

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan): SELECTIVE INSURANCE COMPANY OF AMERICA
2b Employer Identification Number (EIN): 22-1272390
2c Plan Sponsor's telephone number: 973-948-3000
2d Business code (see instructions): 524150

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/03/2025, CYNDI BENNETT (plan administrator); 2. Filed with authorized/valid electronic signature, 10/03/2025, SARITA CHAKRAVARTHI (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2765
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	461
	<b>6a(2)</b>	417
	<b>6b</b>	1408
	<b>6c</b>	761
	<b>6d</b>	2586
	<b>6e</b>	143
	<b>6f</b>	2729
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input checked="" type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SELECTIVE INSURANCE COMPANY OF AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1272390</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>348318340</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>383150174</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1462</u>	<u>166319961</u>	<u>166319961</u>
<b>b</b> For terminated vested participants .....	<u>842</u>	<u>66682092</u>	<u>66682092</u>
<b>c</b> For active participants .....	<u>461</u>	<u>74673935</u>	<u>74673935</u>
<b>d</b> Total .....	<u>2765</u>	<u>307675988</u>	<u>307675988</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.14 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>639000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>639000</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>			
	Signature of actuary	<u>08/14/2025</u>	Date
	<u>MELISSA PANE</u>	<u>23-08587</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>973-463-6165</u>	Telephone number (including area code)
	<u>MSC# 17741, PO BOX 6718 SOMERSET, NJ 08875</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	22648170	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	
<b>9</b>	Amount remaining (line 7 minus line 8) .....	22648170	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.65</u> % .....	1506103	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	24154273	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	116.67 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	124.53 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	118.54 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			<b>Totals ▶</b>	<b>18(b)</b>		<b>18(c)</b>	

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b>
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 639000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 639000
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b>
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b>
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b>
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SELECTIVE INSURANCE COMPANY OF AMERICA</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1272390</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AON HEWITT LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	325094	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

AXA EQUITABLE LIFE INSURANCE CO

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 16 50	NONE	27052	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BLACKROCK INSTITUTIONAL TRUST COMPA

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	53895	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CLEARWATER

42-1658172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	71445	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON

98-0352587

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 17	NONE	471908	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	44293	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WTW GT LONG CREDIT FUND  82-6695738	INVESTMENT MANAGEMENT FEES BASED ON 0.16%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WTW GT DIVERSIFIED CREDIT FUND  82-6695738	INVESTMENT MANAGEMENT FEES BASED ON 0.46%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WTW GT REAL ASSET FUND  82-6695738	INVESTMENT MANAGEMENT FEES BASED ON 0.86%	

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLK MSCI ACWI EQUITY INDEX NL  32-0174431	INVESTMENT MANAGEMENT FEES BASED ON 0.03%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TSY U.S. 15 YR KEY RATE DUR NL FD  32-0174431	INVESTMENT MANAGEMENT FEES BASED ON 0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TSY U.S. 20 YR KEY RATE DUR NL FD  32-0174431	INVESTMENT MANAGEMENT FEES BASED ON 0.08%	

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TSY U.S. 25+ YR KEY RATE DUR NL FD  32-0174431	INVESTMENT MANAGEMENT FEES BASED ON 0.08%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TSY U.S. 10 YR KEY RATE DUR NL FD A  32-0174431	INVESTMENT MANAGEMENT FEES BASED ON 0.08%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
IR M INTERMEDIATE CORPORATE COLLECT  04-2955404	INVESTMENT MANAGEMENT FEES BASED ON 0.1%	

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LONG U.S. GOVT BOND INDX NL FUND  04-3464336	INVESTMENT MANAGEMENT FEES BASED ON 0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TSY U.S. 5 YR KEY RATE DUR NL FD  32-0174431	INVESTMENT MANAGEMENT FEES BASED ON 0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WTW LIQUID DIVERSIFIED FUND  98-1773982	INVESTMENT MANAGEMENT FEES BASED ON 0.91%	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SELECTIVE INSURANCE COMPANY OF AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1272390</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EQUITY INDEX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3112180-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40633054</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTW GT REAL ASSET FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TOWERS WATSON</u>		
<b>c</b> EIN-PN <u>98-0352587-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58426905</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTW GT DIVERSIFIED CREDIT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TOWERS WATSON</u>		
<b>c</b> EIN-PN <u>98-0352587-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47158266</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>IRM INTERMEDIATE CORPORATE COLLECTI</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>IR&amp;M</u>		
<b>c</b> EIN-PN <u>04-2955404-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42757494</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG US GOVT BOND INDEX NL FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN <u>04-3464336-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25991606</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TSY US 10 YR KEY RATE DUR NL FD A</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK</u>		
<b>c</b> EIN-PN <u>94-3112180-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9768952</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TSY US 20 YR KEY RATE DUR NL FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK</u>		
<b>c</b> EIN-PN <u>94-3112180-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8703280</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TSY 15 YR KEY RATE DUR NL FD

**b** Name of sponsor of entity listed in (a): BLACKROCK

<b>c</b> EIN-PN 94-3112180-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9845266
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 25+ YR KEY RATE DUR NL FD

**b** Name of sponsor of entity listed in (a): BLACKROCK

<b>c</b> EIN-PN 94-3112180-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12362841
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WTW GT LONG CREDIT FUND

**b** Name of sponsor of entity listed in (a): TOWERS WATSON

<b>c</b> EIN-PN 98-0352587-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29319399
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 5 YR KEY RATE DUR NL FD

**b** Name of sponsor of entity listed in (a): BLACKROCK

<b>c</b> EIN-PN 94-3112180-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6621575
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WTW LIQUID DIVERSIFIED FUND

**b** Name of sponsor of entity listed in (a): TOWERS WATSON

<b>c</b> EIN-PN 98-0352587-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33122105
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<p style="text-align: center;"><b>SCHEDULE G</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p><b>Financial Transaction Schedules</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>003</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SELECTIVE INSURANCE COMPANY OF AMERICA</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-1272390</b></p>

**Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**  
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>Part II Schedule of Leases in Default or Classified as Uncollectible</b>					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

**Part III Nonexempt Transactions**

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
SELECTIVE INS CO OF AMERICA	PLAN SPONSOR	LOAN TO EMPLOYER BY PAYING EXPENSES NOT APPLICABLE TO THE PLAN.			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		593			40

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SELECTIVE INSURANCE COMPANY OF AMERICA</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1272390</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	8960
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	7592761
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	10244
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	315086
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	324710743
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	348415740	332637794
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	97400	222530
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	97400	222530
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	348318340	332415264

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	446331	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		446331
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	28516	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1385	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		914515
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		-4325
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1383652

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	16009073	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		16009073
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	27052	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	44293	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	596148	
(7) Actuarial fees .....	<b>2i(7)</b>	325094	
(8) Legal fees .....	<b>2i(8)</b>	2402	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	282666	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1277655
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		17286728

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-15903076
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CROWE LLP

(2) EIN: 35-0921680

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X		1
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560793.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SELECTIVE INSURANCE COMPANY OF AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1272390</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-5770651</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	0	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	0	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	0
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	0

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 14.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 46.0 %  
 High-Yield Debt: 11.0 % Real Assets: 15.0 % Cash or Cash Equivalents: 4.0 % Other: 10.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

<b>Structured Attachment</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Schedule SB, line 26a</b> <b>Schedule of Active Participant Data</b>	<b>2024</b>  This Form is Open to Public Inspection
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<b>Name of Plan</b>	RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	22-1272390	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	22-1272390	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	22-1272390	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						





**RETIREMENT INCOME PLAN FOR  
SELECTIVE INSURANCE COMPANY OF AMERICA**

**Financial Statements and Supplemental Schedules  
December 31, 2024 and 2023  
(With Independent Auditor's Report Thereon)**

**Retirement Income Plan for  
Selective Insurance Company of America**

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\*Schedules required by Form 5500 that are not applicable have been omitted.

## INDEPENDENT AUDITOR'S REPORT

Salary and Employee Benefits Committee of the Board of Directors  
of Selective Insurance Company of America

***Opinion***

We have audited the financial statements of Retirement Income Plan for Selective Insurance Company of America (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

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(Continued)

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule G, Part III - Schedule of Nonexempt Transactions for the year ended December 31, 2024, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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(Continued)

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Crowe LLP". The signature is written in a cursive, flowing style.

Crowe LLP

New York, New York  
September 26, 2025

**Retirement Income Plan for  
Selective Insurance Company of America**

**Statements of Net Assets Available for Plan Benefits**

	December 31, 2024	December 31, 2023
<b>Assets</b>		
<i>Investments, at fair value (Note 5)</i>		
Collective trusts	\$ 324,710,743	325,632,234
Short-term investments	5,090,465	9,015,460
Deposit administration contract (Note 6)	2,502,296	2,390,771
Investments in limited partnerships	315,086	347,764
Common stock	10,244	20,906
Total investments	<u>332,628,834</u>	<u>337,407,135</u>
<i>Receivables</i>		
Unrelated business income tax recoverable (Note 7)	1,750	1,750
Other assets	7,210	11,006,855
Total receivables	<u>8,960</u>	<u>11,008,605</u>
<b>Total assets</b>	<u><u>332,637,794</u></u>	<u><u>348,415,740</u></u>
<i>Liabilities</i>		
Accrued expenses	222,530	97,400
Total liabilities	<u>222,530</u>	<u>97,400</u>
<b>Net assets available for plan benefits</b>	<u><u>\$ 332,415,264</u></u>	<u><u>348,318,340</u></u>

See accompanying notes to the financial statements.

