SELECTIVE INSURANCE GROUP INC
Form 10-K
February 28, 2014

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 10-K
(Mark One)

ý ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended: December 31, 2013
or

¨ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from_______________________to______________________

Commission file number 001-33067
SELECTIVE INSURANCE GROUP, INC.
(Exact Name of Registrant as Specified in Its Charter)

New Jersey	22-2168890
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
40 Wantage Avenue, Branchville, New Jersey	07890
(Address of Principal Executive Offices)	(Zip Code)
Registrant's telephone number, including area code:	(973) 948-3000

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Name of each exchange on which registered
Common Stock, par value $2 per share	NASDAQ Global Select Market
5.875% Senior Notes due February 9, 2043	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
ý Yes ¨ No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
¨ Yes ý No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was

required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
ý Yes ¨ No

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Website, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files).
ý Yes ¨ No

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K.
ý

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer x
Accelerated filer ¨
Non-accelerated filer ¨
(Do not check if a smaller reporting company)
Smaller reporting company ¨

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).
¨ Yes ý No

The aggregate market value of the voting company common stock held by non-affiliates of the registrant, based on the closing price on the NASDAQ Global Select Market, was $1,248,863,936 on June 30, 2013. As of February 14, 2014, the registrant had outstanding 56,160,519 shares of common stock.

DOCUMENTS INCORPORATED BY REFERENCE
Portions of the registrant's definitive Proxy Statement for the 2014 Annual Meeting of Stockholders to be held on April 23, 2014 are incorporated by reference into Part III of this report.

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PART I

Item 1. Business.

Overview

Selective Insurance Group, Inc. (referred to as the “Parent”) is a New Jersey holding company that was incorporated in 1977. The Parent has nine insurance subsidiaries that are licensed by various state departments of insurance to write specific lines of property and casualty insurance in the standard market. Two of these subsidiaries, Selective Casualty Insurance Company ("SCIC") and Selective Fire and Casualty Insurance Company ("SFCIC"), were created in 2012 and began writing direct premium in 2013. In addition, in December 2011 we acquired one subsidiary, Mesa Underwriters Specialty Insurance Company ("MUSIC"), that is authorized by various state insurance departments to write property and casualty insurance in the excess and surplus lines ("E&S") market. Our ten insurance subsidiaries are collectively referred to as the “Insurance Subsidiaries.” The Parent and its subsidiaries are collectively referred to as "we," “us,” or “our” in this document.

Our main office is located in Branchville, New Jersey and the Parent’s common stock is publicly traded on the NASDAQ Global Select Market under the symbol “SIGI.” In 2013, we were ranked as the 44th largest property and casualty group in the United States based on 2012 net premium written (“NPW”) in A.M. Best and Company’s (“A.M. Best”) annual list of “Top 200 U.S. Property/Casualty Writers.” We have provided a glossary of terms as Exhibit 99.1 to this Form 10-K, which defines certain industry-specific and other terms that are used in this Form 10-K.

We classify our business into three operating segments:

- Standard Insurance Operations - in which we sell commercial lines ("Commercial Lines") and personal lines ("Personal Lines") insurance products and services in the standard marketplace, including flood business through the National Flood Insurance Program ("NFIP");
- E&S Insurance Operations - in which we sell Commercial Lines insurance products and services to insureds who have not obtained coverage in the standard market; and
- Investments - in which we invest the premiums generated in our Standard and E&S Insurance Operations and amounts generated through our capital management strategies, which may include the issuances of debt and equity securities.

We derive substantially all of our income in three ways:

- Underwriting income from our insurance operations. Underwriting income is comprised of revenues, which are the premiums earned on our insurance products and services, less expenses. The gross premiums are direct premium written (“DPW”) plus premiums assumed from other insurers or self-insured groups. Gross premiums less premium ceded to reinsurers, is NPW. NPW is recognized as revenue ratably over a policy’s term as net premiums earned (“NPE”). Expenses related to our insurance operations fall into three main categories: (i) losses associated with claims and various loss expenses incurred for adjusting claims (referred to as “loss and loss expenses”); (ii) expenses related to insurance policy issuance, such as agent commissions, premium taxes, reinsurance, and other expenses incurred in issuing and maintaining policies, including employee compensation and benefits (referred to as “underwriting expenses”); and (iii) policyholder dividends.

- Net investment income from investments. We generate income from investing insurance premiums and amounts generated through our capital management strategies. Net investment income consists primarily of interest earned on

fixed maturity investments, dividends earned on equity securities, and other income primarily generated from our alternative investment portfolio.

- Net realized gains and losses on investment securities from the investments segment. Realized gains and losses from the investment portfolios of the Insurance Subsidiaries and the Parent are typically the result of sales, maturities, calls, and redemptions. They also include write downs from other-than-temporary impairments ("OTTI").

Our income is partially offset by general corporate expenses, including interest on our debt obligations, and tax payments.

We measure the performance of our insurance operations segments by the combined ratio. Under U.S. generally accepted accounting principles ("GAAP"), the combined ratio is calculated by adding: (i) the loss and loss expense ratio, which is the ratio of incurred loss and loss expense to NPE; (ii) the expense ratio, which is the ratio of policy acquisition and other underwriting expenses to NPE; and (iii) the dividend ratio, which is the ratio of policyholder dividends to NPE. Statutory accounting principles ("SAP") provides a calculation of the combined ratio that differs from GAAP in that the statutory expense ratio is the ratio of policy acquisition and other underwriting expenses to NPW, not NPE. A combined ratio under 100% generally indicates an underwriting profit and a combined ratio over 100% generally indicates an underwriting loss. The combined ratio does not reflect investment income, federal income taxes, or other non-insurance related income or expense.

We measure the performance of our investments segment by after-tax investment income and the associated return on invested assets. Our investment philosophy includes setting certain risk and return objectives for the fixed maturity, equity, and other investment portfolios. We generally measure our performance by comparing our returns for each of these components of our portfolio to a weighted-average benchmark of comparable indices.

Our operations are heavily regulated by the state insurance regulators in the states in which our Insurance Subsidiaries are organized and licensed or authorized to do business. In these states, the Insurance Subsidiaries are required to file financial statements prepared in accordance with SAP, which are promulgated by the National Association of Insurance Commissioners ("NAIC") and adopted by the various states. Because of these regulatory requirements, we use SAP to manage our insurance operations. The purpose of state insurance regulation is to protect policyholders, so SAP focuses on solvency and liquidation value unlike GAAP, which focuses on the potential for shareholder profits. Consequently, significant differences exist between SAP and GAAP that are discussed further under "Measure of Insurance Segments Profitability."

