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PROASSUR	ANCE CORP										
Form 4											
March 10, 20	05										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL					
	UNITE	DSIATES		shington,			NGE C	UMMISSION	OMB Number:	3235-0287	
Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er STATH 5. 5. Filed p ¹⁵ Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						Expires:January 31, 2005Estimated average burden hours per response0.5			
(Print or Type R	esponses)										
			2. Issuer Name and Ticker or Trading Symbol PROASSURANCE CORP [PRA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O PROAS CORPORAT BROOKWO	TION, 100	(Middle)	3. Date of (Month/E 03/09/2	-	ansaction			Director Officer (give below)		Owner er (specify	
	(Street)			endment, Da nth/Day/Year)	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by O	One Reporting Pe	rson	
BIRMINGH	AM, AL 3520	9-6811						Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/09/2005			A	1,203	A	\$ 41.15	3,239	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)

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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. Transactic Code (Instr. 8)	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)	\$ 41.15	03/09/2005		А	12,500	09/10/2005 <u>(1)</u>	09/10/2015	Common Stock	12,5
Employee Stock Option (Right to Buy)	\$ 33.28					09/10/2004 <u>(2)</u>	09/10/2014	Common Stock	12,5
Employee Stock Option (Right to Buy)	\$ 22					09/04/2003 <u>(3)</u>	03/04/2013	Common Stock	12,5

Reporting Owners

Reporting Owner Name / Address	Relationships						
F B	Director	10% Owner	Officer	Other			
KALINOWSKI LYNN M C/O PROASSURANCE CORPORATION 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209-6811				President of Subsidiary			
Signatures							
Frank B. O'Neil, Attorney-in-fact for the Rep Person	03/10/2005						
**Signature of Reporting Person		Date					
Explanation of Response	s:						

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 options vest in five equal, yearly installments commencing on September 10, 2005
- (2) The options vest in five equal, yearly installments commencing on September 10, 2004

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(3) The options vest in five equal, yearly installments commencing on September 4, 2003

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.