**Retirement Income Plan for  
Selective Insurance Company of America**

**Statements of Changes in Net Assets Available for Plan Benefits**

	<b>Year ended December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Additions (reductions) to net assets attributable to:</b>		
<b>Investment income:</b>		
Interest	\$ 446,331	653,054
Dividends	—	155,946
Net appreciation (depreciation) in fair value of investments	937,326	21,952,994
<b>Total investment income (loss)</b>	<b>1,383,657</b>	<b>22,761,994</b>
Investment expenses	(596,148)	(561,984)
<b>Total net investment income (loss)</b>	<b>787,509</b>	<b>22,200,010</b>
<b>Total additions (reductions)</b>	<b>787,509</b>	<b>22,200,010</b>
<b>Deductions from net assets attributable to:</b>		
Plan benefits paid	16,009,073	14,823,402
Administrative expenses	681,262	629,339
Unrelated business income tax expense	250	250
<b>Total deductions</b>	<b>16,690,585</b>	<b>15,452,991</b>
<b>Net increase (decrease) in net assets available for plan benefits</b>	<b>(15,903,076)</b>	<b>6,747,019</b>
<b>Net assets available for plan benefits:</b>		
Beginning of year	348,318,340	341,571,321
<b>End of year</b>	<b>\$ 332,415,264</b>	<b>348,318,340</b>

See accompanying notes to the financial statements.

**Retirement Income Plan for  
Selective Insurance Company of America**

**Statement of Accumulated Plan Benefits**

	December 31, 2023
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 152,353,030
Other participants	121,634,420
Total actuarial present value of accumulated plan benefits	<u>\$ 273,987,450</u>

See accompanying notes to the financial statements.

**Retirement Income Plan for  
Selective Insurance Company of America**

**Statement of Changes in Accumulated Plan Benefits**

	Year ended December 31, 2023
Actuarial present value of accumulated plan benefits at beginning of year	\$ 262,166,814
Increase (decrease) during the year attributable to:	
Interest accumulated	17,586,633
Benefits accumulated	(995,693)
Actuarial losses for changes in assumptions	10,053,098
Benefits paid	(14,823,402)
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 273,987,450</u>

See accompanying notes to the financial statements.

**Retirement Income Plan for  
Selective Insurance Company of America**

Notes to Financial Statements  
December 31, 2024 and 2023

**NOTE 1. Description of the Plan**

(a) General

The Retirement Income Plan for Selective Insurance Company of America (the "Plan") was established effective January 1, 1986. The Plan, formerly entitled the Retirement Income Plan for Selective Insurance Company of America and Subsidiaries, succeeds the Retirement Income Plan for Employees of Selected Risks Insurance Company and Subsidiaries (the "Prior Plan"), which was terminated on December 31, 1985.

The Plan is a defined benefit pension plan, which covered substantially all regular employees of Selective Insurance Company of America (the "Company" and the "Plan Administrator") hired on or before December 31, 2005 who were paid on a United States payroll. Effective: (i) January 1, 2006, the Plan was amended to eliminate eligibility to participate for employees hired on or after January 1, 2006, unless they were previously a participant of the Plan and were rehired within one year of their termination; (ii) March 25, 2013, the Plan was amended to curtail the accrual of additional benefits for all eligible participants after March 31, 2016; and (iii) May 1, 2022, the Plan was amended to permit benefit payments to Plan participants who have attained normal retirement age (age 65) and are either employed, or reemployed by the Company for a period that is not reasonably expected to last more than 24 months.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Eligible employees commenced participation after the later of the attainment of: (i) one year of eligible service; or (ii) age 21. Participants are 100% vested in their accrued benefits after five years of vesting service (as defined by the Plan). The Plan does not require or allow contributions from participants. Participants should refer to the Plan document for more complete information.

(b) Retirement Benefits

Participants are entitled to monthly retirement benefits beginning at normal retirement age, determined as follows:

- i. For eligible employees first becoming participants on or after July 1, 2002 - 1.2% of average monthly compensation (as defined in the Plan) times years of benefit service (as defined in the Plan).
- ii. Special Grandfather Rule 1 - For participants who attained age 50 and completed 5 years of vesting service on or before July 1, 2002 or completed at least 25 years of vesting service on or before July 1, 2002 - 2% of average monthly compensation, minus 1 and 3/7% of their primary social security benefit, multiplied by their years of benefit service up to 35 years reduced by the monthly amount, if any, of retirement annuity payable under the group annuity contract issued by The Equitable Life Assurance Society of the United States ("The Equitable"), that was purchased for the participant under the Prior Plan.
- iii. Special Grandfather Rule 2 - For participants who, as of July 1, 2002, completed at least 5 years of vesting service and the sum of their age and years of vesting service is at least 55 - the sum of: (a) the benefit accrued as of June 30, 2002 equal to 2% of average monthly compensation, minus 1 and 3/7% of their primary social security benefit, multiplied by their years of benefit service up to 35 years, reduced by the monthly amount, if any, of retirement annuity payable under the group annuity contract issued by The Equitable that was purchased for the participants under the Prior Plan, based on their years of benefit service as of June 30, 2002, but including compensation earned after such date for purposes of determining the average monthly compensation; and (b) the benefit accrued after June 30, 2002 under the following formula - 1.2% of average monthly compensation times years of benefit service based on years of benefit service after July 1, 2002 and total average monthly compensation.
- iv. For employees first becoming participants before July 1, 2002 who do not qualify for a grandfather rule - the greater of: (a) the benefit accrued as of June 30, 2002 equal to 2% of average monthly compensation, minus 1 and 3/7% of their primary social security benefit, multiplied by their years of benefit service up to 35 years, reduced by the monthly amount, if any, of retirement annuity payable under the group annuity contract

**Retirement Income Plan for  
Selective Insurance Company of America**

Notes to Financial Statements  
December 31, 2024 and 2023

issued by The Equitable that was purchased for the participants under the Prior Plan, based on their years of benefit service as of June 30, 2002, but including compensation earned after such date for purposes of determining the average monthly compensation; or (b) 1.2% of average monthly compensation times years of benefit service based on total years of benefit service and average monthly compensation.

The Plan permits participants to commence reduced retirement benefits upon attainment of early retirement eligibility. Early retirement eligibility means attainment of age 55 and 10 years of vesting service or satisfaction of Rule of 70 (age plus service equal to at least 70). The early retirement benefit equals the accrued normal retirement benefit reduced by  $1/180^{\text{th}}$  per month for the first 60 months, and  $1/360^{\text{th}}$  for the next 60 months that benefit commencement precedes the normal retirement date. For commencements before age 55, the accrued normal retirement benefit is reduced by 40% plus  $1/600^{\text{th}}$  per month for each month prior to normal retirement age.

The normal form of payment for married employees is a qualified 50% joint and survivor annuity. The normal form of payment for unmarried employees is a life annuity. Employees may elect to receive their pension benefits in a number of alternative forms of payment, all of which are paid monthly.

(c) Death and Disability Benefits

If a vested participant dies prior to age 65 before commencement of benefits under the Plan, the surviving spouse (as defined by the Plan) will receive for life 100% of the benefit the participant would have received under the 100% joint and survivor annuity form of benefit as of the date of the participant's death or earliest retirement age, whichever is later.

If a participant terminates employment with the Company due to total disability (as defined by the Plan), they will be entitled to a benefit at age 65 based on the benefit they would have accrued at age 65 if they continued working until that age, computed using their average monthly compensation, as defined, as of their date of disability. Effective September 16, 2010, such additional credited service was limited through the earliest of: (i) seven years following the onset of the disability; (ii) the date on which the disability ends; (iii) normal retirement age; or (iv) commencement of benefits under the Plan.

(d) Plan Administration and Expenses

The Plan is administered by the Company. Administrative expenses of the Plan are generally paid by the Plan to the extent they are permissible under ERISA. All other expenses are paid by the Company. In addition, certain investment related expenses are included in "Net appreciation (depreciation) in fair value of investments" presented in the accompanying Statements of Changes in Net Assets Available for Plan Benefits. These transactions are party-in-interest transactions under ERISA.

**NOTE 2. Summary of Significant Accounting Policies**

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("GAAP").

(b) Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates and assumptions. Two key assumptions, the discount rate and the expected return on plan assets, are important elements of expense and/or liability measurement. The Plan's management evaluates these key assumptions annually. Other assumptions involve demographic factors, such as retirement age and mortality.