Insurance Segments (Standard and E&S)
Overview

We derive all of our insurance operations revenue from selling insurance products and services to businesses and individuals for premium. The majority of our sales are annual insurance policies. Our Commercial Lines sales are to businesses, non-profit organizations, and local government entities, and include Standard Insurance Operations and E&S Insurance Operations. This business represents about 84% of our NPW. Commercial Lines sales are seasonally higher in January and July and lower during the fourth quarter of the year. Our Personal Lines sales, including our flood business, are primarily to individuals and represent about 16% of our NPW.

Insurance Segments Products and Services
The types of insurance we sell in our insurance operations fall into four broad categories:

- Standard market property insurance, which generally covers the financial consequences of accidental loss of an insured's real and/or personal property. Property claims are generally reported and settled in a relatively short period of time;

- Standard market casualty insurance, which generally covers the financial consequences of employee injuries in the course of employment and bodily injury and/or property damage to a third party as a result of an insured's negligent acts, omissions, or legal liabilities. Casualty claims may take several years to be reported and settled;

- Flood insurance, which generally covers property losses under the Federal Government's Write Your Own ("WYO") program of the NFIP. Flood insurance premiums and losses are 100% ceded to the NFIP; and

- E&S insurance, which generally provides property and casualty insurance coverage through established underwriting guidelines to small commercial accounts with moderate degrees of hazard that were not obtained in the standard markets because of their small premium size, unique/niche risk characteristics, and/or regulatory restrictions that prevent standard markets from offering desirable underwriting terms and conditions. E&S property claims are generally reported and settled in a relatively short period of time, whereas E&S casualty claims may take several years to be reported and settled.

We underwrite and insure Commercial Lines of business primarily through traditional insurance and, to a lesser extent, through alternative risk management products, such as retrospective rating plans, self-insured group retention programs, or individual accounts with self-insured retentions. The following table shows the principal types of policies we write in our Standard Commercial Insurance Operations and our E&S Insurance Operations:

Types of Policies	Category of Insurance	Standard Insurance Operations	E&S Insurance Operations
Commercial Property	Property	X	X
Commercial Automobile	Property/Casualty	X	X
General Liability (including Excess Liability/Umbrella)	Casualty	X	X
Workers Compensation	Casualty	X	
Businessowners' Policy	Property/Casualty	X	
Bonds (Fidelity and Surety)	Casualty	X	
Flood[1]	Property	X	

[1]Flood insurance premiums and losses are 100% ceded to the federal government's WYO program. Certain other policies contain minimal Flood or Flood related coverages.

The main Personal Lines policies that we write are as follows:

Types of Policies	Category of Insurance	Standard Insurance Operations
Homeowners	Property/Casualty	X
Personal Automobile	Property/Casualty	X
Umbrella	Casualty	X
Flood[1]	Property	X

[1]Flood insurance premiums and losses are 100% ceded to the federal government's WYO program. Certain other policies contain minimal Flood or Flood related coverages.

Product Development and Pricing

Our insurance policies are contracts that specify our coverages – what we will pay to or for an insured upon specified losses. We develop our coverages internally and by adopting and modifying forms and statistical data licensed from third party aggregators, notably Insurance Services Office, Inc. ("ISO") and the National Council on Compensation Insurance, Inc. ("NCCI"). Determining the price to charge for our coverages is complicated. At the time we underwrite and issue a policy, we do not know what our actual costs for the policy will be in the future. To calculate and project future costs, we examine and analyze historical statistical data and factor in expected changes in loss trends. Additionally, we have developed predictive models for certain of our standard insurance lines. Predictive models analyze historical statistical data regarding our insureds and their loss experience, rank our policies, or potential policies, based on this analysis, and apply this risk data to current and future insureds to predict the likely profitability of an account. A model's predictive capabilities are limited by the amount and quality of the statistical data available. As a regional insurance group, our loss experience is not always statistically large enough to analyze and project future costs. Consequently, we use ISO data to supplement our own.

Customers and Customer Markets

Commercial Lines customers represent 84% of our total NPW. We categorize this business as follows:

	Percent of Total Commercial Lines	Average Premium per Policy	Description

Small Business	21	% $2,791	Standard insurance policies generally under $25,000, with certain restrictions for hazard grade and exposure that can be issued for new customers through our internet-based One & Done® and Two & Done automated underwriting templates.
Middle Market Business	60	% $10,257	Standard insurance policies that cannot be issued for new customers through our automated systems and are the focus of our field-based underwriters, known as agency management specialists ("AMSs").
Large Account Business	10	% $158,278	Standard insurance policies that are larger in size or include alternative risk transfer. This business is written by large account specialists. Approximately 25% of these accounts include alternative risk transfer mechanisms.
E&S Business	9	% $2,741	E&S insurance policies that are generally written through contract binding authority under established underwriting guidelines with our wholesale general agency partners.

We do not subdivide our Personal Lines customers by size or class. No one customer accounts for 10% or more of our Standard or E&S Insurance Operations segments.

Geographic Markets

We principally sell our standard insurance products and services in 22 states and the District of Columbia in the Eastern and Midwestern regions of the United States. However, we also provide Flood and E&S insurance in all 50 states and the District of Columbia. We believe this geographic diversification lessens our exposure to regulatory, competitive, and catastrophic risk. The following table lists the principal states in which we write business and the percentage of total NPW each represents for the last three fiscal years:

	Year Ended December 31,			
% of NPW	2013		2012	2011
New Jersey	23.1	%	23.3	25.3
Pennsylvania	11.5		12.0	13.0
New York	6.9		7.6	8.3
Maryland	5.7		5.7	6.4
Indiana	4.8		5.0	4.9
Virginia	4.7		4.9	5.3
Illinois	4.5		4.9	5.5
Georgia	3.5		3.1	3.1
Michigan	3.4		3.5	3.6
North Carolina	3.2		3.1	3.0
South Carolina	3.0		3.0	2.7
Ohio	2.5		2.6	2.7
Other states	23.2		21.3	16.2
Total	100.0	%	100.0	100.0

Distribution and Marketing

We sell and distribute our Standard Insurance Operations products and services through independent retail insurance agents. Our Standard Insurance Operations, excluding our flood business, had retail agency agreements with approximately 1,100 independent agencies as of December 31, 2013, many of which have multiple offices. In total, approximately 1,900 independent agency offices are selling this business for us. In addition, we have approximately 5,000 agencies selling our flood products. We sell and distribute our E&S Insurance Operations products through approximately 90 wholesale general agencies, to which we have given contract binding authority for the business they receive from independent retail insurance agents. We pay our agencies commissions and other consideration for business placed with us. We seek to compensate our agencies fairly and consistent with market practices. No one agency is responsible for 10% or more of our combined insurance operations premium.

