

PROGRESSIVE CORP/OH/  
Form 3/A  
March 06, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**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)

<p>1. Name and Address of Reporting Person *</p> <p>Â VOELKER RAYMOND M (Last) (First) (Middle)</p> <p>6300 WILSON MILLS ROAD (Street)</p> <p>MAYFIELD VILLAGE,Â OHÂ 44143 (City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement (Month/Day/Year)</p> <p>04/07/2000</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>PROGRESSIVE CORP/OH/ [PGR]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Information Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>04/14/2000</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title	Amount or Number of Shares		

Employee Option	01/01/2003 <sup>(1)</sup>	12/31/2009	Common	2,886	\$ 19.2291	D	Â
Employee Option	01/01/2004 <sup>(1)</sup>	12/31/2009	Common	2,886	\$ 19.2291	D	Â
Employee Option	01/01/2005 <sup>(1)</sup>	12/31/2009	Common	2,886	\$ 19.2291	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
VOELKER RAYMOND M 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143	Â	Â	Â Chief Information Officer	Â

## Signatures

David M. Coffey, By Power of Attorney  
03/06/2006

\_\_Signature of Reporting Person

Date

## 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).

(1) This Form 3 is being filed in order to amend the reporting person's original Form 3, which did not include the shares reported herein due to an administrative error. The shares were also omitted from all Form 4s filed on behalf of the reporting person prior to the filing of this amendment. The number of shares and the exercise prices reported in this amendment have been adjusted to reflect a 3-for-1 stock split of the Company's Common Shares that occurred in April of 2002.

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.