## Edgar Filing: ACTON ELIZABETH S - Form 4

ACTON ELI	ZABETH S										
Form 4 May 03, 200	5										
•									OMB A	PPROVAL	
FORM	UNITED	STATES S		ITIES A hington,			NGE	COMMISSION	OMB Number:	3235-0287	
Section 16.				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 2009 Estimated average burden hours per		
Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed pur <sup>ns</sup> Section 17(	a) of the P		lity Hole	ding Co	npany	Act o	ge Act of 1934, ff 1935 or Sectio 40	n response	0.5	
(Print or Type F	Responses)										
ACTON ELIZABETH S Symbol			Symbol	. Issuer Name <b>and</b> Ticker or Trading mbol OMERICA INC /NEW/ [CMA]				5. Relationship of Reporting Person(s) to Issuer			
(Last) 500 WOOD FLOOR	(First) (1 WARD AVE., 3	(	3. Date of (Month/Da 04/21/20	y/Year)	ransaction			Director X Officer (give below)		6 Owner er (specify	
			mendment, Date Original Ionth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
DETROIT,	MI 48226								More than One R		
(City)	(State)	(Zip)	Table	I - Non-I	Derivative	Secur	ities Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Secu ionAcquiry Dispos (Instr. 2	ed (A) of ed of (I 6, 4 and (A) or	D)   5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/21/2005			A A	<sup>7</sup> Amour 6,000	t (D) A	Price \$ 0	38,929 <u>(1)</u>	D		

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)	Code	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)	\$ 54.99	04/21/2005		A	45,000	01/25/2006 <u>(2)</u>	04/21/2015	Common Stock	45,0
Employee Stock Option (Right to Buy)	\$ 62.02					04/15/2002 <u>(2)</u>	04/13/2012	Common Stock	30,0
Employee Stock Option (Right to Buy)	\$ 40.32					01/27/2004 <u>(2)</u>	04/17/2013	Common Stock	20,0
Employee Stock Option (Right to Buy)	\$ 52.5					01/26/2005 <u>(2)</u>	04/16/2014	Common Stock	45,0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
ACTON ELIZABETH S 500 WOODWARD AVE. 31ST FLOOR DETROIT, MI 48226			Exec. V. Pres., CFO & Treas.			
Signatures						
/s/ Nicole V. Gersch, on behalf	of Elizab	oeth S.				
Acton			05/03/2005			
<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) This number includes shares purchased under the CMA dividend reinvestment plan and shares acquired through employee stock plans as of May 3, 2005.
- (2) The options vest in four equal annual installments beginning on the date indicated in this column.

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.