Independent retail insurance agents and brokers write approximately 80% of standard market commercial property and casualty insurance and approximately a third of the standard market personal lines insurance in the United States according to a study released in 2013 by the Independent Insurance Agents & Brokers of America. E&S business is written almost exclusively through wholesale general agents. We believe that independent retail insurance agents will remain a significant force in overall insurance industry premium production because they represent more than one insurance carrier and can provide a wider choice of commercial lines and personal lines insurance products and consultation to insureds. Because our agencies generally represent several of our competitors, we face competition within our distribution channel. As our customers rely heavily on their independent retail insurance agent, it is sometimes difficult to develop brand recognition with our customers, who cannot always differentiate between insurance agents and insurance carriers.

Our primary marketing strategy with agents is to:

- Use a business model that provides them resources within close geographic proximity, including: (i) field underwriters; (ii) regional office underwriters; (iii) safety management specialists; (iv) field claims personnel; and (v) field marketing specialists. These resources make timely underwriting and claim decisions based on established authority parameters and provide marketing support and automation training.

- Develop close relationships with each agency and its principals: (i) by soliciting their feedback on products and services; (ii) by advising them concerning product developments; and (iii) through significant interaction with them focusing on producer recruitment, sales training, enhancing customer experience, online marketing, and agency operations.
- Develop with each agency, and then carefully monitor, annual goals regarding: (i) types and mix of risks placed with us; (ii) amounts of premium or numbers of policies placed with us; (iii) customer service levels; and (iv) profitability of business placed with us.

In our most recent survey of our Standard Insurance Operations Agents', which was conducted in 2013, we received an overall satisfaction score of 8.6 out of 10, which highlighted our agents' satisfaction with our standard Commercial Lines products, the ease of reporting claims, and the professionalism and effectiveness of our employees.

Field and Technology Strategies Supporting Independent Retail Agent Distribution

We use the service mark "High-tech x High-touch = HT^{2} SM" to describe our Standard Insurance Operations business strategy. "High-tech" refers to our technology that we use to make it easy for our independent retail insurance agents and customers to do standard business with us. "High-touch" refers to the close relationships that we have with our independent retail insurance agents and customers due to our field business model that places underwriters, claims representatives, technical staff, and safety management representatives near our agents and customers.

Employees

To support our independent retail agents, we employ a field model in both underwriting and claims. The field model places various employees in the field, usually working from home offices near our agents. We believe that we build better and stronger relationships with our agents because of the close proximity of our field employees to our agents and the resulting direct and regular interaction with our agents and our customers.

At December 31, 2013, we had approximately 2,100 employees, about 340 of which worked in the field, and another 900 that worked in one of our regional offices.

We provide support to our field model from our corporate headquarters in Branchville, New Jersey, and our six regional branches ("Regions"). The table below lists our Regions and where they have office locations:

Region	Office Location
Heartland	Carmel, Indiana
New Jersey	Hamilton, New Jersey
Northeast	Branchville, New Jersey
Mid-Atlantic	Allentown, Pennsylvania and Hunt Valley, Maryland
Southern	Charlotte, North Carolina
E&S	Horsham, Pennsylvania and Scottsdale, Arizona

Underwriting Process Involving Agents and our Field Model

Our underwriting process requires communication and interaction among:

- Our independent retail agents, who act as front-line underwriters, our AMSs, our safety management specialists ("SMSs"), our field marketing specialists ("FMSs"), as well as our corporate and regional underwriters;
- Our wholesale general agents, who use guidelines developed by our corporate E&S underwriters to write business that they receive from retail insurance agents under contract binding authority;
- Our flood agents who act as front-line producers for our business under the NFIP's WYO program;
-

- Our corporate underwriting department, which includes our strategic business units ("SBUs"), organized by product and customer type, and our line-of-business units. These units develop our policy forms, pricing, and underwriting guidelines in conjunction with the Regions;
- Our Regions, which establish: (i) annual premium and pricing goals in consultation with the SBUs; (ii) agency new business targets; and (iii) agency profit improvement plans; and
- Our Actuarial Department, located primarily in our corporate headquarters, which assists in the determination of rate and pricing levels, while also monitoring pricing and profitability.

We also have an underwriting service center ("USC") located in Richmond, Virginia. The USC assists our independent retail agents by servicing our Standard Insurance Operations with a focus on Personal Lines, as well as Small Business and Middle Market Commercial Lines accounts. At the USC, many of our employees are licensed agents who respond to customer inquiries about insurance coverage, billing transactions, and other matters. For the convenience of using the USC and our handling of certain transactions, our independent retail agents agree to receive a slightly lower than standard commission for the premium associated with the USC. As of December 31, 2013, our USC was servicing standard Commercial Lines NPW of $48.6 million, and Personal Lines NPW of $27.5 million. The $76.1 million total serviced by the USC represents 4% of our total NPW.

We believe that our field model has a distinct advantage in its ability to provide a wide range of front-line safety management services focused on improving an insured's safety and risk management programs – and we have obtained the service mark "Safety Management: Solutions for a safer workplace."SM Safety management services include: (i) risk evaluation and improvement surveys intended to evaluate potential exposures and provide solutions for mitigation; (ii) Internet-based safety management educational resources, including a large library of coverage-specific safety materials, videos and online courses, such as defensive driving and employee educational safety courses; (iii) thermographic infrared surveys aimed at identifying electrical hazards; and (iv) Occupational Safety and Health Administration construction and general industry certification training. Risk improvement efforts for existing customers are designed to improve loss experience and policyholder retention through valuable ongoing consultative service. Our safety management goal is to work with our insureds to identify and eliminate potential loss exposures.

Claims Management and Field Claims Model

Effective, fair, and timely claims management is one of the most important services that we provide our customers and agents. It also is one of the critical factors in achieving underwriting profitability. We have structured our claims organization to emphasize: (i) cost-effective delivery of claims services and control of loss and loss expenses; and (ii) maintenance of timely and adequate claims reserves. In connection with our Standard Insurance Operations, we believe that we can achieve lower claims expenses through our field model by locating claims representatives in close proximity to our customers and independent retail agents. For our E&S Insurance Operations, we use external adjusters who are situated close to claimants.

Claims management specialists ("CMSs") are primarily responsible for investigating and settling the majority of our Standard Insurance Operations' non-workers compensation claims directly with insureds and claimants. By promptly and personally investigating claims, we believe CMSs are able to provide better customer and agent service and quickly resolve claims within their authority. All workers compensation claims are handled in the Regional Claim Offices by workers compensation adjusters. We have also established a workers compensation strategic case management unit, which specializes in the investigation and medical management of lost-time claims with high exposure and/or escalation risk. Due to the special nature of property losses with higher severity, CMSs refer those claims above certain amounts and more technically complex losses to either the Property Flex Unit or the Large Loss unit. Both of these groups specifically handle only higher exposure property claims. All asbestos and environmental claims are referred to our specialized corporate Environmental Unit. This structure allows us to provide experienced adjusting to each claim category.

