### Edgar Filing: KING THOMAS A - Form 4

KING THOM	IAS A										
Form 4 January 05, 20	006										
									OMB APPROVAL		
	UNITEDS	CURITIES A Washington,		OMB Number:	3235-0287						
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed purs Section 17(a	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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 Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> KING THOMAS A			Issuer Name and bol OGRESSIVE (			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 6300 WILSON MILLS ROAD			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>01/03/2006</li></ul>				Director 10% Owner XOfficer (give title Other (specify below) below) Vice President				
	Amendment, Dat d(Month/Day/Year)	mendment, Date Original Aonth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
MAYFIELD	VILLAGE, OH	44143					Person	More than One Ro	eporting		
(City)	(State) (Z	Zip)	Table I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year)							SecuritiesHBeneficially(OwnedIFollowing(Reported(	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common	01/03/2006		D	664	D	\$ 0 (1)	20,443	D			
Common							4,642.327	Ι	401-K Plan		
Common							3,906.169	Ι	Wife's 401-K Plan		

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

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

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 on f Derivative 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 of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Comp Unit	\$ 0 <u>(2)</u>	01/03/2006		А	0.109	(3)	(4)	Common	0.109	\$ (
Deferred Comp Unit	\$ 0 <u>(2)</u>	01/03/2006		А	664	(5)	<u>(4)</u>	Common	664	\$ 0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KING THOMAS A 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143			Vice President				
Signatures							

David M. Coffey, by Power of Attorney

\*\*Signature of Reporting Person

Date

01/05/2006

## **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).
- (1) The reporting person elected to defer receipt of previously granted restricted common shares upon vesting thereof. This Form 4 reports the disposition of such restricted shares in exchange for an equal number of units under the applicable deferred compensation plan.

(**2**) 1 for 1

(3) Immediately

- (4) These units will be paid out in cash at the time elected by the reporting person, subject to the vesting provisions of the plan.
- (5) Six (6) months and one (1) day from the date of the transactions reported herein.

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.