Edgar Filing: SELECTIVE INSURANCE GROUP INC - Form 4

SELECTIVE Form 4 July 05, 2006	E INSURANC	CE GROUP I	NC								
FORM	1 /								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check the if no long							Expires:	January 31, 2005			
subject to Section 1	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated a burden hou	verage rs per			
Form 4 o Form 5		nursuant to	Section 16	5(a) of the	- Securit	ies F	vchang	e Act of 1934	response	0.5	
obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section											
may cont <i>See</i> Instru 1(b).	inue.		of the Inv	•	•	· ·					
(Print or Type F	Responses)										
BROWN A DAVID S			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 WANTA	(First)	(Middle) E	3. Date of (Month/Da 07/03/20	-	ansaction			X_ Director Officer (give below)	title 10% below)	Owner er (specify	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check Applicable Line)			
				Filed(Month/Day/Year)							
BRANCHVILLE, NJ 07890 Form filed by M Person							one Reporting Person fore than One Reporting				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	any		3. Transactio Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3,	ties A spose 4 and (A) or	cquired d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
Common Stock	07/03/2006			Code V A	224	(D) A	Price \$ 56.04	16,291	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: SELECTIVE INSURANCE GROUP INC - Form 4

Reporting Owners

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer Othe					
BROWN A DAVID 40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	X)							
Signatures								
A. David Brown	07/05/2006							
<u>**</u> 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.