We also have a claims service center ("CSC"), co-located with the USC, in Richmond, Virginia. The CSC receives first notices of loss from our insureds and claimants related to our Standard Insurance Operations. The CSC is designed to help: (i) reduce the claims settlement time on first- and third-party automobile property damage claims; (ii) increase the use of body shops, glass repair shops, and car rental agencies that have contracted with us at discounted rates; (iii) handle and settle small property claims; and (iv) investigate and negotiate auto liability claims. Upon receipt of a claim, the CSC, as appropriate, will assign the matter to the appropriate Region or specialized area at our corporate headquarters.

For our Standard and E&S Insurance Operations, we have a special investigations unit ("SIU") that investigates potential insurance fraud and abuse, and supports efforts by regulatory bodies and trade associations to curtail the cost of fraud. The SIU adheres to uniform internal procedures to improve detection and take action on potentially fraudulent claims. It is our practice to notify the proper authorities of SIU findings, which we believe sends a clear message that we will not tolerate fraud against us or our customers. The SIU also supervises anti-fraud training for all claims adjusters and AMSs.

Technology

We leverage the use of technology in our business. In recent years, we have made significant investments in information technology platforms, integrated systems, internet-based applications, and predictive modeling initiatives. We did this to provide:

- Our independent retail agents, wholesale agents, and customers with access to accurate business information and the ability to process certain transactions from their locations, seamlessly integrating those transactions into our systems;
- Our SIU investigators access to our business intelligence systems to better identify claims with potential fraudulent activities;
- Our claims recovery and subrogation departments with the ability to expand and enhance their models through the use of our business intelligence systems; and
- Our underwriters with targeted pricing tools to enhance profitability while growing the business.

In 2013, we received the Interface Partner Award from Applied Systems, an automated solutions provider to independent retail insurance agents, for the sixth consecutive year. The award recognizes our leadership and innovation in our interface advancements in download and real-time rating. We also received the following two awards in 2013, from the Association of Cooperative Operations Research and Development ("ACORD"):

- The Property & Casualty Straight-Through Processing of Data Award, which recognizes those companies that have automated the life cycle of ACORD Standards and Forms data. This includes encouraging the agents to use current ACORD Forms, real-time rating/submission, policy download and endorsement processing; and
- The Property & Casualty AL3 Download Award, for using current electronic data interchange standards and having a solid history of download success using AL3 standards.

We manage our information technology projects through an Enterprise Project Management Office (“EPMO”). The EPMO is staffed by certified individuals who apply methodologies to: (i) communicate project management standards; (ii) provide project management training and tools; (iii) review project status and cost; and (iv) provide non-technology project management consulting services to the rest of the organization. The EPMO, which includes senior management representatives from all major business areas, corporate functions, and information technology, meets regularly to review all major initiatives and receives reports on the status of other projects. We believe the EPMO is an important factor in the success of our technology implementation. Our technology operations are located in Branchville, New Jersey and Glastonbury, Connecticut. We also have agreements with multiple consulting, information technology, and managed services providers for supplemental staffing services. Collectively, these providers supply approximately 21% of our skilled technology capacity. We retain management oversight of all projects and ongoing information technology production operations. We believe we would be able to manage an efficient transition to new vendors without significant impact to our operations if we terminated an existing vendor.

Insurance Operations Competition

Market Competition

The commercial lines property and casualty insurance market is highly competitive and market share is fragmented among many companies. Despite a slight economic improvement that took place in 2013, A.M. Best maintains its negative outlook for the commercial lines segment for 2014. We compete with four types of companies, primarily on the basis of price, coverage terms, claims service, safety management services, ease of technology, and financial ratings:

- Regional insurers, such as Cincinnati Financial Corporation, Erie Indemnity Company, The Hanover Insurance Group, Inc., and United Fire Group, Inc., which offer commercial lines and personal lines products and services;

- National insurers, such as Liberty Mutual Group, The Travelers Companies, Inc., The Hartford Financial Services Group, Inc., Nationwide Mutual Insurance Company; and Zurich Insurance Group which offer commercial lines and personal lines products and services;

- Alternative risk insurers, which includes entities that self-insure their risks. Generally, only large entities have the capacity to self-insure. In the public sector, some small and mid-sized public entities have the opportunity to partially self-insure their risks through the use of risk pools or joint insurance funds that are generally created by legislative act; and
- E&S lines insurers, such as Scottsdale, Nautilus, Colony, Markel, Western World, Century Surety, and Burlington, which offer a variety of property and casualty insurance products on an E&S basis. In addition, we also face competition from E&S lines insurers who work directly with retail agencies such as U.S. Liability Insurance.

We also face competition in personal lines, although the market is less fragmented than commercial lines and carriers have been more successful at obtaining rate increases. A.M. Best has maintained their stable outlook for 2014 for personal lines, reflecting ongoing stability of the auto line and successful carriers continuing to enhance the granularity of their home pricing models. Our Personal Lines business faces competition primarily from the regional and national carriers noted above, as well as direct insurers such as GEICO and The Progressive Corporation, which primarily offer personal auto coverage and market through a direct-to-consumer model.

Some of these competitors are public companies and some are mutual companies. Some, like us, rely on independent retail and wholesale insurance agents for distribution of their products and services and have competition within their distribution channel. Others either employ their own agents who only represent one insurance carrier or use a combination of independent retail and captive agents.

Financial Ratings

Our Insurance Subsidiaries' ratings by major rating agencies, are as follows:

Rating Agency	Financial Strength Rating	Outlook
A.M. Best	A	Stable
Standard & Poor's Ratings Services ("S&P")	A-	Stable
Moody's Investors Service ("Moody's")	A2	Negative
Fitch Ratings ("Fitch")	A+	Negative

Because agent and customer concerns about an insurer's ability to pay claims in the future are such an important factor in our competitiveness, our financial ratings are important. Major financial rating agencies evaluate us on our financial strength, operating performance, strategic position, and ability to meet policyholder obligations. We believe that our ability to write insurance business is most significantly influenced by our rating from A.M. Best. We have been rated "A" or higher by A.M. Best for the past 83 years. In the second quarter of 2013, A.M. Best reaffirmed our rating of "A (Excellent)", their third highest of 13 financial strength ratings, with a "Stable" outlook. The rating reflects our solid risk-adjusted capitalization, disciplined underwriting focus, increasing use of predictive modeling technology, strong independent retail agency relationships, and consistently stable loss reserves. A downgrade from A.M. Best to a rating below "A-" is an event of default under our line of credit and could affect our ability to write new business with customers and/or agents, some of whom are required (under various third-party agreements) to maintain insurance with a carrier that maintains a specified A.M. Best minimum rating.