**Retirement Income Plan for  
Selective Insurance Company of America**

Notes to Financial Statements  
December 31, 2024 and 2023

(c) Fair Value Measurement of Investments

The Plan's investments are reported at fair value. The fair values of the Plan's investments are generated using various valuation techniques and are placed into the fair value hierarchy considering the following: (i) the highest priority is given to quoted prices in active markets for identical assets (Level 1); (ii) the next highest priority is given to quoted prices in markets that are not active or inputs that are observable either directly or indirectly, including quoted prices for similar assets in markets that are not active and other inputs that can be derived principally from, or corroborated by, observable market data for substantially the full term of the assets (Level 2); and (iii) the lowest priority is given to unobservable inputs supported by little or no market activity and that reflect the assumptions about the exit price, including assumptions that market participants would use in pricing the asset (Level 3). An asset's classification within the fair value hierarchy is based on the lowest level of significant input to its valuation. For additional information on the Plan's fair value hierarchy, see Note 5. "Investments."

The techniques used to value the Plan's investments are as follows:

- For valuations of the collective trusts, the Plan utilizes a market approach wherein the published prices in the active market for identical assets are used. These investments are traded at their net asset value per share. There are no restrictions as to the redemption of these investments nor does the Plan have any contractual obligations for further investment. These investments are classified as Level 1 in the fair value hierarchy.
- For valuations of the investments in limited partnerships, the Plan utilizes net asset value as a practical expedient for fair value. These investments are not classified in the fair value hierarchy.
- The investment in common stock is a publicly traded stock. Given that this investment is listed on an active exchange, it is classified as Level 1 in the fair value hierarchy.
- The deposit administration contract is carried at cost, which approximates fair value. Given the liquid nature of the underlying investments in overnight cash deposits and other short-term duration products, the Plan has determined that a correlation exists between the deposit administration contract and other short-term investments, such as money market funds. Given that this investment is not listed on an active exchange, it is classified as Level 2 in the fair value hierarchy.
- Short-term investments include interest-bearing cash, which is liquid in nature and classified as level 1 in the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no changes in methodologies or assumptions at December 31, 2024 compared to December 31, 2023.

(d) Investments

Purchases and sales of investments are recorded on a trade-date basis. "Net appreciation (depreciation) in fair value of investments" includes the Plan's gains and losses on investments bought and sold, as well as held, during the period. Dividends are recorded on the ex-dividend date. Interest income is recorded when earned.

(e) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable to the service employees have rendered under the Plan's provisions. Accumulated plan benefits include benefits expected to be paid to: (i) retired, disabled, or terminated employees or their beneficiaries; (ii) beneficiaries of deceased employees/participants; and (iii) present employees or their beneficiaries. The accumulated plan benefits for eligible active employees are based on a monthly average of their annual compensation for the highest five consecutive 52 week periods out of the last ten consecutive 52 week periods prior to the curtailment of additional benefits at March 31, 2016.

**Retirement Income Plan for  
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Notes to Financial Statements  
December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits is determined by independent actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Following are the significant actuarial assumptions used in the valuation of Plan benefits at December 31, 2023:

Retirement Age	Age 48 - 70
Mortality Rates	Employees and former employees: Amounts-weighted aggregate rates from the Pri-2012 mortality study with white collar adjustments projected generationally from 2012 with Scale MP-2021. Contingent survivors: Amounts-weighted contingent survivor rates from the Pri-2012 mortality study with white collar adjustments projected generationally from 2012 with Scale MP-2021. Disabled lives: Amounts-weighted disabled retiree rates from the Pri-2012 mortality study with white collar adjustments projected generationally from 2006 with Scale MP-2021.
Disability Rates	1987 Commissioners' Group Disability Table
Interest Rate	6.40%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The primary driver of actuarial losses for changes in assumptions of \$10,053,098 during 2023 was an update to the interest rate assumption to 6.40% from 6.90%.

The valuation of Plan benefits at December 31, 2024 has not yet been prepared at issuance of this report.

(f) Benefits

Benefits are recorded when paid.

**NOTE 3. Funding Policy**

The Company's current funding policy is to make contributions to the Plan, as recommended by its actuary, but not less than the minimum amount required to meet the funding standards of ERISA. The Company uses the Projected Unit Credit Cost Method and had no minimum funding requirements in 2024 and 2023. The Company did not make any voluntary 2024 plan year contributions in 2024 or 2025, nor did the Company make any voluntary 2023 plan year contributions in 2023 or 2024.

**NOTE 4. Plan Termination**

Although it has not expressed any intention to do so, the Company has the right to discontinue its contributions and terminate the Plan at any time subject to the provisions set forth in ERISA. In the event of termination of the Plan, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, in the following order:

- i. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years prior to the termination date of the Plan or that employees eligible to retire for that three-year period would have been receiving if they had retired prior to the beginning of the three-year period. The amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- ii. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency), up to the applicable limitations (discussed below).

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iii. All other vested benefits (vested benefits not insured by the PBGC).

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the PBGC level in effect on the date of the Plan's termination. However, there is a statutory limit, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For 2025, the monthly statutory limit for age 65 is \$7,432. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Plan's sponsor and the level of benefits guaranteed by the PBGC.

**NOTE 5. Investments**

(a) The following tables present the Plan's fair value hierarchy for those assets measured at fair value as of December 31, 2024 and 2023:

December 31, 2024		Fair Value Measurements Using		
Description	Assets Measured at Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Collective trusts	\$ 324,710,743	324,710,743	—	—
Short-term investments	5,090,465	5,090,465	—	—
Deposit administration contract	2,502,296	—	2,502,296	—
Common stock	10,244	10,244	—	—
Investments in limited partnerships, at net asset value <sup>1</sup>	315,086	—	—	—
Total investments, at fair value	<u>\$ 332,628,834</u>	<u>329,811,452</u>	<u>2,502,296</u>	<u>—</u>

December 31, 2023		Fair Value Measurements Using		
Description	Assets Measured at Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Collective trusts	\$ 325,632,234	325,632,234	—	—
Short-term investments	9,015,460	9,015,460	—	—
Deposit administration contract	2,390,771	—	2,390,771	—
Common stock	20,906	20,906	—	—
Investments in limited partnerships, at net asset value <sup>1</sup>	347,764	—	—	—
Total investments, at fair value	<u>\$ 337,407,135</u>	<u>334,668,600</u>	<u>2,390,771</u>	<u>—</u>

<sup>1</sup>These investments were measured at fair value using the net asset value per share (or its practical expedient) and have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Plan Benefits.

**Retirement Income Plan for  
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(b) The following table presents the fair value of the Plan's limited partnership investments that calculate net asset value as a practical expedient as of December 31, 2024 and 2023:

	Fair Value		Remaining Commitment	
	December 31,		December 31,	
Investments in Limited Partnerships:	2024	2023	2024	2023
Real Assets	\$ 24,980	28,008	484,571	486,533
Private Equity	290,106	319,756	243,613	230,090
<b>Total Investments in Limited Partnerships</b>	<b>\$ 315,086</b>	<b>347,764</b>	<b>728,184</b>	<b>716,623</b>

The following is a description of the limited partnerships' strategies:

Our real assets strategy includes the following:

- Real Estate: This strategy invests in real estate equity instruments in North America.

Our private equity strategy includes the following:

- Private Equity: This strategy makes private equity investments, primarily in middle market companies across diverse industries globally, with an emphasis on North America.
- Venture Capital: In general, these investments are made principally by investing in equity securities of privately held corporations, for long-term capital appreciation. This strategy makes private equity investments in growth equity and buyout partnerships.

For the limited partnership investments, the Plan is currently committed for the full life of each fund and cannot redeem its investment with the general partner. Once liquidation is triggered by clauses within each limited partnership's agreement or at the fund's stated end date, the Plan will receive its final allocation of capital and any earned appreciation of the underlying investments, assuming the Plan has not divested itself from their partnership interests prior to that time. The Plan had contractual obligations to further invest up to the remaining commitments disclosed above in these limited partnership investments. There is no certainty that any such additional investment will be required. The Plan currently receives distributions from the limited partnerships through the realization of their underlying investments.

At both December 31, 2024 and 2023, the Plan recorded a receivable of \$6,302 for the liquidation of certain investments in limited partnerships.

(c) The use of derivative instruments is permitted under certain circumstances for the Plan's investment portfolio, but may not be used for unrelated speculative purposes or to create exposures that are not permitted in the Plan's investment guidelines. The Plan currently invests in a U.S. Treasury overlay derivative strategy within certain of the funds in the collective trust assets, to manage the interest rate duration mismatch between the assets and liabilities of the Plan to help insulate the funded status of the Plan.

**NOTE 6. Deposit Administration Contract**

The Plan has entered into a deposit administration contract with The Equitable under which the Plan deposits a minimum amount (as defined in the deposit administration contract). The Equitable maintains the contributions in an unallocated fund and credits interest to the fund as determined by The Equitable as of the last day of each calendar month. The average interest rate was 5.42% in 2024 and 5.04% in 2023. At the direction of the Plan Administrator, benefit payments may be made directly from the Plan to retirees and charged to the Plan's account, or annuities may be purchased at the time an employee retires. When an annuity is purchased, the price of the annuity is charged to the Plan and the related obligation is reduced.

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**NOTE 7. Federal Income Tax Status**

The Internal Revenue Service ("IRS") issued its latest determination letter on December 13, 2016, which stated that the Plan and its underlying trust qualify under the provisions of Section 401(a) of the Internal Revenue Code and therefore are exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan sponsor believes that, despite the immaterial item noted below, the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

During 2024, the Company discovered an operational failure related to a payment made in 2022 from the Plan for consulting fees not attributable to the Plan, which was remedied in 2024. This operational failure was immaterial to the Plan; see Schedule G - Part III - Schedule of Nonexempt Transactions for additional detail.

