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21ST CENTURY INSURANCE GROUP

Form 4

February 23, 2006

FORM 4

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

SECURITIES

OMB

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

3235-0287 Number: January 31,

OMB APPROVAL

subject to Section 16. Form 4 or Form 5

obligations

Expires: 2005 Estimated average burden hours per

0.5

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

response...

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * SILVESTRI CAREN L | | Symbol 21ST C | 2. Issuer Name and Ticker or Trading Symbol 21ST CENTURY INSURANCE GROUP [TW] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|-------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|--|
| (Last) | (First) (M | 3. Date o (Month/I 02/22/2 | • | | Director 10% Owner Sofficer (give title Other (specify below) Vice President | | | | | |
| | (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 Form filed by More than One Reporting Person | | | | |
| (City) | (State) (Z | Zip) Tab | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. 4. Securiti TransactionAcquired Code Disposed (Instr. 8) (Instr. 3, 4) Code V Amount | (A) or of (D) | 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 | | | | | 6,980 | D | | | | |
| Common Stock | | | | | 866 | I | Under 401k Plan | | | |

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

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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. Transaction Code (Instr. 8) | 5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration Date | Date Exercisable and Expiration Date Month/Day/Year) | | 7. Title and Amount Underlying Securitic (Instr. 3 and 4) | |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------|------------------|------------------------------------------------------|-----------------|-----------------------------------------------------------|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amou or Numb of Sha | |
| Employee Stock Option (Right to Buy) | \$ 16.8 | 02/22/2006 | | A | 35,076 | 02/22/2007(1) | 02/22/2016 | Common Stock | 35,0 | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SILVESTRI CAREN L

Vice President

Signatures

Ronald S. Veltman with Power of Attorney for Caren L. Silvestri

02/23/2006

**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).
- (1) These options vest over a 3-year period beginning February 22, 2007.

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.

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