## Edgar Filing: PROGRESSIVE CORP/OH/ - Form 4

PROGRESSI Form 4 March 18, 20	VE CORP/OH/ 05										
FORM 4 UNITED STATES SECURITIES AND EVEN									-	PPROVAL	
UNITED STATES SECURITIES A					S AND EXCHANGE COMMISSION ton, D.C. 20549				OMB Number:	3235-0287	
Check this if no longe	ar.								Expires:	January 31, 2005	
subject to	STATEN	IENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP				NERSHIP OF	Estimated average		
Section 16. Form 4 or				SECURITIES					burden hours per		
Form 5		suant to	Section 16	$\delta(a)$ of the	Securiti	es Fr	rchand	ge Act of 1934,	response	0.5	
obligation	<sup>s</sup> Section $17($						-	f 1935 or Sectio	n		
may conti <i>See</i> Instrue 1(b).	nue.		of the Inv	•	•						
(Print or Type R	esponses)										
1. Name and Address of Reporting Person * LASKAWY PHILIP A2. Issuer Symbol			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			-	ESSIVE CORP/OH/ [PGR]				(Chash all anglischis)			
(Last)	(First) (1	Middle)	3. Date of	Earliest Tra	insaction			(Chec	ck all applicable	e)	
			(Month/Da	ay/Year)				_X_ Director10% Owner			
6300 WILSON MILLS ROAD 03/16/20			005				Officer (give title Other (specify below)				
			ndment, Date Original th/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
											MAYFIELD
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Dat			3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	on Date, if	TransactionAcquired (A) or Code Disposed of (D)					Form: Direct D) or	Indirect Beneficial		
(Instr. 3) any (Month/Day/Year)			(Instr. 8) (Instr. 3, 4 and 5)				Owned	ndirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	03/16/2005			D	1,113	D	\$ 0 (1)	1,450	D		
Common								3,000	Ι	By Wife	

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 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. Transactiv Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration I	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit (Rest. Stock)	\$ 0 <u>(2)</u>	03/16/2005		A	1,113	<u>(3)</u>	(3)	Common	1,113	\$ 0

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
LASKAWY PHILIP A 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143	Х					
Signatures						
David M. Coffey, by Power of Attorney		03/18/2005				
**Signature of Reporting Person		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).
- The reporting person elected to defer receipt of previously granted restricted Common Shares upon vesting thereof. This Form 4 reports
   (1) the disposition of such restricted shares in exchange for an equal number of phantom stock units under the applicable deferred compensation plan.
- (**2**) 1 for 1
- (3) These units will be paid out in an equal number of Common Shares at the time elected by the reporting person, subject to the vesting provisions of the plan.

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.