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

#### SELECTIVE INSURANCE GROUP INC

Form 4

November 17, 2006

#### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

response...

Section 16. Form 4 or Form 5 obligations

Check this box

if no longer

subject to

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

2. Issuer Name and Ticker or Trading

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

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

Symbol

1(b).

(Print or Type Responses)

THEBAULT J BRIAN

1. Name and Address of Reporting Person \*

			SELECTINC [S		INSURANCE GROUP (Check all applicable)			<del>;</del> )			
(Last) (First) (Middle) 40 WANTAGE AVENUE		(Month/Day/Year)					_X_ Director 10% Owner Officer (give title below) Other (specify below)				
			Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BRANCHVILLE, NJ 07890							- 1	Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tak	ole I - Non-	Derivativ	e Secu	rities Acqu	ired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		Date, if	3. Transactic Code (Instr. 8)		sed of 4 and (A) or		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 Ownership (Instr. 4)	
Common Stock	11/17/2006			M	3,000	A	\$ 20.8125	23,765.456	D		
Common Stock	11/17/2006			S	2,500	D	\$ 55.73	21,265.456	D		
Common Stock	11/17/2006			S	500	D	\$ 55.74	20,765.456	D		
Common Stock								103.312	I	Custody for Son	
Common Stock								103.312	I	Custody for Daughter	

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

Stock	101.631	I	by Son			
Common Stock	100	I	Custody for Daughter (2)			
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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	vative Expiration Date es (Month/Day/Year) d		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option	\$ 20.8125	11/17/2006		M	3,000	03/03/1998	03/03/2007	Common Stock	3,000	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Topolong of not it will fire the con-	Director	10% Owner	Officer	Other			
THEBAULT J BRIAN 40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	X						
Signatures							

J. Brian 11/17/2006 Thebault

\*\*Signature of Date Reporting Person

2 Reporting Owners

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

## **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.