	(Check	all applicable	)	
			nth/Day/Year)				Director 10% Owner			
	AMERICAN ICE COMPANY, 37	03/13/2	2013				_X_ Officer (give title Other (specify below)			
	FONEBRIDGE DRI						EVP and	General Coun	sel	
	(Street)	4. If Am	endment, D	Date Origina	ıl	6	. Individual or Joi	nt/Group Filin	g(Check	
		Filed(Mo	onth/Day/Ye	ar)		A	Applicable Line)			
MCKINNI	EY, TX 75070					_	X_ Form filed by Or Form filed by Mo Person			
(City)	(State) (Z	ip) Tab	ole I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	03/13/2013		М	4,500	А	\$ 43.06	6,687	D		
Common Stock	03/13/2013		М	15,000	A	\$ 30.8734	21,687	D		
Common Stock	03/13/2013		S	14,662	D	\$ 58.9135 (1) (2)	7,025	D		
Common Stock							3,735 <u>(3)</u>	Ι	N/A	

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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. Transactio Code (Instr. 8)	orDerivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 43.06	03/13/2013		М		4,500	01/19/2010	01/19/2014	Common Stock	4,500
Employee Stock Option (right to buy)	\$ 30.8734	03/13/2013		М		15,000	02/25/2013	02/25/2017	Common Stock	15,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MITCHELL ROBERT BRIAN UNITED AMERICAN INSURANCE COMPANY 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070			EVP and General Counsel				
Signatures							
Robert Brian Mitchell /s/Carol A. Mccoy, Attorney-in-fact	03/	13/2013					
**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) Sales at prices ranging from \$58.88 per share to \$59.01 per share.
- (2) Reporting person will provide full information regarding the number of shares sold at each separate price upon request by the SEC staff, the issuer or any security holder of the issuer.
- (3) Shares in unitized fund in employee benefit plan estimated conversion of \$ balance using \$58.77 per share.

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.