## PROASSURANCE CORP Form 3 July 02, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

### INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> STARNES WILLIAM STANCIL			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol PROASSURANCE CORP [PRA]				
(Last)	(First)	(Middle)	(Month/Day/Year) 07/01/2007	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O PROASSURANCE CORPORATION, 100 BROOKWOD PLACE (Street) BIRMINGHAM, AL 35209-6811			(Check all applicable) Director 10% Officer Other (give title below) (specify below) Chief Executive Officer		% her pelow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One		
(City)	(State)	(Zip)	Table I - No	on-Derivati	ve Secur	ities Be	Reporting Person eneficially Owned	
1.Title of Security (Instr. 4)			2. Amount of Se Beneficially Ow (Instr. 4)	ned O Fo Di or (I)	wnership orm: rect (D) Indirect hstr. 5)	4. Natur Owners (Instr. 5	•	
Common			11,989		D	Â		
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 currently valid OMB control number.				SEC	1473 (7-02	2)		

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

(Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	Securities Underlying Derivative Security (Instr. 4)		5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title	Derivative	Security:	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

## Edgar Filing: PROASSURANCE CORP - Form 3

Date	Expiration	Amount or	Security	Direct (D)
Exercisable	Date	Number of		or Indirect
		Shares		(I)
				(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director 10% Owner		Officer	Other		
STARNES WILLIAM STANCIL C/O PROASSURANCE CORPORATION 100 BROOKWOD PLACE BIRMINGHAM, AL 35209-6811	Â	Â	Chief Executive Officer	Â		
Signatures						
Frank B. O'Neil, POA W. Stancil Starnes	07/02/2007					
**Signature of Reporting Person	Dat	e				
Explanation of Responses:						

\* 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. 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.