Edgar Filing: PROASSURANCE CORP - Form 4

Form 4 March 03, 3 FORM Check if no lo subject Section Form 4 Form 5 obligat may co	M 4 UNITED this box nger to 16. or Filed pu	MENT O Insuant to S I(a) of the I	W F CHA Section Public V	ashington NGES IN SECU 16(a) of t	n, D.C. 2 N BENE RITIES the Secur olding Co	FIC FIC	9 IAL OV Exchar uny Act	COMMISSIO VNERSHIP O age Act of 1934 of 1935 or Sec 940	DN OMB Numb Expire Estima burde respon 4,	er: Janua ated average n hours per	-0287	
(Print or Type	e Responses)											
YEARGAN WILFRED W Symbol				ssuer Name and Ticker or Trading ool DASSURANCE CORP [PRA]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. Dat (Mont				Date of Earliest Transaction onth/Day/Year) /01/2005				(Check all applicable) <u>X</u> Director Officer (give title Director) below) <u>Director</u> (specify below)				
				nendment, l lonth/Day/Ye	-	nal		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Та	ble I - Non	-Derivativ	ve Sec	urities A	cquired, Dispose	d of, or Ben	eficially Owne	d	
1.Title of Security (Instr. 3)		saction Date 2A. Deemed /Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				Amount of 6. 7. Nature of urities Ownership Indirect Benefic ned Direct (D) (Instr. 4) lowing or Indirect ported (I) nsaction(s) (Instr. 4)			
Common Stock	03/01/2005			Р	382 <u>(1)</u>	А	\$ 41.82	840	D			
Common Stock	03/02/2005			Р	300	A	\$ 41.74	300	I	Yeargan Family Investmen Partnershij LLC		
Common Stock								4,812	I	Deferred Compensa Plan (2)	tion	

Edgar Filing: PROASSURANCE CORP - Form 4

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration e Date		or		
						Exercisable		Title Number			
							of				
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships						
Director	10% Owner	Officer	Other			
Х						
eporting	()3/03/20	05			
	X	Director 10% Owner X	Director 10% Owner Officer			

**Signature of Reporting Person

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).

Date

- (1) Shares acquired in the amended and restated ProAssurance Stock Ownership Plan. Purchases under this plan are exempt under Rule 16b-3(c).
- (2) Shares due to the Reporting Person under provisions of the Medical Assurance, Inc. Deferred Compensation Plan. Shares awarded for prior service.

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.