The Plan is subject to unrelated business income tax on income from certain limited partnership investments.

U.S. GAAP requires the evaluation of the Plan's tax positions and recognition of a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan has analyzed the tax positions taken in the open tax years, which as of December 31, 2024 were 2021 through 2024, and concluded that, as of December 31, 2024, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

**NOTE 8. Related Party Transactions (Parties-in-Interest)**

Plan assets of \$5,090,465 at December 31, 2024, and \$9,015,460 at December 31, 2023, were invested in interest-bearing cash sponsored by J.P. Morgan, which was a custodian of these assets. These Plan assets are used to administer Plan expense payments and investment transactions. These transactions qualify as party-in-interest transactions. The Plan expenses related to J.P. Morgan are paid by the Plan Administrator.

Plan assets of \$2,502,296 at December 31, 2024, and \$2,390,771 at December 31, 2023, were invested in a deposit administration contract through The Equitable, which administers Plan benefit payments. The Plan incurred expenses related to The Equitable of \$25,852 in 2024 and \$26,872 in 2023 for services rendered. Amounts payable for such services were \$1,200 at December 31, 2024, and \$2,640 at December 31, 2023. These transactions qualify as party-in-interest transactions.

Plan assets of \$168,026,675 at December 31, 2024, and \$161,444,354 at December 31, 2023, were invested in collective trusts sponsored by Willis Towers Watson, which provides advisory services related to the Plan's investment portfolio. In addition, at December 31, 2023, the Plan recorded a receivable for an \$11,000,000 redemption of the WTW Liquid Diversifiers Fund. The Plan incurred expenses related to Willis Towers Watson of \$470,808 in 2024 and \$471,082 in 2023 for services rendered. Amounts payable for such services were \$120,342 at December 31, 2024. There were no amounts payable for such services at December 31, 2023. These transactions qualify as party-in-interest transactions.

Plan assets of \$87,934,968 at December 31, 2024, and \$114,215,257 at December 31, 2023, were invested in collective trusts, which were sponsored by BlackRock, Inc., a leading publicly-traded investment management firm ("BlackRock"). BlackRock has purchased the common stock of Selective Insurance Group Inc., the parent of the Company (the "Parent"), in the ordinary course of its investment business. BlackRock previously filed a Schedule 13G/A with the U.S. Securities and Exchange Commission reporting beneficial ownership as of December 31, 2023, of 12.8% of the Parent's common stock. The Plan incurred expenses related to BlackRock of \$53,895 in 2024 and \$64,812 in 2023 for services rendered. Amounts payable for such services were \$12,948 at December 31, 2024 and \$14,398 at December 31, 2023. These transactions qualify as party-in-interest transactions.

Plan assets of \$42,757,494 at December 31, 2024 and \$22,254,630 at December 31, 2023 were invested in a collective trust sponsored by Income Research + Management ("IR+M"), which is a custodian of this asset. Plan assets of \$315,086 at December 31, 2024 and \$347,764 at December 31, 2023 were invested in various limited

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Notes to Financial Statements  
December 31, 2024 and 2023

partnerships, which are custodians of these assets. Plan assets of \$25,991,606 at December 31, 2024, and \$27,717,993 at December 31, 2023, were invested in collective trusts sponsored by State Street Bank and Trust Company, which was a custodian of these assets. IR+M, the limited partnerships, State Street Bank and Trust Company, qualify as party-in-interests.

Certain employees of the Company perform services on behalf of the Plan, which qualify as party-in-interests as defined by ERISA.

**NOTE 9. Risks and Uncertainties**

The Plan invests in various investments, which can be affected by potential changes in economic conditions that may lead to interest rate fluctuations, credit deterioration, and changes in real estate and equity valuations that may negatively impact the value, liquidity, and related income of these investments. Due to these risks, it is at least reasonably possible that changes in the values of investments could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits. The Plan's exposure to these risks is mitigated by the diversification of investments across varied financial instruments.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

**NOTE 10. Subsequent Events**

Subsequent events were evaluated by the Plan in the preparation of its financial statements through August X.X, 2025, the date the financial statements were available to be issued. There were no events that occurred subsequent to December 31, 2024 that would require recognition or disclosure in the Plan's financial statements.

**Retirement Income Plan for  
Selective Insurance Company of America**

**Schedule G, Part III - Schedule of Nonexempt Transactions  
Year ended December 31, 2024**

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase Price	(e) Selling Price	(f) Lease rental	(g) Expense incurred in connection with transaction <sup>1</sup>	(h) Cost of asset	(i) Current value of assets	(j) Net gain or (loss) on each transaction <sup>2</sup>
Selective Insurance Company of America	Plan Sponsor	Loan to employer by paying expenses not applicable to the Plan.	N/A	N/A	N/A	\$592.63	N/A	N/A	98.75

<sup>1</sup> The \$592.63 of expenses were reported in the 2023 Schedule G Part III and repaid to the Plan in September 2024.

<sup>2</sup> The net gain on the reportable transaction includes \$58.99 of interest owed to the plan as of December 31, 2023. This amount was reported in the 2023 Schedule G Part III. The remaining \$39.76 of net gain reflects additional interest in 2024 incurred through the payment date in October 2024.

**Retirement Income Plan for  
Selective Insurance Company of America**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)  
December 31, 2024**

Identity of Issue	Description	Cost	Current Value
<u>Collective Trusts</u>			
* IR+M Intermediate Corporate Collective Fund B	Collective Trust	\$ 40,080,291	\$ 42,757,494
* State Street Long U.S. Govt Bond Index NL Fund	Collective Trust	24,699,052	25,991,606
* Willis Towers Watson GT Long Credit Fund	Collective Trust	25,306,424	29,319,399
* BlackRock TSY U.S 5 YR Key Rate Dur NL FD	Collective Trust	8,057,531	6,621,575
* BlackRock TSY U.S 10 YR Key Rate Dur NL FD A	Collective Trust	15,435,130	9,768,952
* BlackRock TSY U.S 20 YR Key Rate Dur NL FD	Collective Trust	16,759,617	8,703,280
* BlackRock TSY U.S 15 YR Key Rate Dur NL FD	Collective Trust	14,490,136	9,845,266
* BlackRock TSY U.S 25+ YR Key Rate Dur NL FD	Collective Trust	39,600,659	12,362,841
* BlackRock MSCI ACWI Equity Index NL	Collective Trust	21,705,300	40,633,054
* Willis Towers Watson GT Real Asset Fund	Collective Trust	38,921,885	58,426,905
* Willis Towers Watson GT Diversified Credit Fund	Collective Trust	34,051,866	47,158,266
* Willis Towers Watson Liquid Diversifiers Fund	Collective Trust	29,149,781	33,122,105
Total Collective Trusts		308,257,672	324,710,743
<u>Investments in Limited Partnerships<sup>1</sup></u>			
* Trilantic Capital Partners IV, L.P.	Investment in Limited Partnership	67,632	67,632
* Silverpeak Legacy Partners II, L.P.	Investment in Limited Partnership	24,980	24,980
* Venture Investment Assoc V L.P.	Investment in Limited Partnership	222,474	222,474
Total Investments in Limited Partnerships		315,086	315,086
<sup>1</sup> Cost includes contributions offset by total distributions to the extent they exceed inception-to-date income.			
<u>Common Stock</u>			
Corsa Coal ORD	Common Stock	33,449	10,244
<u>Short-term Investments</u>			
* J.P. Morgan Interest-bearing Cash	Short-term Investment	5,090,465	5,090,465
<u>Deposit Administration Contract</u>			
* The Equitable Life Assurance Society of the United States	Deposit Administration Contract	2,502,296	2,502,296
Total Investments		\$ 316,198,968	\$ 332,628,834

\*Party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

**Retirement Income Plan for  
Selective Insurance Company of America**

**Schedule H, Line 4(j) - Schedule of Reportable Transactions  
Year Ended December 31, 2024**

Identity of issue	Description	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain/(loss)
<b>Single Transactions:</b>						
* J.P. Morgan Interest-bearing Cash	Short-term Investment	—	22,150,000	22,150,000	22,150,000	—
* IR+M Intermediate Corporate Collective Fund B	Collective Trust	22,150,000	—	22,150,000	22,150,000	—
<b>Series of Transactions:</b>						
* J.P. Morgan Interest-bearing Cash	Short-term Investment	35,302,941	—	35,302,941	35,302,941	—
* J.P. Morgan Interest-bearing Cash	Short-term Investment	—	39,227,936	39,227,936	39,227,936	—
* IR+M Intermediate Corporate Collective Fund B	Collective Trust	22,150,000	—	22,150,000	22,150,000	—
* IR+M Intermediate Corporate Collective Fund B	Collective Trust	—	3,739,154	3,581,330	3,739,154	157,824

