Edgar Filing: SELECTIVE INSURANCE GROUP INC - Form 4

SELECTIVE INSURANCE GROUP INC

Form 4

December 06, 2006

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

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 may continue. 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MURPHY GREGORY E			2. Issue Symbol	er Name a n	nd Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
			SELEC INC [S		NSURANCE GROUF	(Check all applicable)			
(Last) (First) (Middle) 40 WANTAGE AVENUE (Street)				of Earliest Day/Year)	Transaction	X Director 10% Owner X Officer (give title Other (specify below)			
			11/30/2	• •					
			4. If Am	endment,	Date Original				
			Filed(Mo	onth/Day/Ye	ear)				
BRAN	CHVILLE, NJ 0789	0				_X_ Form filed by Person			
(Cit	y) (State)	(Zip)	Tab	ole I - Non	-Derivative Securities Ac	equired, Disposed	of, or Benefic	cially Owned	
1.Title o	(Month/Day/Year		med n Date, if	3. Transact	ionAcquired (A) or	5. Amount of Securities	6. Ownership	7. Nature of Indirect	

							• •	*	, - -
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed 3. 4. Securities Month/Day/Year) Execution Date, if TransactionAcquired (A) or any Code Disposed of (D))	5. Amount of Securities Beneficially	6. Ownership Form:	7. Nature of Indirect Beneficial		
		(Month/Day/Year)	(Instr. 8) Code V	(Instr. 3, Amount	4 and (A) or (D)	5) Price	Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	11/30/2006		G	180	D	\$0	112,670.3194 (1)	D	
Common Stock	11/30/2006		G	215	D	\$0	112,455.3194 (1)	D	
Common Stock							3,390.5198 (1)	I	401(k)Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: SELECTIVE INSURANCE GROUP INC - Form 4

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		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Date		of		
				Code V	(A) (D)				Shares		

Relationships

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other

MURPHY GREGORY E

40 WANTAGE AVENUE X Chairman, Pres & CEO

BRANCHVILLE, NJ 07890

Signatures

Gregory E
Murphy

**Signature of Date

**Signature of
Reporting Person

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).
- (1) Includes 13.5332 shares acquired in Mr. Murphy's 401(k) account.

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.

Reporting Owners 2