## Edgar Filing: SELECTIVE INSURANCE GROUP INC - Form 4

SELECTIVE IN Form 4 April 05, 2006	SURANCE GROUP I	NC						
FORM 4		CECUDITIES AND EXC		OMNECION		PROVAL		
	- UNITED STATES	S SECURITIES AND EX Washington, D.C. 209		OMINISSION	OMB Number:	3235-0287		
Check this bo if no longer subject to Section 16. Form 4 or Form 5	STATEMENT O	F CHANGES IN BENEFI SECURITIES			Estimated average burden hours per			
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 19401(b).30(h) of the Investment Company Act of 1940								
(Print or Type Resp	onses)							
1. Name and Addre ROCKART JO	ess of Reporting Person <u>*</u> HN F	2. Issuer Name and Ticker or Symbol SELECTIVE INSURANC INC [SIGI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) 40 WANTAGE	(First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/03/2006		_X_ Director Officer (give t below)		Owner r (specify		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) BRANCHVILLE, NJ 07890			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State) (Zip)		<b>.</b>	Person	D (* • 11			
1.Title of 2.7	Transaction Date 2A. Deer fonth/Day/Year) Execution any	Table I - Non-Derivative Smed3.4. Securiton Date, ifTransaction(A) or Di Code(Instr. 3, -Day/Year)(Instr. 8)Code	ies Acquired sposed of (D)	<b>uired, Disposed of,</b> 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		
Common 04 Stock 04	/03/2006	A 119	A \$ 52.84	4,260.751 <u>(1)</u>	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	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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 Person

Reporting Owner Name / Addre	SS	Relationships						
Reporting Owner Paule, Plane		10% Owner	Officer	Other				
ROCKART JOHN F 40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	Х							
Signatures								
John F Rockart	04/05/2006							
**Signature of	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).
- (1) Includes 14.120 shares acquired through the Company's Dividend Reinvestment Program.

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.