Wilkins Harry T Form 4 March 25, 2009

#### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

5 Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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

2 Jaguar Nama and Tiakar or Trading

1(b).

(Print or Type Responses)

Stock, par 03/25/2009

value \$.01

1. Name and Address of Reporting Person \*

Wilkins Harry T			Symbol AMER	CICAN P ATION	UBLIC		iding.	Issuer (Check all applicable)			
(Last)	(First) (	<ul> <li>3. Date of Earliest Transaction (Month/Day/Year) 03/25/2009</li> <li>4. If Amendment, Date Original Filed(Month/Day/Year)</li> </ul>					Director 10% Owner _X Officer (give title Other (specify below)				
CHADIES	111										
CHARLES	S TOWN, WV 25	+14						Person			
(City)	(State)	(Zip)	Tal	ole I - Non	-Derivat	ive Sec	urities A	cquired, Dispose	d of, or Benef	ficially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			Date, if Transaction Code			` '	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, par value \$.01								103,859	D		
Common							4			By Wilkins	

500 (1) D

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

S

Persons who respond to the collection of information contained in this form are not required to respond unless the form

I

41.36 46,111.5

Asset

Inc. (2)

Management,

**SEC 1474** 

(9-02)

#### Edgar Filing: Wilkins Harry T - Form 4

## 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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration Date		Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivativ				Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m: 1	or		
						Exercisable Date	*	Title	Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

#### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Wilkins Harry T

111 W. CONGRESS STREET CHARLES TOWN, WV 25414 EVP, Chief Financial Officer

#### **Signatures**

/s/ Lisa G. Kessler, Attorney-in-Fact

03/25/2009

\*\*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 Sales Plan adopted by the reporting person on March 19, 2009, which is intended to comply with Rule 10b5-1.
- The reporting person disclaims beneficial ownership, except to the extent of his pecuniary benefit, of the securities owned by Wilkins (2) Asset Management, Inc., and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.

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