In the third quarter of 2013, S&P lowered our financial strength rating to "A-" from "A" under their revised rating criteria. The rating reflects our strong business risk profile and moderately strong financial risk profile, built on a strong competitive position in the regional small to mid-size commercial insurance markets in Mid-Atlantic states and strong capital and earnings. The rating revision reflects S&P's view of our capital and earnings volatility relative to our peers. In the first quarter of 2013, Moody's cited our strong regional franchise with established independent retail agency support, along with good risk adjusted capitalization and strong invested asset quality, to reaffirm our financial

strength rating of "A2" but revised our outlook to negative, citing that our underwriting results have lagged similarly rated peers. In January 2014, Fitch reaffirmed our "A+" rating and negative outlook, citing our improved underwriting results, strong independent agency relationships, solid loss reserve position, and enhanced diversification through continued efforts to reduce our concentration in New Jersey.

For further discussion on our ratings, please see the "Ratings" section of Item 7. "Management's Discussion and Analysis of Financial Condition and Results of Operations." of this Form 10-K.

In addition, other factors that might impact our competitiveness are discussed in Item 1A. "Risk Factors." of this Form 10-K.

Reinsurance

We use reinsurance to protect our capital resources and insure us against losses on property and casualty risks that we underwrite. We use two main reinsurance vehicles: (i) a reinsurance pooling agreement among our Insurance Subsidiaries in which each company agrees to share in premiums and losses based on certain specified percentages; and (ii) reinsurance contracts and arrangements with third parties that cover various policies that our insurance operations issue to insureds.

Reinsurance Pooling Agreement

The primary purposes of the reinsurance pooling agreement among our Insurance Subsidiaries are the following:

- Pool or share proportionately the underwriting profit and loss results of property and casualty insurance underwriting operations through reinsurance;
- Prevent any of our Insurance Subsidiaries from suffering undue loss;
- Reduce administration expenses; and
- Permit all of the Insurance Subsidiaries to obtain a uniform rating from A.M. Best.

The following illustrates the pooling percentages by company as of December 31, 2013:

Insurance Subsidiary	Pooling Percentage
Selective Insurance Company of America ("SICA")	32.0%
Selective Way Insurance Company ("SWIC")	21.0%
Selective Insurance Company of South Carolina ("SICSC")	9.0%
Selective Insurance Company of the Southeast ("SICSE")	7.0%
Selective Insurance Company of New York ("SICNY")	7.0%
SCIC	7.0%
Selective Auto Insurance Company of New Jersey ("SAICNJ")	6.0%
MUSIC	5.0%
Selective Insurance Company of New England ("SICNE")	3.0%
SFCIC	3.0%

Reinsurance Treaties and Arrangements

By entering reinsurance treaties and arrangements, we are able to increase underwriting capacity and accept larger risks and a larger number of risks without directly increasing capital or surplus. All of our reinsurance treaties are for traditional reinsurance. We do not purchase finite reinsurance. Under our reinsurance treaties, the reinsurer generally assumes a portion of the losses we cede to them in exchange for a portion of the premium. Amounts not reinsured are known as retention. Reinsurance does not legally discharge us from liability under the terms and limits of our policies, but it does make our reinsurer liable to us for the amount of liability we cede to them. Accordingly, we have counterparty credit risk to our reinsurers. We attempt to mitigate this credit risk by: (i) pursuing relationships with reinsurers rated “A-” or higher; and (ii) obtaining collateral to secure reinsurance obligations when possible. Some of our reinsurance contracts include provisions that permit us to terminate or commute the reinsurance treaty if the reinsurer's financial condition or rating deteriorates. We consistently monitor the financial condition of our reinsurers. We also continuously review the quality of reinsurance recoverables and reserves for uncollectible reinsurance.

We primarily use the following three reinsurance treaty and arrangement types for property and casualty insurance:

- Treaty reinsurance, under which certain types of policies are automatically reinsured without prior approval by the reinsurer of the underlying individual insured risks;

- Facultative reinsurance, under which an individual insurance policy or a specific risk is reinsured with the prior approval of the reinsurer. We use facultative reinsurance for policies with limits greater than those available under our treaty reinsurance; and

- Protection provided under the Terrorism Risk Insurance Act of 2002 as modified and extended through December 31, 2014 by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (collectively referred to as “TRIPRA”). TRIPRA provides a federal backstop to Commercial Lines business, but does not cover Personal Lines business. Under TRIPRA, terrorism coverage is mandatory for all primary workers compensation policies. Insureds with non-workers compensation commercial policies, however, have the option to accept or decline our terrorism coverage or negotiate with us for other terms. Under TRIPRA, each participating insurer is responsible for paying a deductible of specified losses based on a percentage of the prior year's applicable commercial lines direct premiums earned before federal assistance is available. In 2014, our deductible is approximately $234 million. For losses above the deductible, the federal government will pay 85% and the insurer retains 15%. Although TRIPRA's provisions will mitigate our loss exposure to a large-scale terrorist attack, our deductible is substantial. TRIPRA has not yet been re-authorized by Congress beyond the scheduled expiration at December 31, 2014. As such, policies issued after January 1, 2014 will have some portion of their coverage period extend beyond the currently scheduled TRIPRA expiration. For additional information regarding TRIPRA, see Item 1A. "Risk Factors." of this Form 10-K.

The following is a summary of our property reinsurance treaties and arrangements covering our Insurance Subsidiaries:

PROPERTY REINSURANCE ON INSURANCE PRODUCTS

Treaty Name	Reinsurance Coverage	Terrorism Coverage
Property Excess of Loss (covers standard lines)	$38 million above $2 million retention covering 100% in two layers. Losses other than TRIPRA certified losses are subject to the following reinstatements and annual aggregate limits: - $8 million in excess of $2 million layer provides unlimited reinstatements; and - $30 million in excess of $10 million layer provides three reinstatements, $120 million in aggregate limits.	All nuclear, biological, chemical, and radioactive (“NBCR”) losses are excluded regardless of whether or not they are certified under TRIPRA. For non-NBCR losses, the treaty distinguishes between acts certified under TRIPRA and those that are not. The treaty provides annual aggregate limits for TRIPRA certified (other than NBCR) acts of $24 million for the first layer and $60 million for the second layer. Non-certified terrorism losses (other than NBCR) are subject to the normal limits under the treaty.
Property Catastrophe Excess of Loss (covers both standard and E&S lines)	$685 million above $40 million retention in four layers: - 91% of losses in excess of $40 million up to $100 million; - 95% of losses in excess of $100 million up to $225 million;	All NBCR losses are excluded regardless of whether or not they are certified under TRIPRA. Non NBCR losses are covered with certain limitations. Please see Item 1A. “Risk Factors.” of this Form 10-K for further discussion regarding changes in TRIPRA.

