Edgar Filing: SELECTIVE INSURANCE GROUP INC - Form 4

SELECTIVE Form 4 July 05, 2006	E INSURANCE	E GROUP I	NC								
							OMB AF	PROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box							Expires:	January 31, 2005			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS							NERSHIP OF	Estimated average			
	Section 16. SECURITIES							burden hours per			
Form 4 or Form 5		urquant to	Section 1	6(a) of th	o Socurit	ios E	vohona	a Act of 1034	response	0.5	
obligation	¹⁸ Section 1						-	e Act of 1934, f 1935 or Section	ı		
may cont <i>See</i> Instru 1(b).	inue.			vestment	•				1		
(Print or Type F	Responses)										
			2. Issuer Name and Ticker or Trading Symbol SELECTIVE INSURANCE GROUP INC [SIGI]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(1			3. Date of Earliest Transaction(Month/Day/Year)07/03/2006					X_ Director10% Owner Officer (give title Other (specify below) below)			
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
				nth/Day/Year	-			Applicable Line)			
BRANCHV	ILLE, NJ 0789	00						_X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	a I - Non-F	Arivativa	Socur	ities Aco	wired Disposed of	or Bonoficial	ly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			le I - Non-Derivative Securities Acq 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial		
				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	07/03/2006			А	224	A	\$ 56.04	15,050	D		

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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer Othe					
BAUER PAUL D 40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	X)							
Signatures								
Paul D Bauer	07/05/2006							
**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).

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.