\* Party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SELECTIVE INSURANCE COMPANY OF AMERICA	<b>D</b> Employer Identification Number (EIN) 22-1272390	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	348,318,340
	<b>b</b> Actuarial value .....	<b>2b</b>	383,150,174
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	1,462	166,319,961
	<b>b</b> For terminated vested participants .....	842	66,682,092
	<b>c</b> For active participants .....	461	74,673,935
	<b>d</b> Total .....	2,765	307,675,988
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.14%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	639,000
	<b>c</b> Target normal cost .....	<b>6c</b>	639,000

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	MELISSA PANE <i>MIP</i>	
	Signature of actuary	08/14/2025
	MELISSA PANE	Date
	Type or print name of actuary	2308587
	AON CONSULTING, INC.	Most recent enrollment number
	Firm name	973-463-6165
	MSC# 17741 P.O. Box 6718	Telephone number (including area code)
	SOMERSET NJ 08875	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	22,648,170	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	22,648,170	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.65%</u> .....	1,506,103	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	24,154,273	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	116.67%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	124.53%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	118.54%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b>	Discount rate:			
<b>a</b>	Segment rates:	1st segment: %	2nd segment: %	3rd segment: % <input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b>	Applicable month (enter code).....			<b>21b</b> 63
<b>22</b>	Weighted average retirement age .....			<b>22</b> 63
<b>23</b>	Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b>	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b>	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b>	Demographic and benefit information			
<b>a</b>	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b>	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b>	Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b>	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b>	Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b>	Target normal cost and excess assets (see instructions):			
<b>a</b>	Target normal cost (line 6c).....			<b>31a</b> 639,000
<b>b</b>	Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 639,000
<b>32</b>	Amortization installments:		Outstanding Balance	Installment
<b>a</b>	Net shortfall amortization installment .....		0	0
<b>b</b>	Waiver amortization installment .....		0	0
<b>33</b>	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b>	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 0
<b>35</b>	Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b>	Additional cash requirement (line 34 minus line 35).....			<b>36</b> 0
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 0
<b>38</b>	Present value of excess contributions for current year (see instructions)			
<b>a</b>	Total (excess, if any, of line 37 over line 36)			<b>38a</b> 0
<b>b</b>	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b> 0
<b>39</b>	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b>	Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b>	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

Schedule SB Attachment (Form 5500) –2024 Plan Year  
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Schedule SB, line 15 – Reconciliation of Differences  
Between Valuation Results and Amounts Used to Calculate  
AFTAP

The AFTAP for the plan was originally issued September 30, 2024, and reflected unaudited asset values. The valuation results reported on the Schedule SB reflect the audited asset value. The AFTAP was not recertified because the change to the AFTAP was not material. The inputs used in the AFTAP certification are outlined below:

	<b>9/30/2024 Certification</b>
Funding Target	\$ 307,675,988
Value of Plan Assets	\$ 379,645,117
Funding Standard Carryover Balance	\$ 0
Prefunding Balance	\$ 0
Annuities Purchased for NHCE's	\$ 0
Security Posted	\$ 0
Certified AFTAP	123.39%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Retirement Income Plan for Selective Insurance Company of America  
 EIN: 22-1272390 PN: 003

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
48.5	0.00%	1.0000	0.00
49.5	0.00%	1.0000	0.00
50.5	1.50%	1.0000	0.76
51.5	1.50%	0.9850	0.76
52.5	1.50%	0.9702	0.76
53.5	1.50%	0.9557	0.77
54.5	1.50%	0.9413	0.77
55.5	4.00%	0.9272	2.06
56.5	4.00%	0.8901	2.01
57.5	4.00%	0.8545	1.97
58.5	4.00%	0.8203	1.92
59.5	4.00%	0.7875	1.87
60.5	5.00%	0.7560	2.29
61.5	10.00%	0.7182	4.42
62.5	5.00%	0.6464	2.02
63.5	10.00%	0.6141	3.90
64.5	15.00%	0.5527	5.35
65.5	35.00%	0.4698	10.77
66.5	15.00%	0.3054	3.05
67.5	25.00%	0.2595	4.38
68.5	35.00%	0.1947	4.67
69.5	35.00%	0.1265	3.08
70	100.00%	0.0822	5.76
		Weighted Average	63.34

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 Retirement Income Plan for Selective Insurance Company of America  
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## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on plan assets from 6.90 percent to 6.40 percent.
- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study performed in December 2023.
- A change in the retirement rates to better reflect anticipated future experience as the result of an assumption study performed in December 2023.
- A change in the optional payment form election percentage for retirements from active status as the result of an assumption study performed in December 2023.

Form of Payment	Old Assumption	New Assumption
Life annuity	40%	40%
Joint and 100% survivor annuity	30%	35%
Joint and 50% survivor annuity	20%	20%
Joint and 75% survivor annuity	5%	5%
Life annuity with 10-year certain period	5%	0%

- A change in the optional payment form election percentage for retirements from terminated vested status as the result of an assumption study performed in December 2023.

Form of Payment	Old Assumption	New Assumption
Life annuity	40%	50%
Joint and 100% survivor annuity	30%	20%
Joint and 50% survivor annuity	20%	20%
Joint and 75% survivor annuity	5%	5%
Life annuity with 10-year certain period	5%	5%

These changes were made to better reflect the anticipated plan experience. None of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Retirement Income Plan for Selective Insurance Company of America  
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Schedule SB, line 26a — Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39			2	3						
40-44			8	5	1					
45-49			7	20	17	4				
50-54			9	17	23	16	3			
55-59			6	39	47	16	38			
60-64			3	36	24	7	38	10		
65-69			4	12	15	3	9	6	3	
70+			1	2	3	1	2	1		

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Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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Schedule SB, line 26b – Schedule of Projection of Expected  
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	741,376	990,967	15,054,393	16,786,736
2025	1,448,716	1,525,060	14,790,694	17,764,470
2026	2,072,061	2,124,935	14,535,372	18,732,368
2027	2,666,394	2,716,951	14,226,623	19,609,968
2028	3,271,396	3,298,686	13,908,859	20,478,941
2029	3,868,837	3,929,076	13,588,447	21,386,360
2030	4,380,559	4,273,441	13,245,910	21,899,910
2031	4,823,770	4,662,864	12,844,604	22,331,238
2032	5,222,609	4,873,890	12,431,621	22,528,120
2033	5,570,074	5,058,757	11,973,638	22,602,469
2034	5,859,317	5,245,877	11,512,705	22,617,899
2035	6,086,205	5,294,953	11,014,006	22,395,164
2036	6,222,928	5,393,580	10,495,923	22,112,431
2037	6,328,876	5,417,728	9,964,135	21,710,739
2038	6,380,761	5,440,161	9,414,864	21,235,786
2039	6,400,569	5,394,133	8,853,458	20,648,160
2040	6,390,021	5,340,217	8,282,757	20,012,995
2041	6,339,620	5,283,843	7,705,971	19,329,434
2042	6,253,962	5,219,941	7,126,659	18,600,562
2043	6,152,156	5,152,476	6,549,847	17,854,479
2044	6,024,850	5,043,161	5,977,520	17,045,531
2045	5,874,096	4,917,078	5,416,603	16,207,777
2046	5,691,480	4,757,200	4,870,435	15,319,115
2047	5,485,838	4,582,501	4,339,411	14,407,750
2048	5,266,476	4,400,752	3,831,244	13,498,472
2049	5,027,314	4,196,791	3,350,238	12,574,343
2050	4,772,337	3,979,946	2,900,303	11,652,586
2051	4,500,599	3,751,121	2,484,705	10,736,425
2052	4,218,234	3,511,869	2,105,858	9,835,961
2053	3,929,979	3,264,233	1,765,209	8,959,421
2054	3,636,991	3,011,104	1,463,170	8,111,265
2055	3,343,344	2,755,461	1,199,168	7,297,973
2056	3,051,440	2,500,797	971,743	6,523,980
2057	2,764,854	2,250,529	778,662	5,794,045
2058	2,486,802	2,007,951	617,120	5,111,873

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	2,220,088	1,776,190	483,938	4,480,216
2060	1,967,154	1,557,765	375,728	3,900,647
2061	1,730,074	1,354,698	289,066	3,373,838
2062	1,510,352	1,168,401	220,629	2,899,382
2063	1,308,939	999,660	167,302	2,475,901
2064	1,126,279	848,695	126,268	2,101,242
2065	962,291	715,177	95,055	1,772,523
2066	816,488	598,365	71,551	1,486,404
2067	688,028	497,177	54,000	1,239,205
2068	575,805	410,305	40,976	1,027,086
2069	478,567	336,335	31,346	846,248
2070	394,977	273,817	24,227	693,021
2071	323,660	221,344	18,946	563,950
2072	263,282	177,594	14,999	455,875
2073	212,541	141,356	12,016	365,913

