

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213530050

1.) CORPORATION NAME:

SELECTIVE INSURANCE COMPANY OF AMERICA

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0162323**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40 WANTAGE AVE

CITY/ST/ZIP: BRANCHVILLE, NJ 07890

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GREGORY E MURPHY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/P/CEO		
ADDRESS:	40 WANTAGE AVE		
CITY/ST/ZIP/CO:	BRANCHVILLE, NJ 07890		

NAME:	DALE A THATCHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EX VP/CFO		
ADDRESS:	40 WANTAGE AVE		
CITY/ST/ZIP/CO:	BRANCHVILLE, NJ 07890		

NAME:	MICHAEL H LANZA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/GC/SEC		
ADDRESS:	40 WANTAGE AVE		
CITY/ST/ZIP/CO:	BRANCHVILLE, NJ 07890		

NAME:	JENNIFER W. DIBERARDINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/TREASURER		
ADDRESS:	40 WANTAGE AVENUE		
CITY/ST/ZIP/CO:	BRANCHVILLE, NJ 07890		

NAME:	RONALD ST CLAIR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CIO		
ADDRESS:	40 WANTAGE AVE		
CITY/ST/ZIP/CO:	BRANCHVILLE, NJ 07890		

NAME:	CHARLES C ADAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	40 WANTAGE AVE		
CITY/ST/ZIP/CO:	BRANCHVILLE, NJ 07890		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN J. MARCHIONI DIRECTOR 40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES A. MUSILLI III DIRECTOR 40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN B. SWEENEY DIRECTOR 40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD J. ZALESKI SR. DIRECTOR 40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL H LANZA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL H LANZA, EVP/GC/SEC PRINTED NAME AND CORPORATE TITLE	6/27/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			