

AMERICAN PHYSICIANS SERVICE GROUP INC  
 Form 144  
 November 09, 2007

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

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**FORM 144**

SEC USE ONLY  
 DOCUMENT SEQUENCE NO.

**NOTICE OF PROPOSED SALE OF SECURITIES  
 PURSUANT TO RULE 144 UNDER THE SECURITIES ACT OF 1933**

CUSIP NUMBER

**ATTENTION:** *Transmit for filing 3 copies of this form concurrently with either placing an order with a broker to execute a sale or executing a sale directly with a market maker.*

WORK LOCATION

1 (a) NAME OF ISSUER (Please type or print) (b) IRS IDENT. NO. (c) S.E.C. FILE NO.  
 75-1458323 001-31434

**American Physicians Service Group, Inc.**

1 (d) ADDRESS OF ISSUER STREET CITY ZIP CODE (e) TELEPHONE NO. STATE AREA NUMBER CODE  
 1301 Capital of Texas Hwy. suite C-300 Austin TX 78746 512 328-0888

2 (a) NAME OF PERSON FOR WHOSE ACCOUNT THE SECURITIES ARE TO BE SOLD (b) SOCIAL SECURITY NO. (c) RELATIONSHIP TO ISSUER (d) ADDRESS STREET OR CITY STATE ZIP CODE  
 Kenneth S. Shifrin ###-##-#### officer 15801 Chateau Ausitn, TX 78734



(c)

Issuer's S.E.C. file number, if any

(c)

Number of shares or other units to be sold (if debt securities, give the aggregate face amount)

(d)

Issuer's address, including zip code

(d)

Aggregate market value of the securities to be sold as of a specified date within 10 days prior to the filing of this notice.

(e)

Issuer's telephone number, including area code

(e)

Number of shares or other units of the class outstanding, or if debt securities the face amount thereof outstanding, as shown

by the most recent report or statement published by the issuer

2.

(a)

Name of person for whose account the securities are to be sold

(f)

Approximate date on which the securities are to be sold

(b)

Such person's I.R.S. identification number- if such person is an entity

(g)

Name of each securities exchange, if any, on which the securities are intended to be sold

(c)

Such person's relationship to the issuer (e.g., officer, director, 10% stockholder, or member of immediate family of any of the foregoing)

(d)

Such person's address, including zip code

*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 Control number.*

SEC 1147 (01-04)

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**TABLE I ----- SECURITIES TO BE SOLD**

*Furnish the following information with respect to the acquisition of the securities to be sold*

*and with respect to the payment of all or any part of the purchase price or other consideration therefore:*

<b>Title of the Class</b>	<b>Date You Acquired</b>	<b>Nature of Acquisition Transaction</b>	<b>Name of Person from Whom Acquired</b> <i>(If gift, also give date donor acquired)</i>	<b>Amount of Securities Acquired</b>	<b>Date of Payment</b>	<b>Nature of Payment</b>
Common stock	06-08-2006	Stock option exercise	American Physicians Service Group, Inc.	75,000	06-08-2006	Common stock owned

**INSTRUCTIONS:**

If the securities were purchased and full payment therefor was not made in cash at the

time of purchase, explain in the table or in a note thereto the nature of the consideration

given. If the consideration consisted of any note or other obligation, or if payment was

made in installments describe the arrangement and state when the note or other obligation

was discharged in full or the last installment paid.

**TABLE II --- SECURITIES SOLD DURING THE PAST 3 MONTHS**

*Furnish the following information as to all securities of the issuer sold during the past 3 months by the person for whose account the securities are to be sold.*

Name and Address of Seller	Title of Securities Sold	Date of Sale	Amount of	
			Securities Sold	Gross Proceeds