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Retirement Income Plan for Selective Insurance Company of America  
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Schedule SB, Part V — Statement of Actuarial  
 Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply) with sample rates as follows:  Duration 0.5–5.46% Duration 5.5–4.81% Duration 10.5–5.13% Duration 15.5–5.24% Duration 20.5–5.22% Duration 25.5–5.18% Duration 30.5–5.17%
<b>Salary Increases</b>	
Minimum Funding Target Normal Cost	N/A
Maximum Tax Expected Benefit Increase	N/A
<b>Social Security Wage Base Increases</b>	N/A
<b>Social Security COLA Increases</b>	N/A
<b>Optional Payment Form Election Percentage</b>	<b>For participants retiring from active status:</b> 40% life annuity 35% joint and 100% survivor annuity 20% joint and 50% survivor annuity 5% joint and 75% survivor annuity  <b>For participants retiring from terminated vested status:</b> 50% life annuity 20% joint and 100% survivor annuity 20% joint and 50% survivor annuity 5% joint and 75% survivor annuity 5% life annuity with 10-year certain period
<b>Retirement Age</b>	
Active Participants	See Table 1.
Terminated Vested Participants	Age 64.
<b>Mortality Rates</b>	
Healthy	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994.
<b>Withdrawal Rates</b>	See Table 2.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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<b>Disability Rates</b>	See Table 3.
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
<b>Surviving Spouse Benefit</b>	It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are two years older than their spouses.
<b>Valuation Compensation</b>	N/A
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
<b>Valuation of Plan Assets</b>	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
<b>Expected Return on Assets</b>	
2022 Plan Year	5.00%
2023 Plan Year	6.90%, limited to 5.74%
2024 Plan Year	6.40%, limited to 5.59%
<b>Trust Expenses Included in Target Normal Cost</b>	Expenses are assumed to equal the prior year's administrative expenses, net of the prior year's PBGC premiums, plus the current year's PBGC premiums, rounded to the nearest \$1,000 (\$639,000 for 2024).
<b>Actuarial Method</b>	Standard unit credit cost method.
<b>Valuation Date</b>	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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Table 1

Retirement Rates

Age	Rate
48	0.00%
49	0.00%
50	1.50%
51	1.50%
52	1.50%
53	1.50%
54	1.50%
55	4.00%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	5.00%
61	10.00%
62	5.00%
63	10.00%
64	15.00%
65	35.00%
66	15.00%
67	25.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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Table 2

Withdrawal Rates

Age	Unisex Rate
35	4.20%
36	4.20%
37	4.20%
38	4.20%
39	4.20%
40	4.20%
41	4.20%
42	4.20%
43	4.20%
44	4.20%
45	3.00%
46	3.00%
47	3.00%
48	3.00%
49	3.00%
50	3.00%
51	3.00%
52	3.00%
53	3.00%
54	3.00%
55	3.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.041%	0.049%	45	0.206%	0.273%
16	0.041%	0.049%	46	0.230%	0.298%
17	0.041%	0.049%	47	0.254%	0.323%
18	0.041%	0.049%	48	0.301%	0.365%
19	0.041%	0.049%	49	0.350%	0.407%
20	0.041%	0.049%	50	0.399%	0.451%
21	0.041%	0.049%	51	0.450%	0.496%
22	0.041%	0.049%	52	0.502%	0.542%
23	0.042%	0.051%	53	0.588%	0.599%
24	0.044%	0.053%	54	0.675%	0.658%
25	0.046%	0.056%	55	0.765%	0.718%
26	0.047%	0.059%	56	0.856%	0.780%
27	0.049%	0.061%	57	0.950%	0.842%
28	0.052%	0.067%	58	1.047%	0.889%
29	0.054%	0.072%	59	1.147%	0.938%
30	0.057%	0.078%	60	1.251%	0.987%
31	0.060%	0.084%	61	1.358%	1.039%
32	0.063%	0.090%	62	1.468%	1.092%
33	0.068%	0.100%	63	1.701%	1.265%
34	0.072%	0.110%	64	1.935%	1.439%
35	0.077%	0.121%	65	2.169%	1.615%
36	0.082%	0.132%	66	2.406%	1.791%
37	0.088%	0.144%	67	2.643%	1.968%
38	0.097%	0.155%	68	3.128%	2.329%
39	0.107%	0.166%	69+	3.613%	2.689%
40	0.117%	0.178%			
41	0.127%	0.189%			
42	0.137%	0.202%			
43	0.160%	0.225%			
44	0.183%	0.249%			

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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## Schedule SB, Part V — Summary of Plan Provisions

### Plan Eligibility

An employee of Selective Insurance who was hired before January 1, 2006 becomes a participant upon the attainment of age 21 and one year of service. Employees first hired after December 31, 2005 participate in a defined contribution plan.

### Retirement Eligibility

Normal

Later of age 65 or five years of vesting service.

Early

Age 55 and 10 years of vesting service, or 70 points.

Deferred Vested

Five years of vesting service.

Disability

Eligibility for Company Long-Term Disability Plan.

Surviving Spouse

Five years of vesting service.

### Benefits

Effective March 31, 2016, the plan was frozen and benefit accruals ceased for all participants.

For employees who first begin participation in the plan on or after July 1, 2002: 1.2% of average monthly compensation multiplied by years of benefit accrual service ("Formula A").

For employees age 50 or above with five or more years of vesting service, or for employees with 25 or more years of vesting service, both as of July 1, 2002:

The greater of (1) or (2), minus (3) ("Formula B"):

- (1) 2% of average monthly compensation, less 1 3/7% of primary Social Security benefit, multiplied by years of benefit accrual service, to a maximum of 35 years.
- (2) For participants in the prior plan on or before May 1, 1980, 1-3/7% of the lesser of average monthly compensation or compensation for the one month preceding May 1, 1980, multiplied by years of benefit accrual service to a maximum of 35 years.
- (3) The monthly amount of retirement annuity purchased for the participant under the prior plan.

For employees who are vested (five years of vesting service) with at least 55 points as of July 1, 2002:

Formula B with benefit accrual service frozen as of June 30, 2002 plus Formula A based on benefit accrual service after June 30, 2002.

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For all other employees hired before July 1, 2002, greater of:

- (1) Formula B with benefit accrual service frozen as of July 1, 2002; and
- (2) Formula A.

**Early Retirement**

For retirements on or after age 55: Accrued benefit, reduced 1/180 per month for the first 60 months, and 1/360 per month for the next 60 months that benefit commencement precedes normal retirement date.

For retirements before age 55, the accrued benefit is reduced by 40% plus 1/600 per month for each month prior to normal retirement age.

**Deferred Vested Benefit**

Accrued benefit payable at age 65. Participants may also elect to receive the accrued benefit payable at an early retirement date, reduced as for early retirement.

**Disability**

Frozen accrued benefit as of March 31, 2016 reduced by the monthly annuity purchased under the prior plan.

**Surviving Spouse**

If a married vested participant dies prior to benefit commencement, a 100% survivor benefit will be payable to the spouse. The spouse receives the benefit that would have been payable had the participant terminated on the day before death, survived until early retirement date and elected to receive the benefit in the form of a 100% survivor option.

**Optional Forms of Payment**

Contingent annuitant option (50%, 75%, or 100%) and 10 year certain and life option.

**Optional Form Factors**

For annuities, conversions use the UP-1984 Unisex Mortality Table set back two years for both males and females and an interest rate of 8.00%.

For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the month before the date of the distribution and the mortality under Code section 430(h)(3)(A) for the plan year.

**Definitions**

**Compensation**

Total compensation for the plan year excluding overtime, bonuses, commissions, fees and amounts contributed by the employer under the plan.

Effective March 31, 2016, benefit accruals under the plan were frozen (no compensation will be considered after March 31, 2016).

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Average Monthly Compensation	Average of the highest five 52 consecutive week periods during the last ten 52 consecutive week periods immediately preceding severance from service.
Primary Social Security Benefit	Primary insurance amount at age 65, assuming level future earnings.
Points	Complete number of years of vesting service plus employee's attained age expressed in years and months.
<b>Benefit Service</b>	Benefit service is determined based on completed years and months. Each month a participant works through at least the fifteenth of the month constitutes one month of benefit service.  Effective March 31, 2016, benefit service under the plan was frozen.
Accrued Benefit	(1) minus (2):  (1) Participant's normal retirement benefit based on average monthly compensation, benefit service, and Social Security benefit as of the date of calculation.  (2) The amount of retirement annuity purchased for the participant under the prior plan.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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Schedule SB, line 15 — Reconciliation of Differences  
Between Valuation Results and Amounts Used to Calculate  
AFTAP

The AFTAP for the plan was originally issued September 30, 2024, and reflected unaudited asset values. The valuation results reported on the Schedule SB reflect the audited asset value. The AFTAP was not recertified because the change to the AFTAP was not material. The inputs used in the AFTAP certification are outlined below:

	<b>9/30/2024 Certification</b>
Funding Target	\$ 307,675,988
Value of Plan Assets	\$ 379,645,117
Funding Standard Carryover Balance	\$ 0
Prefunding Balance	\$ 0
Annuities Purchased for NHCE's	\$ 0
Security Posted	\$ 0
Certified AFTAP	123.39%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Retirement Income Plan for Selective Insurance Company of America  
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
48.5	0.00%	1.0000	0.00
49.5	0.00%	1.0000	0.00
50.5	1.50%	1.0000	0.76
51.5	1.50%	0.9850	0.76
52.5	1.50%	0.9702	0.76
53.5	1.50%	0.9557	0.77
54.5	1.50%	0.9413	0.77
55.5	4.00%	0.9272	2.06
56.5	4.00%	0.8901	2.01
57.5	4.00%	0.8545	1.97
58.5	4.00%	0.8203	1.92
59.5	4.00%	0.7875	1.87
60.5	5.00%	0.7560	2.29
61.5	10.00%	0.7182	4.42
62.5	5.00%	0.6464	2.02
63.5	10.00%	0.6141	3.90
64.5	15.00%	0.5527	5.35
65.5	35.00%	0.4698	10.77
66.5	15.00%	0.3054	3.05
67.5	25.00%	0.2595	4.38
68.5	35.00%	0.1947	4.67
69.5	35.00%	0.1265	3.08
70	100.00%	0.0822	5.76
		Weighted Average	63.34

