

BLACKROCK 2001 TERM TRUST INC  
Form SC 13G/A  
July 09, 2001

1

SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

Schedule 13G

Under the Securities Exchange Act of 1934  
(Amendment No. 4 )

---

The BlackRock 2001 Term Trust Inc.

-----  
(Name of Issuer)

Common Stock, par value \$.01 per share

-----  
(Title of Class of Securities)

092477108

-----  
(CUSIP Number)

June 29, 2001

-----  
(Date of Event which requires filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- Rule 13d-1(b)
- Rule 13d-1(c)
- Rule 13d-1(d)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

(Continued on following page(s))

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PAGE 2 OF

1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	The Progressive Corporation		
	34-0963169		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Ohio		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	HC, CO		

\*SEE INSTRUCTIONS BEFORE FILLING OUT!

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PAGE 3 OF

1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Halcyon Insurance Company		
	34-1524319		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Ohio		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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PAGE 4 OF

1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Home Insurance Company (f/k/a Midland Risk Insurance Company)		
	62-0484104		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Tennessee		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO, HC		

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PAGE 5 OF

1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	PC Investment Company		
	34-1576555		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Delaware		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	CO, a wholly-owned subsidiary of Progressive Casualty Insurance Company		

\*SEE INSTRUCTIONS BEFORE FILLING OUT!

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PAGE 6 OF

1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Investment Company, Inc.		
	34-1378861		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Delaware		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	CO		

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PAGE 7 OF

1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Casualty Insurance Company		
	34-6513736		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Ohio		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, HC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive American Insurance Company		
	34-1094197		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Florida		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Bayside Insurance Company		
	31-1193845		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Florida		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Classic Insurance Company		
	39-1453002		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Wisconsin		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Mountain Insurance Company		
	93-0935623		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Colorado		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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PAGE 12 OF

1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Northern Insurance Company		
	34-1318335		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Wisconsin		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IN, HC, CO		

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PAGE 13 OF

1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Northwestern Insurance Company		
	91-1187829		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Washington		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Preferred Insurance Company		
	34-1287020		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Ohio		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Premier Insurance Company of Illinois		
	36-3789786		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Illinois		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Southeastern Insurance Company		
	59-1951700		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Florida		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Progressive Specialty Insurance Company		
	34-1172685		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Ohio		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	Specialty Risk Insurance Company		
	62-1444848		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Tennessee		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

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1	NAME OF REPORTING PERSON		
	S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON		
	United Financial Casualty Company		
	36-3298008		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Missouri		
	NUMBER OF	5	SOLE VOTING POWER
	SHARES		-0-
	BENEFICIALLY	6	SHARED VOTING POWER
	OWNED BY		-0-
	EACH	7	SOLE DISPOSITIVE POWER
	REPORTING		-0-
	PERSON WITH	8	SHARED DISPOSITIVE POWER
			-0-
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	-0-		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9		
	0%		
12	TYPE OF REPORTING PERSON*		
	IC, CO		

\*SEE INSTRUCTIONS BEFORE FILLING OUT!

SCHEDULE 13G

This Amendment No. 4 to Schedule 13G is filed to report that, as of June 29, 2001, The Progressive Corporation and certain of its subsidiaries no longer own, beneficially or of record, any shares of the Common Stock of The BlackRock 2001 Term Trust Inc.

Item 1(a) Name of Issuer:  
-----

The name of the issuer is The BlackRock 2001 Term Trust Inc. (the "Issuer").

Item 1(b) Address of Issuer's Principal Executive Offices:  
-----

The address of the Issuer's principal executive offices is 1285 Avenue of the Americas, New York, New York 10019.

Item 2(a) Name of Person Filing:  
-----

This statement is filed jointly by the following parties (collectively, the "Reporting Persons"): (a) Halcyon Insurance Company, an Ohio corporation, (b) Progressive Home Insurance Company (formerly known as Midland Risk Insurance Company), a Tennessee corporation, (c) PC Investment Company, a Delaware corporation, (d) Progressive American Insurance Company, a Florida corporation, (e) Progressive Bayside Insurance Company, a Florida corporation, (f) Progressive Casualty Insurance Company, an Ohio corporation, (g) Progressive Classic Insurance Company, a Wisconsin corporation, (h) Progressive Investment Company, Inc., a Delaware corporation, (i) Progressive Mountain Insurance Company, a Colorado corporation (j) Progressive Northern Insurance Company, a Wisconsin corporation, (k) Progressive Northwestern Insurance Company, a Washington corporation, (l) Progressive Preferred Insurance Company, an Ohio corporation, (m) Progressive Premier Insurance Company of Illinois, an Illinois corporation, (n) Progressive Southeastern Insurance Company, a Florida corporation, (o) Progressive Specialty Insurance Company, an Ohio corporation, (p) Specialty Risk Insurance Company, a Tennessee corporation, and (q) United Financial Casualty Company, a Missouri corporation (collectively, the "Subsidiaries"), and The Progressive Corporation, an Ohio corporation, by virtue of its direct or indirect ownership of all of the outstanding capital stock of the Subsidiaries.

