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| PROGRESSIVE CORP/OH/ Form 4 April 01, 2005 | | | | | | |
|--|--------------------------------------|--|--|---|--|--------------------------|
| FORM 4 UNITED S | OMB Number: Expires: | PPROVAL 3235-0287 January 31, | | | | |
| subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | suant to Section (a) of the Public U | SECURITI 16(a) of the Sec | E S curities Exchar Company Act | of 1935 or Sectio | Estimated burden hou response | urs per |
| (Print or Type Responses)1. Name and Address of Reporting I DAVIS CHARLES A | Symbol | er Name and Tick RESSIVE COF | - | 5. Relationship o Issuer | | |
| (Last) (First) (M 6300 WILSON MILLS ROA | (Month/ | of Earliest Transac Day/Year) 2005 | tion | (Check all applicable) X_ Director 10% Owner Officer (give title Other (specify below) Director | | |
| (Street) MAYFIELD VILLAGE, OH | Filed(Mo | endment, Date Or onth/Day/Year) | iginal | 6. Individual or J Applicable Line) _X_ Form filed by Form filed by Person | | erson |
| (City) (State) | (Zip) Tab | de I - Non-Derivs | ative Securities A | cquired, Disposed o | or Beneficia | lly Owned |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year) | | 3.4. SeTransactionAcquCodeDisp | curities hired (A) or osed of (D) r. 3, 4 and 5) (A) or | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect |
| Reminder: Report on a separate line | for each class of sec | Pe in re di | ersons who rest formation cont equired to respo | or indirectly. spond to the collect ained in this form ond unless the for ntly valid OMB con | are not rm | SEC 1474 (9-02) |

 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. Number of | 6. Date Exercisable and | 7. Title and Amount of | 8. Pr |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|-------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities | Deri |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | Secu |

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| (Instr. 3) | Price of Derivative Security | (Mor | onth/Day/Year) (In | Instr. 8) | or Dispose (D) | or Disposed of (D) (Instr. 3, 4, | | | (Inst | | |
|--------------------------|------------------------------------|------------|--------------------|-----------|-------------------|--|---------------------|--------------------|--------|-------------------------------------|-----|
| | | | Co | Code V | 7 (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock Unit | \$ 0 <u>(1)</u> | 03/31/2005 | Ĺ | A | 1.0431 | | (2) | (2) | Common | 1.0431 | \$9 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|------------|----------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| DAVIS CHARLES A 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143 | Х | | Director | | | |
| Signatures | | | | | | |
| David M. Coffey, by Power of | | 04/01/2005 | | | | |

Attorney
<u>**</u>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).
- (1) 1 for 1
- (2) The phantom stock units will be distributed in cash 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.