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Retirement Income Plan for Selective Insurance Company of America  
 EIN: 22-1272390 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39			2	3						
40-44			8	5	1					
45-49			7	20	17	4				
50-54			9	17	23	16	3			
55-59			6	39	47	16	38			
60-64			3	36	24	7	38	10		
65-69			4	12	15	3	9	6	3	
70+			1	2	3	1	2	1		

N-461

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
EIN: 22-1272390 PN: 003

Schedule SB, line 26b – Schedule of Projection of Expected  
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	741,376	990,967	15,054,393	16,786,736
2025	1,448,716	1,525,060	14,790,694	17,764,470
2026	2,072,061	2,124,935	14,535,372	18,732,368
2027	2,666,394	2,716,951	14,226,623	19,609,968
2028	3,271,396	3,298,686	13,908,859	20,478,941
2029	3,868,837	3,929,076	13,588,447	21,386,360
2030	4,380,559	4,273,441	13,245,910	21,899,910
2031	4,823,770	4,662,864	12,844,604	22,331,238
2032	5,222,609	4,873,890	12,431,621	22,528,120
2033	5,570,074	5,058,757	11,973,638	22,602,469
2034	5,859,317	5,245,877	11,512,705	22,617,899
2035	6,086,205	5,294,953	11,014,006	22,395,164
2036	6,222,928	5,393,580	10,495,923	22,112,431
2037	6,328,876	5,417,728	9,964,135	21,710,739
2038	6,380,761	5,440,161	9,414,864	21,235,786
2039	6,400,569	5,394,133	8,853,458	20,648,160
2040	6,390,021	5,340,217	8,282,757	20,012,995
2041	6,339,620	5,283,843	7,705,971	19,329,434
2042	6,253,962	5,219,941	7,126,659	18,600,562
2043	6,152,156	5,152,476	6,549,847	17,854,479
2044	6,024,850	5,043,161	5,977,520	17,045,531
2045	5,874,096	4,917,078	5,416,603	16,207,777
2046	5,691,480	4,757,200	4,870,435	15,319,115
2047	5,485,838	4,582,501	4,339,411	14,407,750
2048	5,266,476	4,400,752	3,831,244	13,498,472
2049	5,027,314	4,196,791	3,350,238	12,574,343
2050	4,772,337	3,979,946	2,900,303	11,652,586
2051	4,500,599	3,751,121	2,484,705	10,736,425
2052	4,218,234	3,511,869	2,105,858	9,835,961
2053	3,929,979	3,264,233	1,765,209	8,959,421
2054	3,636,991	3,011,104	1,463,170	8,111,265
2055	3,343,344	2,755,461	1,199,168	7,297,973
2056	3,051,440	2,500,797	971,743	6,523,980
2057	2,764,854	2,250,529	778,662	5,794,045
2058	2,486,802	2,007,951	617,120	5,111,873

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Income Plan for Selective Insurance Company of America  
 EIN: 22-1272390 PN: 003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	2,220,088	1,776,190	483,938	4,480,216
2060	1,967,154	1,557,765	375,728	3,900,647
2061	1,730,074	1,354,698	289,066	3,373,838
2062	1,510,352	1,168,401	220,629	2,899,382
2063	1,308,939	999,660	167,302	2,475,901
2064	1,126,279	848,695	126,268	2,101,242
2065	962,291	715,177	95,055	1,772,523
2066	816,488	598,365	71,551	1,486,404
2067	688,028	497,177	54,000	1,239,205
2068	575,805	410,305	40,976	1,027,086
2069	478,567	336,335	31,346	846,248
2070	394,977	273,817	24,227	693,021
2071	323,660	221,344	18,946	563,950
2072	263,282	177,594	14,999	455,875
2073	212,541	141,356	12,016	365,913

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Retirement Income Plan for Selective Insurance Company of America  
 EIN: 22-1272390 PN: 003

Schedule SB, Part V — Statement of Actuarial  
 Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply) with sample rates as follows:  Duration 0.5–5.46% Duration 5.5–4.81% Duration 10.5–5.13% Duration 15.5–5.24% Duration 20.5–5.22% Duration 25.5–5.18% Duration 30.5–5.17%
<b>Salary Increases</b>	
Minimum Funding Target Normal Cost	N/A
Maximum Tax Expected Benefit Increase	N/A
<b>Social Security Wage Base Increases</b>	N/A
<b>Social Security COLA Increases</b>	N/A
<b>Optional Payment Form Election Percentage</b>	<b>For participants retiring from active status:</b> 40% life annuity 35% joint and 100% survivor annuity 20% joint and 50% survivor annuity 5% joint and 75% survivor annuity  <b>For participants retiring from terminated vested status:</b> 50% life annuity 20% joint and 100% survivor annuity 20% joint and 50% survivor annuity 5% joint and 75% survivor annuity 5% life annuity with 10-year certain period
<b>Retirement Age</b>	
Active Participants	See Table 1.
Terminated Vested Participants	Age 64.
<b>Mortality Rates</b>	
Healthy	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994.
<b>Withdrawal Rates</b>	See Table 2.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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<b>Disability Rates</b>	See Table 3.
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
<b>Surviving Spouse Benefit</b>	It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are two years older than their spouses.
<b>Valuation Compensation</b>	N/A
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
<b>Valuation of Plan Assets</b>	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
<b>Expected Return on Assets</b>	
2022 Plan Year	5.00%
2023 Plan Year	6.90%, limited to 5.74%
2024 Plan Year	6.40%, limited to 5.59%
<b>Trust Expenses Included in Target Normal Cost</b>	Expenses are assumed to equal the prior year's administrative expenses, net of the prior year's PBGC premiums, plus the current year's PBGC premiums, rounded to the nearest \$1,000 (\$639,000 for 2024).
<b>Actuarial Method</b>	Standard unit credit cost method.
<b>Valuation Date</b>	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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Table 1

Retirement Rates

Age	Rate
48	0.00%
49	0.00%
50	1.50%
51	1.50%
52	1.50%
53	1.50%
54	1.50%
55	4.00%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	5.00%
61	10.00%
62	5.00%
63	10.00%
64	15.00%
65	35.00%
66	15.00%
67	25.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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Table 2

Withdrawal Rates

Age	Unisex Rate
35	4.20%
36	4.20%
37	4.20%
38	4.20%
39	4.20%
40	4.20%
41	4.20%
42	4.20%
43	4.20%
44	4.20%
45	3.00%
46	3.00%
47	3.00%
48	3.00%
49	3.00%
50	3.00%
51	3.00%
52	3.00%
53	3.00%
54	3.00%
55	3.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Retirement Income Plan for Selective Insurance Company of America  
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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.041%	0.049%	45	0.206%	0.273%
16	0.041%	0.049%	46	0.230%	0.298%
17	0.041%	0.049%	47	0.254%	0.323%
18	0.041%	0.049%	48	0.301%	0.365%
19	0.041%	0.049%	49	0.350%	0.407%
20	0.041%	0.049%	50	0.399%	0.451%
21	0.041%	0.049%	51	0.450%	0.496%
22	0.041%	0.049%	52	0.502%	0.542%
23	0.042%	0.051%	53	0.588%	0.599%
24	0.044%	0.053%	54	0.675%	0.658%
25	0.046%	0.056%	55	0.765%	0.718%
26	0.047%	0.059%	56	0.856%	0.780%
27	0.049%	0.061%	57	0.950%	0.842%
28	0.052%	0.067%	58	1.047%	0.889%
29	0.054%	0.072%	59	1.147%	0.938%
30	0.057%	0.078%	60	1.251%	0.987%
31	0.060%	0.084%	61	1.358%	1.039%
32	0.063%	0.090%	62	1.468%	1.092%
33	0.068%	0.100%	63	1.701%	1.265%
34	0.072%	0.110%	64	1.935%	1.439%
35	0.077%	0.121%	65	2.169%	1.615%
36	0.082%	0.132%	66	2.406%	1.791%
37	0.088%	0.144%	67	2.643%	1.968%
38	0.097%	0.155%	68	3.128%	2.329%
39	0.107%	0.166%	69+	3.613%	2.689%
40	0.117%	0.178%			
41	0.127%	0.189%			
42	0.137%	0.202%			
43	0.160%	0.225%			
44	0.183%	0.249%			

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
EIN: 22-1272390 PN: 003

## Schedule SB, Part V — Summary of Plan Provisions

### Plan Eligibility

An employee of Selective Insurance who was hired before January 1, 2006 becomes a participant upon the attainment of age 21 and one year of service. Employees first hired after December 31, 2005 participate in a defined contribution plan.

### Retirement Eligibility

Normal

Later of age 65 or five years of vesting service.