All of the outstanding shares of PC Investment Company and Progressive Specialty Insurance Company are owned by Progressive Casualty Insurance Company; all of the outstanding shares of Specialty Risk Insurance Company are owned by Progressive Home Insurance Company and all of the outstanding shares of Progressive Premier Insurance Company of Illinois are owned by Progressive Northern Insurance Company. Except as

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noted in the preceding sentence, all of the outstanding shares of each of the Subsidiaries is owned directly by The Progressive Corporation.

Item 2(b)

Address of Principal Business Office or, if none, Residence:  
-----

The address of the principal business office of each of the Reporting Persons is as follows:

Reporting Person -----	Business Address -----
The Progressive Corporation	6300 Wilson Mills Road Mayfield Village, OH 44143
Halcyon Insurance Company	6300 Wilson Mills Road Mayfield Village, OH 44143

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Reporting Person -----	Business Address -----
Progressive Home Insurance Company	965 Ridgelake Blvd., Suite 201 Memphis, TN 38120
PC Investment Company	801 West Street Wilmington, DE 19801
Progressive American Insurance Company	4030 Crescent Park Dr., Bldg. B Riverview, FL 33569
Progressive Bayside Insurance Company	4030 Crescent Park Dr., Bldg. B Riverview, FL 33569
Progressive Casualty Insurance Company	6300 Wilson Mills Road Mayfield Village, OH 44143
Progressive Classic Insurance Company	44 East Mifflin Street Madison, WI 53703
Progressive Investment Company, Inc.	801 West Street Wilmington, DE 19801
Progressive Mountain Insurance Company	2075 Research Parkway, Suite A Colorado Springs, CO 80920
Progressive Northern Insurance Company	44 East Mifflin Street Madison, WI 53703
Progressive Northwestern Insurance Company	200 112th Ave., NE, Suite 200 Bellevue, Washington 98004

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Progressive Preferred Insurance Company	6300 Wilson Mills Road Mayfield Village, OH 44143
Progressive Premier Insurance Company of Illinois	333 East Butterfield Road, Suite 220, Lombard, IL 60148
Progressive Southeastern Insurance Company	4030 Crescent Park Dr., Bldg. B Riverview, FL 33569
Progressive Specialty Insurance Company	6300 Wilson Mills Road Mayfield Village, OH 44143
Specialty Risk Insurance Company	965 Ridgelake Blvd., Suite 201 Memphis, TN 38120
United Financial Casualty Company	11457 Olde Cabin Rd, Suite 235 St. Louis, MO 63141

Item 2(c)

Citizenship:

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Reporting Person

State of Incorporation

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The Progressive Corporation	Ohio
Halcyon Insurance Company	Ohio
Progressive Home Insurance Company	Tennessee
PC Investment Company	Delaware
Progressive American Insurance Company	Florida
Progressive Bayside Insurance Company	Florida
Progressive Casualty Insurance Company	Ohio

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Reporting Person

State of Incorporation

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Progressive Classic Insurance Company	Wisconsin
Progressive Investment Company, Inc.	Delaware
Progressive Mountain Insurance Company	Colorado
Progressive Northern Insurance Company	Wisconsin
Progressive Northwestern Insurance Company	Washington
Progressive Preferred Insurance Company	Ohio
Progressive Premier Insurance Company of Illinois	Illinois
Progressive Southeastern Insurance Company	Florida
Progressive Specialty Insurance Company	Ohio
Specialty Risk Insurance Company	Tennessee
United Financial Casualty Company	Missouri

Item 2(d)

Title of Class of Securities:

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The class of securities which is the subject of this Schedule

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13G is the Common Shares, \$.01 par value per share, of the Issuer.

Item 2(e)  
-----

CUSIP Number:  
-----

The CUSIP number for such class of securities is 092477108

Item 3.  
-----

Not Applicable.