	- 95% of losses in excess of $225 million up to $475 million; and - 90% of losses in excess of $475 million up to $725 million. - The treaty provides one reinstatement per layer for the first three layers and no reinstatements on the fourth layer. The annual aggregate limit is $1.05 billion, net of the Insurance Subsidiaries' co-participation.	
Flood	100% reinsurance by the federal government's WYO program.	None

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The following is a summary of our casualty reinsurance treaties and arrangements covering our Insurance Subsidiaries:

CASUALTY REINSURANCE ON INSURANCE PRODUCTS

Treaty Name	Reinsurance Coverage	Terrorism Coverage
Casualty Excess of Loss (covers standard lines)	There are six layers covering 100% of $88 million in excess of $2 million. Losses other than terrorism losses are subject to the following reinstatements and annual aggregate limits: - $3 million in excess of $2 million layer provides 23 reinstatements, $72 million net annual aggregate limit; - $7 million in excess of $5 million layer provides three reinstatements, $28 million annual aggregate limit; - $9 million in excess of $12 million layer provides two reinstatements, $27 million annual aggregate limit; - $9 million in excess of $21 million layer provides one reinstatement, $18 million annual aggregate limit; - $20 million in excess of $30 million layer provides one reinstatement, $40 million annual aggregate limit; and - $40 million in excess of $50 million layer provides one reinstatement, $80 million in net annual aggregate limit.	All NBCR losses are excluded. All other losses stemming from the acts of terrorism are subject to the following reinstatements and annual aggregate limits: . - $3 million in excess of $2 million layer provides four reinstatements for terrorism losses, $15 million net annual aggregate limit; - $7 million in excess of $5 million layer provides two reinstatements for terrorism losses, $21 million annual aggregate limit; - $9 million in excess of $12 million layer provides two reinstatements for terrorism losses, $27 million annual aggregate limit; - $9 million in excess of $21 million layer provides one reinstatement for terrorism losses, $18 million annual aggregate limit; - $20 million in excess of $30 million layer provides one reinstatement for terrorism losses, $40 million annual aggregate limit; and - $40 million in excess of $50 million layer provides one reinstatement for terrorism losses, $80 million in net annual aggregate limit.
Montpelier Re Quota Share and Loss Development Cover	As part of the acquisition of MUSIC we entered into several reinsurance agreements that together provide protection for losses on	Provides full terrorism coverage including NBCR.

(covers E&S lines)	policies written prior to the acquisition and any development on reserves established by MUSIC as of the date of acquisition. The reinsurance recoverables under these treaties are 100% collateralized.

We also have other reinsurance treaties that we do not consider core to our reinsurance program for our standard insurance products, such as our Surety and Fidelity Excess of Loss Reinsurance Treaty, National Workers Compensation Reinsurance Pool, which covers business assumed from the involuntary workers compensation pool, and our Equipment Breakdown Coverage Reinsurance Treaty. In addition, we have Property and Casualty Excess of Loss Reinsurance Treaties providing coverage on our E&S business. For further discussion on reinsurance, see the “Reinsurance” section of Item 7. “Management's Discussion and Analysis of Financial Condition and Results of Operations.” of this Form 10-K.

Claims Reserves

Net Loss and Loss Expense Reserves

We establish loss and loss expense reserves that are estimates of the amounts we will need to pay in the future for claims and related expenses for insured losses that have already occurred. Estimating reserves as of any date involves a considerable degree of judgment by management and is inherently uncertain. We regularly review our reserving techniques and our overall amount of reserves. We also review:

- Information regarding each claim for losses, including potential extra-contractual liabilities, or amounts paid in excess of the policy limits, which may not be covered by our contracts with reinsurers;
- Our loss history and the industry’s loss history;
- Legislative enactments, judicial decisions, and legal developments regarding damages;
- Changes in political attitudes; and
- Trends in general economic conditions, including inflation.

See "Critical Accounting Policies and Estimates" in Item 7. "Management's Discussion and Analysis of Financial Condition and Results of Operations." of this Form 10-K for a full discussion regarding our loss reserving process.

Our loss and loss expense reserve development over the preceding 10 years is shown on the following table, which has five parts:

- Section I shows the estimated liability recorded at the end of each indicated year for all current and prior accident year's unpaid loss and loss expenses. The liability represents the estimated amount of loss and loss expenses for unpaid claims, including incurred but not reported ("IBNR") reserves. In accordance with GAAP, the liability for unpaid loss and loss expenses is recorded gross of the effects of reinsurance. An estimate of reinsurance recoverables is reported separately as an asset. The net balance represents the estimated amount of unpaid loss and loss expenses outstanding reduced by estimates of amounts recoverable under reinsurance contracts.

- Section II shows the re-estimated amount of the previously recorded net liability as of the end of each succeeding year. Estimates of the liability of unpaid loss and loss expenses are increased or decreased as payments are made and more information regarding individual claims and trends, such as overall frequency and severity patterns, becomes known.

- Section III shows the cumulative amount of net loss and loss expenses paid relating to recorded liabilities as of the end of each succeeding year.

- Section IV shows the re-estimated gross liability and re-estimated reinsurance recoverables through December 31, 2013.

- Section V shows the cumulative gross and net (deficiency)/redundancy representing the aggregate change in the liability from the original balance sheet dates and the re-estimated liability through December 31, 2013.

This table does not present accident or policy year development data. Conditions and trends that have affected past reserve development may not necessarily occur in the future. As a result, extrapolating redundancies or deficiencies based on this table is inherently uncertain.

($ in millions)	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
I. Gross reserves for unpaid losses and loss expenses at December 31	1,587.8	1,835.2	2,084.0	2,288.8	2,542.5	2,641.0	2,745.8	2,830.1	3,144.9	4,068.9	3,349.8
Reinsurance recoverables on unpaid losses and loss expenses at December 31	(184.6)	(218.8)	(218.2)	(199.7)	(227.8)	(224.2)	(271.6)	(313.7)	(549.5)	(1,409.7)	(540.9)
Net reserves for unpaid losses and loss expenses at December 31	1,403.2	1,616.4	1,865.8	2,089.0	2,314.7	2,416.8	2,474.2	2,516.3	2,595.4	2,659.2	2,808.9
II. Net reserves estimate as of:											
One year later	1,408.1	1,621.5	1,858.5	2,070.2	2,295.4	2,387.4	2,430.6	2,477.6	2,569.8	2,633.7	
Two years later	1,452.3	1,637.3	1,845.1	2,024.0	2,237.8	2,324.6	2,368.1	2,428.6	2,531.4		
Three years later	1,491.1	1,643.7	1,825.2	1,982.4	2,169.7	2,286.0	2,315.0	2,388.8			
Four years later	1,522.9	1,649.8	1,808.9	1,931.1	2,155.8	2,264.9	2,295.3				
Five years later	1,529.2	1,653.6	1,780.7	1,916.0	2,151.5	2,258.1					
Six years later	1,538.4	1,639.5	1,777.3	1,924.4	2,154.6						
Seven years later	1,535.6	1,638.7	1,789.3	1,939.5							
Eight years later	1,539.1	1,648.0	1,810.9								
Nine years later	1,546.6	1,671.7									
Ten years later	1,568.3										

