Edgar Filing: SELECTIVE INSURANCE GROUP INC - Form 4

SELECTIVE INSURANCE GROUP INC

Form 4

November 03, 2005

FORM 4

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

OMB 3235-0287 Number:

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average

0.5

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MCCLELLAN S GRIFFIN III			2. Issuer Name and Ticker or Trading Symbol SELECTIVE INSURANCE GROUP INC [SIGI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) 40 WANTAGE	(First) E AVENUE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/01/2005	X Director 10% Owner Officer (give title below) Other (specify below)		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
BRANCHVILI	LE, NJ 0789	90		Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative	Secui	rities Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	11/01/2005		M	3,000	A	\$ 21.656	25,033	D	
Common Stock	11/01/2005		S	1,200	D	\$ 55.12	23,833	D	
Common Stock	11/01/2005		S	343	D	\$ 54.5	23,490	D	
Common Stock	11/01/2005		S	300	D	\$ 55.11	23,190	D	
Common Stock	11/01/2005		S	357	D	\$ 55.1	22,833	D	

Edgar Filing: SELECTIVE INSURANCE GROUP INC - Form 4

Common Stock	11/01/2005	S	100	D	\$ 55.05	22,733	D	
Common Stock	11/01/2005	S	100	D	\$ 54.58	22,633	D	
Common Stock	11/01/2005	S	100	D	\$ 54.55	22,533	D	
Common Stock	11/01/2005	S	100	D	\$ 54.54	22,433	D	
Common Stock	11/01/2005	S	100	D	\$ 54.52	22,333	D	
Common Stock	11/01/2005	S	300	D	\$ 54.51	22,033	D	
Common Stock						2,000	I	By wife

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.

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	6. Date Exercis	sable and	7. Title and A	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Dat	e	Underlying S	Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Y	ear)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired				
	Derivative				(A) or				
	Security				Disposed of				
					(D)				
					(Instr. 3, 4,				
					and 5)				
									Amount
									or
						Date	Expiration	Title	Number
						Exercisable	Date	Title	of
				Code V	(A) (D)				Shares
				Code v	(A) (D)				Silares
Stock	\$ 21.656	11/01/0005		3.7	2 000	02/01/2002	02/01/2011	Common	2 000
Option	\$ 21.656	11/01/2005		M	3,000	03/01/2002	03/01/2011	Stock	3,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCCLELLAN S GRIFFIN III 40 WANTAGE AVENUE	X						

Reporting Owners 2

BRANCHVILLE, NJ 07890

Signatures

S. Griffin McClellan III 11/03/2005

**Signature of Reporting 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.

Signatures 3