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October 24, 2013

**Via Overnight Delivery**

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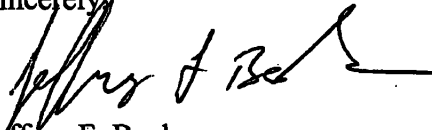
Washington, DC 20463

RE: Selective Insurance Company of America Political Action  
Committee

To whom it may concern:

Enclosed please find an originally executed copy of the initial registration statement for Selective Insurance Company of America Political Action Committee (Selective PAC). Please be advised that Selective PAC will be filing on a semi-annual basis for calendar year 2013. Please do not hesitate to contact me if you should require any additional information.

Sincerely,



Jeffrey F. Beck

Treasurer

Selective PAC

Enclosure

13031133710

FEC FORM 1

STATEMENT OF ORGANIZATION

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13031133711

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Selective Insurance Company of America Political Action Committee (Selective PAC)

ADDRESS (number and street) 40 Wantage Ave.

[ ] (Check if address is changed) Branchville NJ 07890

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) [ ] (Check if address is changed) jeff.beck@selective.com

COMMITTEE'S WEB PAGE ADDRESS (URL) [ ] (Check if address is changed) N/A

2. DATE 10<sup>th</sup> ' 22<sup>nd</sup> ' 2013

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] NEW (N) OR [ ] AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeffrey F. Beck

Signature of Treasurer [Signature] Date 10<sup>th</sup> ' 24<sup>th</sup> ' 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

13031133712

Write or Type Committee Name

Selective Insurance Company of America Political Action Committee (Selective PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Selective Insurance Company of America

Mailing Address 40 Wantage Ave.

Branchville NJ 07890

CITY STATE ZIP CODE

Relationship: [X] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Edwin C. Opoku, Jr.

Mailing Address 40 Wantage Ave.

Branchville NJ 07890

Title or Position CITY STATE ZIP CODE

Secretary Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Jeffrey F. Beck

Mailing Address 40 Wantage Ave.

Branchville NJ 07890

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 973-948-1311

13031133713

Full Name of Designated Agent

Michael H. Lanza

Mailing Address

40 Wantage Ave.

Branchville

CITY

NJ

STATE

07890

ZIP CODE

Title or Position

Chairman/Assistant Treasurer

Telephone number

13031133714

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank NA

Mailing Address

420 Montgomery Street

San Francisco

CITY

CA

STATE

94104

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Page 1 of 2

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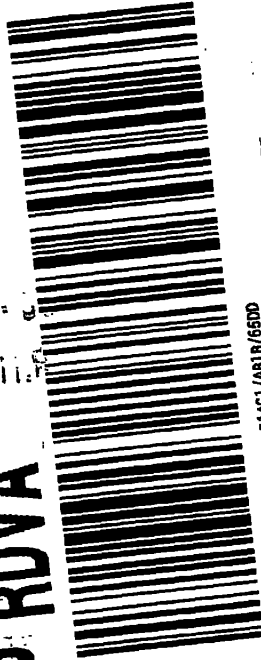
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<i>Jim P</i> PREPARER (8/2013)	<i>10/25/13</i> DATE PREPARED
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