Cumulative net redundancy (deficiency)	(165.1)	(55.3)	54.9	149.6	160.1	158.7	178.9	127.6	64.0	25.5
III. Cumulative amount of net reserves paid through:										
One year later	414.5	422.4	468.6	469.4	579.4	584.5	561.3	569.9	632.7	572.4
Two years later	691.4	729.5	775.0	841.3	945.5	966.8	936.7	990.8	1,003.8	
Three years later	903.7	942.4	1,026.9	1,080.0	1,201.6	1,238.3	1,235.8	1,248.2		
Four years later	1,033.5	1,101.0	1,174.2	1,235.2	1,388.7	1,439.5	1,409.5			
Five years later	1,128.4	1,189.2	1,267.1	1,347.0	1,513.0	1,550.3				
Six years later	1,184.5	1,245.4	1,341.8	1,426.8	1,587.7					
Seven years later	1,225.3	1,294.2	1,399.6	1,481.9						
Eight years later	1,262.5	1,333.8	1,438.2							
Nine years later	1,291.1	1,361.7								
Ten years later	1,312.7									
IV. Re-estimated gross liability	1,901.5	2,011.8	2,164.6	2,244.2	2,455.1	2,576.0	2,625.1	2,744.1	3,095.3	4,223.3
Re-estimated reinsurance recoverables	(333.3)	(340.1)	(353.7)	(304.7)	(300.5)	(317.9)	(329.8)	(355.4)	(563.9)	(1,589.7)
Re-estimated net liability	1,568.3	1,671.7	1,810.9	1,939.5	2,154.6	2,258.1	2,295.3	2,388.8	2,531.4	2,633.7
V. Cumulative gross redundancy (deficiency)	(313.7)	(176.6)	(80.6)	44.6	87.4	65.0	120.7	86.0	49.6	(154.4)
Cumulative net redundancy (deficiency)	(165.1)	(55.3)	54.9	149.6	160.1	158.7	178.9	127.6	64.0	25.5

Note: Some amounts may not foot due to rounding.

In light of the many uncertainties associated with establishing the estimates and making the assumptions necessary to establish reserve levels, we review our reserve estimates on a regular basis and make adjustments in the period for which the need for such adjustment is determined. These reviews could result in the identification of information and trends that would require us to increase some reserves and/or decrease other reserves for prior periods and could also lead to additional increases in loss and loss expense reserves, which could have a material adverse effect on our results of operations, equity, insurer financial strength, and debt ratings.

In 2013, we experienced overall favorable loss development of approximately $25.5 million, compared to $25.5 million in 2012 and $38.5 million in 2011. The following table summarizes prior year development by line of business:

Favorable/(Unfavorable) Prior Year Development

($ in millions)	2013	2012	2011
General Liability	$20.0	(2.5)	11.5
Commercial Automobile	4.5	8.5	13.0
Workers Compensation	(23.5)	(2.5)	(6.5)
Businessowners' Policies	9.5	9.0	11.0
Commercial Property	7.5	3.5	5.5
Homeowners	2.5	9.0	4.5
Personal Automobile	3.0	(0.5)	(1.0)
E&S	2.0	—	—
Other	—	1.0	0.5
Total	$25.5	25.5	38.5

For a qualitative discussion of our prior year development, see Note 9. "Reserves for Losses and Loss Expenses" in Item 8. "Financial Statements and Supplementary Data." of this Form 10-K.

The following table reconciles losses and loss expense reserves under SAP and GAAP at December 31 as follows:

($ in thousands)	2013	2012
Statutory losses and loss expense reserves	$2,797,459	2,654,418
Provision for uncollectible reinsurance	5,100	4,800
Other	6,372	(32)
GAAP losses and loss expense reserves – net	2,808,931	2,659,186
Reinsurance recoverables on unpaid losses and loss expenses	540,839	1,409,755
GAAP losses and loss expense reserves – gross	$3,349,770	4,068,941

Asbestos and Environmental Reserves

Our general liability, excess liability, and homeowners reserves include exposure to asbestos and environmental claims. Our exposure to environmental liability is primarily due to: (i) landfill exposures from policies written prior to the absolute pollution endorsement in the mid 1980s; and (ii) underground storage tank leaks mainly from New Jersey homeowners policies. These environmental claims stem primarily from insured exposures in municipal government, small non-manufacturing commercial risks, and homeowners policies. The emergence of these claims is slow and highly unpredictable.

“Asbestos claims” are claims for bodily injury alleged to have occurred from exposure to asbestos-containing products. Our primary exposure arises from insuring various distributors of asbestos-containing products, such as electrical and plumbing materials. At December 31, 2013, asbestos claims constituted 30% of our $25.2 million net asbestos and environmental reserves, compared to 28% of our $27.8 million net asbestos and environmental reserves at December

31, 2012.

“Environmental claims” are claims alleging bodily injury or property damage from pollution or other environmental contaminants other than asbestos. These claims include landfills and leaking underground storage tanks. Our landfill exposure lies largely in policies written for municipal governments, in their operation or maintenance of certain public lands. In addition to landfill exposures, in recent years, we have experienced a relatively consistent level of reported losses in the homeowners line of business related to claims for groundwater contamination from leaking underground heating oil storage tanks in New Jersey. In 2007, we instituted a fuel oil system exclusion on our New Jersey homeowners policies that limits our exposure to leaking underground storage tanks for certain customers. At that time, existing insureds were offered a one-time opportunity to buy back oil tank liability coverage. The exclusion applies to all new homeowners policies in New Jersey. These customers are eligible for the buy-back option only if the tank meets specific eligibility criteria.

Our asbestos and environmental claims are handled in our centralized and specialized asbestos and environmental claim unit. Case reserves for these exposures are evaluated on a claim-by-claim basis. The ability to assess potential exposure often improves as a claim develops, including judicial determinations of coverage issues. As a result, reserves are adjusted accordingly.

Estimating IBNR reserves for asbestos and environmental claims is difficult because of the delayed and inconsistent reporting patterns associated with these claims. In addition, there are significant uncertainties associated with estimating critical assumptions, such as average clean-up costs, third-party costs, potentially responsible party shares, allocation of damages, litigation and coverage costs, and potential state and federal legislative changes. Normal historically based actuarial approaches cannot be applied to asbestos and environmental claims because past loss history is not indicative of future potential loss emergence. In addition, while certain alternative models can be applied, such models can produce significantly different results with small changes in assumptions. As a result, we do not calculate an asbestos and environmental loss range. Historically, our asbestos and environmental claims have been significantly lower in volume, with less volatility and uncertainty than many of our competitors in the commercial lines industry. This is due to the nature of the risks we insured, and the fact that we are the primary insurance carrier on the majority of these exposures, which provides more certainty in our reserve position compared to others in the insurance marketplace.

