#### 21ST CENTURY INSURANCE GROUP

Form 4/A March 03, 2005

# FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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 1940

2. Issuer Name and Ticker or Trading

21ST CENTURY INSURANCE

3. Date of Earliest Transaction

4. If Amendment, Date Original

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \*

ANDRE RICHARD A

(Last) (First) (Middle)

(Street)

(City) (State)

1.Title of 2. Transaction Date 2A. Deemed Security (Instr. 3)

(Month/Day/Year)

Execution Date, if

(Zip)

(Month/Day/Year)

Code

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

Symbol

GROUP [TW]

(Month/Day/Year)

Filed(Month/Day/Year)

3.

02/16/2005

02/18/2005

(Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

TransactionAcquired (A) or

4. Securities

(A)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

any

4. 5. TransactionNumber Code of

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8. Price of **Underlying Securities** (Instr. 3 and 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Senior Vice President

6. Individual or Joint/Group Filing(Check

Form filed by More than One Reporting

6. Ownership

Form: Direct

(D) or Indirect Beneficial

\_X\_ Form filed by One Reporting Person

(T)

(Instr. 4)

below)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

SEC 1474

(9-02)

Indirect

Issuer

below)

Person

5. Amount of

Securities

Owned

Beneficially

Following

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Director

Applicable Line)

X\_ Officer (give title

Estimated average

burden hours per

Derivativ Security

#### Edgar Filing: 21ST CENTURY INSURANCE GROUP - Form 4/A

(Instr. 5)

(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Derivative Derivative Securities Acquired Security (A) or Disposed of (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Amount Expiration Title Exercisable Date or Number of Shares **Employee** Stock Common (2) (2) Option <u>(2)</u> (2) Stock (Right to Buy)

## **Reporting Owners**

Relationships Reporting Owner Name / Address 10% Owner Officer Director

Other

ANDRE RICHARD A

Senior Vice President

03/03/2005

## **Signatures**

Andre

Michael J. Cassanego with Power of Attorney for Richard A.

\*\*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) The number of derivative securities beneficially owned following last transaction was not correct.
- (2) This filing is soley to report an erroneous number being reported for total derivative benefits owned following transaction.

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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