Early

Age 55 and 10 years of vesting service, or 70 points.

Deferred Vested

Five years of vesting service.

Disability

Eligibility for Company Long-Term Disability Plan.

Surviving Spouse

Five years of vesting service.

### Benefits

Effective March 31, 2016, the plan was frozen and benefit accruals ceased for all participants.

For employees who first begin participation in the plan on or after July 1, 2002: 1.2% of average monthly compensation multiplied by years of benefit accrual service ("Formula A").

For employees age 50 or above with five or more years of vesting service, or for employees with 25 or more years of vesting service, both as of July 1, 2002:

The greater of (1) or (2), minus (3) ("Formula B"):

- (1) 2% of average monthly compensation, less 1 3/7% of primary Social Security benefit, multiplied by years of benefit accrual service, to a maximum of 35 years.
- (2) For participants in the prior plan on or before May 1, 1980, 1-3/7% of the lesser of average monthly compensation or compensation for the one month preceding May 1, 1980, multiplied by years of benefit accrual service to a maximum of 35 years.
- (3) The monthly amount of retirement annuity purchased for the participant under the prior plan.

For employees who are vested (five years of vesting service) with at least 55 points as of July 1, 2002:

Formula B with benefit accrual service frozen as of June 30, 2002 plus Formula A based on benefit accrual service after June 30, 2002.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
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For all other employees hired before July 1, 2002, greater of:

- (1) Formula B with benefit accrual service frozen as of July 1, 2002; and
- (2) Formula A.

**Early Retirement**

For retirements on or after age 55: Accrued benefit, reduced 1/180 per month for the first 60 months, and 1/360 per month for the next 60 months that benefit commencement precedes normal retirement date.

For retirements before age 55, the accrued benefit is reduced by 40% plus 1/600 per month for each month prior to normal retirement age.

**Deferred Vested Benefit**

Accrued benefit payable at age 65. Participants may also elect to receive the accrued benefit payable at an early retirement date, reduced as for early retirement.

**Disability**

Frozen accrued benefit as of March 31, 2016 reduced by the monthly annuity purchased under the prior plan.

**Surviving Spouse**

If a married vested participant dies prior to benefit commencement, a 100% survivor benefit will be payable to the spouse. The spouse receives the benefit that would have been payable had the participant terminated on the day before death, survived until early retirement date and elected to receive the benefit in the form of a 100% survivor option.

**Optional Forms of Payment**

Contingent annuitant option (50%, 75%, or 100%) and 10 year certain and life option.

**Optional Form Factors**

For annuities, conversions use the UP-1984 Unisex Mortality Table set back two years for both males and females and an interest rate of 8.00%.

For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the month before the date of the distribution and the mortality under Code section 430(h)(3)(A) for the plan year.

**Definitions**

**Compensation**

Total compensation for the plan year excluding overtime, bonuses, commissions, fees and amounts contributed by the employer under the plan.

Effective March 31, 2016, benefit accruals under the plan were frozen (no compensation will be considered after March 31, 2016).

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Income Plan for Selective Insurance Company of America  
EIN: 22-1272390 PN: 003

Average Monthly Compensation	Average of the highest five 52 consecutive week periods during the last ten 52 consecutive week periods immediately preceding severance from service.
Primary Social Security Benefit	Primary insurance amount at age 65, assuming level future earnings.
Points	Complete number of years of vesting service plus employee's attained age expressed in years and months.
<b>Benefit Service</b>	Benefit service is determined based on completed years and months. Each month a participant works through at least the fifteenth of the month constitutes one month of benefit service.  Effective March 31, 2016, benefit service under the plan was frozen.
Accrued Benefit	(1) minus (2):  (1) Participant's normal retirement benefit based on average monthly compensation, benefit service, and Social Security benefit as of the date of calculation.  (2) The amount of retirement annuity purchased for the participant under the prior plan.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**Retirement Income Plan for  
Selective Insurance Company of America**

**Schedule H, Line 4(j) - Schedule of Reportable Transactions  
Year Ended December 31, 2024**

Identity of issue	Description	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain/(loss)
<b>Single Transactions:</b>						
* J.P. Morgan Interest-bearing Cash	Short-term Investment	—	22,150,000	22,150,000	22,150,000	—
* IR+M Intermediate Corporate Collective Fund B	Collective Trust	22,150,000	—	22,150,000	22,150,000	—
<b>Series of Transactions:</b>						
* J.P. Morgan Interest-bearing Cash	Short-term Investment	35,302,941	—	35,302,941	35,302,941	—
* J.P. Morgan Interest-bearing Cash	Short-term Investment	—	39,227,936	39,227,936	39,227,936	—
* IR+M Intermediate Corporate Collective Fund B	Collective Trust	22,150,000	—	22,150,000	22,150,000	—
* IR+M Intermediate Corporate Collective Fund B	Collective Trust	—	3,739,154	3,581,330	3,739,154	157,824

\* Party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

**Retirement Income Plan for  
Selective Insurance Company of America**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)  
December 31, 2024**

Identity of Issue	Description	Cost	Current Value
<u>Collective Trusts</u>			
* IR+M Intermediate Corporate Collective Fund B	Collective Trust	\$ 40,080,291	\$ 42,757,494
* State Street Long U.S. Govt Bond Index NL Fund	Collective Trust	24,699,052	25,991,606
* Willis Towers Watson GT Long Credit Fund	Collective Trust	25,306,424	29,319,399
* BlackRock TSY U.S 5 YR Key Rate Dur NL FD	Collective Trust	8,057,531	6,621,575
* BlackRock TSY U.S 10 YR Key Rate Dur NL FD A	Collective Trust	15,435,130	9,768,952
* BlackRock TSY U.S 20 YR Key Rate Dur NL FD	Collective Trust	16,759,617	8,703,280
* BlackRock TSY U.S 15 YR Key Rate Dur NL FD	Collective Trust	14,490,136	9,845,266
* BlackRock TSY U.S 25+ YR Key Rate Dur NL FD	Collective Trust	39,600,659	12,362,841
* BlackRock MSCI ACWI Equity Index NL	Collective Trust	21,705,300	40,633,054
* Willis Towers Watson GT Real Asset Fund	Collective Trust	38,921,885	58,426,905
* Willis Towers Watson GT Diversified Credit Fund	Collective Trust	34,051,866	47,158,266
* Willis Towers Watson Liquid Diversifiers Fund	Collective Trust	29,149,781	33,122,105
Total Collective Trusts		308,257,672	324,710,743
<u>Investments in Limited Partnerships<sup>1</sup></u>			
* Trilantic Capital Partners IV, L.P.	Investment in Limited Partnership	67,632	67,632
* Silverpeak Legacy Partners II, L.P.	Investment in Limited Partnership	24,980	24,980
* Venture Investment Assoc V L.P.	Investment in Limited Partnership	222,474	222,474
Total Investments in Limited Partnerships		315,086	315,086
<sup>1</sup> Cost includes contributions offset by total distributions to the extent they exceed inception-to-date income.			
<u>Common Stock</u>			
Corsa Coal ORD	Common Stock	33,449	10,244
<u>Short-term Investments</u>			
* J.P. Morgan Interest-bearing Cash	Short-term Investment	5,090,465	5,090,465
<u>Deposit Administration Contract</u>			
* The Equitable Life Assurance Society of the United States	Deposit Administration Contract	2,502,296	2,502,296
Total Investments		\$ 316,198,968	\$ 332,628,834

\*Party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Income Plan for Selective Insurance Company of America  
 EIN: 22-1272390 PN: 003

## Schedule SB, line 24 – Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on plan assets from 6.90 percent to 6.40 percent.
- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study performed in December 2023.
- A change in the retirement rates to better reflect anticipated future experience as the result of an assumption study performed in December 2023.
- A change in the optional payment form election percentage for retirements from active status as the result of an assumption study performed in December 2023.

Form of Payment	Old Assumption	New Assumption
Life annuity	40%	40%
Joint and 100% survivor annuity	30%	35%
Joint and 50% survivor annuity	20%	20%
Joint and 75% survivor annuity	5%	5%
Life annuity with 10-year certain period	5%	0%

- A change in the optional payment form election percentage for retirements from terminated vested status as the result of an assumption study performed in December 2023.

Form of Payment	Old Assumption	New Assumption
Life annuity	40%	50%
Joint and 100% survivor annuity	30%	20%
Joint and 50% survivor annuity	20%	20%
Joint and 75% survivor annuity	5%	5%
Life annuity with 10-year certain period	5%	5%

These changes were made to better reflect the anticipated plan experience. None of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required

<b>Form 5500</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here . . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . .

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA	<b>1b</b> Three-digit plan number (PN) ▶ 003 <hr/> <b>1c</b> Effective date of plan 01/01/1986
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  SELECTIVE INSURANCE COMPANY OF AMERICA  40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	<b>2b</b> Employer Identification Number (EIN) 22-1272390 <hr/> <b>2c</b> Plan Sponsor's telephone number 9739483000 <hr/> <b>2d</b> Business code (see instructions) 524150

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Cyndi Bennett</i>	10/02/2025	CYNDI BENNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Sarita Chakravarthi</i>	10/02/2025	SARITA CHAKRAVARTHI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)  
v. 240311