

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>PRINCIPAL FINANCIAL GROUP INC</u> (Last) (First) (Middle) <u>711 HIGH STREET</u> (Street) <u>DES MOINES IA 50392</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>12/20/2005</u>	3. Issuer Name and Ticker or Trading Symbol <u>American Caresource Holdings, Inc. [NONE]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<u>Common Stock</u>	<u>1,872,675</u>	<u>I</u>	<u>By Subsidiary</u>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person*
PRINCIPAL FINANCIAL GROUP INC
 (Last) (First) (Middle)
711 HIGH STREET
 (Street)
DES MOINES IA 50392
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
PRINCIPAL FINANCIAL SERVICES INC
 (Last) (First) (Middle)
711 HIGH STREET
 (Street)
DES MOINES IA 50392
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
PRINCIPAL LIFE INSURANCE CO
 (Last) (First) (Middle)
711 HIGH STREET
 (Street)
DES MOINES IA 50392
 (City) (State) (Zip)

Explanation of Responses:

Remarks:

[Joyce N. Hoffman, Senior Vice
President and Corporate
Secretary](#) [12/29/2005](#)

** Signature of Reporting Person Date

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

* If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.