Item 4.  
-----

Ownership (as of December 31, 1999)  
-----

(a)	Amount Beneficially Owned: -----	No. of Shares -----
	The Progressive Corporation	0
	Subsidiaries -----	
	Halcyon Insurance Company	0
	Progressive Home Insurance Company	0
	PC Investment Company	0
	Progressive American Insurance Company	0
	Progressive Bayside Insurance Company	0
	Progressive Casualty Insurance Company	0
	Progressive Classic Insurance Company	0
	Progressive Investment Company, Inc.	0
	Progressive Mountain Insurance Company	0
	Progressive Northern Insurance Company	0
	Progressive Northwestern Insurance Company	0
	Progressive Preferred Insurance Company	0
	Progressive Premier Insurance Company of Ill.	0
	Progressive Southeastern Insurance Company	0
	Progressive Specialty Insurance Company	0
	Amount Beneficially Owned: -----	No. of Shares -----
	Specialty Risk Insurance Company	0
	United Financial Casualty Company	0
	TOTAL:	0
(b)	Percent of Class -----	0%

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(c) Number of shares as to which the person has

	(i)	(ii)	(iii)
	Sole Power to Vote or to Direct the Vote	Shared Power to Vote or to Direct the Vote	Sole Power to Dispose or to Direct the Disposition
	-----	-----	-----
The Progressive Corporation	0	0	0
Subsidiaries			
-----			
Halcyon Insurance Company	0	0	0
Progressive Home Insurance Company	0	0	0
PC Investment Company	0	0	0
Progressive American Insurance Company	0	0	0
Progressive Bayside Insurance Company	0	0	0
Progressive Casualty Insurance Company	0	0	0
Progressive Classic Insurance Company	0	0	0
Progressive Investment Company, Inc.	0	0	0
Progressive Mountain Insurance Company	0	0	0
Progressive Northern Insurance Company	0	0	0
Progressive Northwestern Insurance Company	0	0	0
Progressive Preferred Insurance Company	0	0	0
Progressive Premier Insurance Company of Illinois	0	0	0
Progressive Southeastern Insurance Company	0	0	0
Progressive Specialty Insurance Company	0	0	0
Specialty Risk Insurance Company	0	0	0
United Financial Casualty Company	0	0	0
		-----	
TOTALS	0	0	0
	-----	-----	

Item 5 Ownership of Five Percent or Less of a Class:

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If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following:

|X|

Item 6 Ownership of More than Five Percent on Behalf of Another  
-----  
Person:  
-----

Not Applicable.

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Item 7 Identification and Classification of the Subsidiary Which  
-----  
Acquired the Security Being Reported on By the Parent Holding  
-----  
Company:  
-----

Not Applicable.

Item 8 Identification and Classification of Members of the Group:  
-----

Not Applicable.

Item 9 Notice of Dissolution of Group:  
-----

Not Applicable.

Item 10 Certifications:  
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By signing below, we certify that, to the best of our knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

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SIGNATURE

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After reasonable inquiry and to the best of our knowledge and belief, the undersigned hereby certify that the information set forth in this statement is true, complete and correct.

Date: July 9, 2001

The Progressive Corporation  
Halcyon Insurance Company  
PC Investment Company  
Progressive American Insurance Company  
Progressive Bayside Insurance Company  
Progressive Casualty Insurance Company  
Progressive Classic Insurance Company  
Progressive Home Insurance Company  
Progressive Investment Company, Inc.  
Progressive Mountain Insurance Company  
Progressive Northern Insurance Company  
Progressive Northwestern Insurance Company  
Progressive Preferred Insurance Company  
Progressive Premier Insurance Company of Illinois  
Progressive Southeastern Insurance Company  
Progressive Specialty Insurance Company  
Specialty Risk Insurance Company  
United Financial Casualty Company

By: /s/ Thomas A. King

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Thomas A. King  
Vice President

EXHIBIT A

This Exhibit A to Amendment No. 4 to Schedule 13G is filed pursuant to the requirements of Rules 13d- 1(c) and 13d-1(k) (1). The undersigned hereby agree that the Amendment No. 4 to the Schedule 13G to which this Exhibit is attached is filed on behalf of each of the undersigned.

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Dated: July 9, 2001

The Progressive Corporation  
Halcyon Insurance Company  
PC Investment Company  
Progressive American Insurance Company  
Progressive Bayside Insurance Company  
Progressive Casualty Insurance Company  
Progressive Classic Insurance Company  
Progressive Home Insurance Company  
Progressive Investment Company, Inc.  
Progressive Mountain Insurance Company  
Progressive Northern Insurance Company  
Progressive Northwestern Insurance Company  
Progressive Preferred Insurance Company  
Progressive Premier Insurance Company of Illinois  
Progressive Southeastern Insurance Company  
Progressive Specialty Insurance Company  
Specialty Risk Insurance Company  
United Financial Casualty Company

By: /s/ Thomas A. King  
-----  
Thomas A. King  
Vice President