

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

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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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| | | | |
|----|--|---|--------------------------|
| 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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| | | | |
|----|--|---|--------------------------|
| 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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| | | | |
|----|---|---|--------------------------|
| 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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| 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 | | |

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| | | | |
|----|--|---|--------------------------|
| 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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| | | | |
|----|--|---|--------------------------|
| 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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| | | | |
|----|--|---|--------------------------|
| 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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| | | | |
|----|--|---|--------------------------|
| 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 | | |

*SEE INSTRUCTIONS BEFORE FILLING OUT!

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CUSIP NO. 092477108

13G

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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:

Reporting Person

State of Incorporation

| | |
|--|-----------|
| 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

| | |
|---|------------|
| 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:

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:

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:

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

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

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