Edgar Filing: Angiolillo Bruce D - Form 4

Angiolillo Br	uce D									
Form 4										
April 20, 2013	8									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16	ENT OF CHAN	NGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Expires: January 20 Estimated average burden hours per			
Form 4 or Form 5 obligation: may contin <i>See</i> Instruct 1(b).	Filed purs s Section 17(a	suant to Section 1 a) of the Public U 30(h) of the In	tility Hold	ling Con	npany	Act of	1935 or Section	response	0.5	
(Print or Type Ro	esponses)									
Angiolillo Bruce D Symbol			er Name and Ticker or Trading SSURANCE CORP [PRA]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M	liddle) 3. Date o	f Earliest Tra	ansaction			(Check	c all applicable)	
			Day/Year) 2018				X_ Director 10% Owner Officer (give title Other (specify below)below)			
			endment, Date Original nth/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
BIRMINGH	AM, AL 35209						Form filed by M Person			
(City)	(State) ((Zip) Tab	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	sposed 4 and (A) or	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	04/18/2018		A	16 <u>(1)</u>	A	\$ 47.15	2,376	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)	4. Transact Code (Instr. 8)	tionNumber E of (N		;		Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	<i>,</i>	nd 5) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Angiolillo Bruce D 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209	Х							
Signatures								
Frank B. O'Neil, POA for the F Person	04/20/2018							
<u>**</u> Signature of Reporting Perso	Date							

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).

These shares were acquired from ProAssurance Corporation under its Director Deferred Stock Compensation Plan (the "Plan") and are exempt under Rule 16b-3. The Board of Directors may grant shares to directors at each annual meeting as part of their compensation and directors may elect to defer payment of the shares under the Plan. Any deferred shares are then credited to the electing director's account

(1) under the Plan, and accrue dividends as permitted by the Plan. On each subsequent dividend payment date, the accrued dividends are credited to the directors' deferred stock accounts as additional whole shares of deferred stock at the market price on the dividend payment date. Amounts attributable to fractional shares are denominated in dollars and applied toward additional shares of deferred stock on the next dividend payment date. Deferred stock will be paid solely in our shares of stock when the deferred stock is payable to the directors.

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.