Measure of Insurance Segments Profitability

We manage and evaluate the performance and profitability of our Standard and E&S Insurance Operations segments in accordance with SAP, which differs from GAAP. Rating agencies use SAP information to evaluate our performance, including measuring our performance against our industry peers. We base our incentive compensation to our independent retail agents and our wholesale general agents on the SAP results of our Standard Insurance Operations segment and our E&S Insurance Operations segment, respectively. In addition, we use the SAP results of our combined insurance operations as a basis for incentive compensation to employees.

We measure our statutory underwriting performance by four different ratios:

1. The loss and loss expense ratio, which is calculated by dividing incurred loss and loss expenses by NPE;

2. The underwriting expense ratio, which is calculated by dividing all expenses related to the issuance of insurance policies by NPW;

3. The dividend ratio, which is calculated by dividing policyholder dividends by NPE; and

4. The combined ratio, which is the sum of the loss and loss expense ratio, the underwriting expense ratio, and the dividend ratio.

SAP differs in several ways from GAAP, under which we report our financial results to shareholders and the United States Securities Exchange Commission ("SEC"):

- With regard to the underwriting expense ratio, NPE is the denominator for GAAP; whereas NPW is the denominator for SAP.

- With regard to certain income:

Underwriting expenses that are incremental and directly related to the successful acquisition of insurance policies are deferred and amortized to expense over the life of an insurance policy under GAAP; whereas they are recognized when incurred under SAP.

Deferred taxes are recognized in our Consolidated Statements of Income as either a deferred tax expense or a deferred tax benefit under GAAP; whereas they are recorded directly to surplus under SAP.

Changes in the value of our alternative investments, which are part of our other investment portfolio on our Consolidated Balance Sheets, are recognized in income under GAAP; whereas they are recorded directly to surplus under SAP and only recognized in income when cash is received.

- With regard to equity under GAAP and statutory surplus under SAP:

The timing difference in income due to the GAAP/SAP differences in expense recognition creates a difference between GAAP equity and SAP statutory surplus.

Regarding unrealized gains and losses on fixed maturity securities:

- Under GAAP, unrealized gains and losses on available-for-sale ("AFS") fixed maturity securities are recognized in equity; but they are not recognized in equity on purchased held-to-maturity ("HTM") securities. Unrealized gains and losses on HTM securities transferred from an AFS designation are amortized from equity as a yield adjustment.

- Under SAP, unrealized gains and losses on fixed maturity securities assigned certain NAIC Security Valuation Office ratings (specifically designations of one or two, which generally equate to investment grade bonds) are not recognized in statutory surplus. However, on fixed maturity securities that have a designation of three or higher, we must recognize unrealized losses as an adjustment to statutory surplus.

Certain assets are designated under insurance regulations as "non-admitted," including, but not limited to, certain deferred tax assets, overdue premium receivables, furniture and equipment, and prepaid expenses. These assets are excluded from statutory surplus under SAP, but are recorded in the Consolidated Balance Sheets net of applicable allowances under GAAP.

Regarding the recognition of the liability for our defined benefit plan, under both GAAP and SAP, the liability is recognized in an amount equal to the excess of the projected benefit obligation over the fair value of the plan assets. However, changes in this balance not recognized in income are recognized in equity as a component of other comprehensive income ("OCI") under GAAP and in statutory surplus under SAP.

Our combined insurance segments' statutory results for the last three completed fiscal years are shown on the following table:

	Year Ended December 31,		
($ in thousands)	2013	2012	2011
Insurance Operations Results			
NPW	$1,811,524	1,666,633	1,485,349
NPE	$1,737,437	1,583,869	1,439,313
Losses and loss expenses incurred	1,121,405	1,120,185	1,074,446
Net underwriting expenses incurred	592,318	542,335	470,892
Policyholder dividends	4,275	3,449	5,284
Underwriting profit (loss)	$19,439	(82,100)	(111,309)
Ratios:			
Loss and loss expense ratio	64.5%	70.7	74.6
Underwriting expense ratio	32.8	32.6	31.7
Policyholder dividends ratio	0.2	0.2	0.4

Statutory combined ratio	97.5	%	103.5	106.7
GAAP combined ratio	97.8	%	104.0	107.2

A comparison of certain statutory ratios for our combined insurance segments and our industry are shown in the following table:

	Simple Average of All Periods Presented	2013	2012	2011	2010	2009
Insurance Operations Ratios:[1]						
Loss and loss expense	69.4	64.5	70.7	74.6	69.3	67.9
Underwriting expense	32.3	32.8	32.6	31.7	32.0	32.3
Policyholder dividends	0.3	0.2	0.2	0.4	0.3	0.3
Statutory combined ratio	102.0	97.5	103.5	106.7	101.6	100.5
Growth in NPW	4.2	8.7	12.2	7.0	(2.4)	(4.7)
Industry Ratios:[1, 2]						
Loss and loss expense	72.8	69.4	73.3	78.3	72.2	70.8
Underwriting expense	28.0	27.6	28.2	27.9	28.3	28.1
Policyholder dividends	0.6	0.6	0.6	0.6	0.7	0.6
Statutory combined ratio	101.4	97.6	102.2	106.7	101.2	99.5
Growth in NPW	2.0	4.8	4.4	3.5	1.0	(3.6)
Favorable (Unfavorable) to Industry:						
Statutory combined ratio	(0.6)	0.1	(1.3)	—	(0.4)	(1.0)
Growth in NPW	2.2	3.9	7.8	3.5	(3.4)	(1.1)

Note: Some amounts may not foot due to rounding.

[1]The ratios and percentages are based on SAP prescribed or permitted by state insurance departments in the states in which the Insurance Subsidiaries are domiciled.
[2]Source: A.M. Best. The industry ratios for 2013 have been estimated by A.M. Best.

Insurance Regulation

Primary Oversight by the States in Which We Operate
Our insurance operations are heavily regulated. The primary public policy behind insurance regulation is the protection of policyholders and claimants over all other constituencies, including shareholders. By virtue of the McCarran-Ferguson Act, Congress has largely delegated insurance regulation to the various states. For our Insurance Subsidiaries, the primary regulators of their business and financial condition are the departments of insurance in the states in which they are organized and are licensed. For a discussion of the broad regulatory, administrative, and supervisory powers of the various departments of insurance, refer to the risk factor that discusses regulation in Item 1A. "Risk Factors." of this Form 10-K.

Our various state insurance regulators are members of the NAIC. The NAIC has codified SAP and other accounting reporting formats and drafts model insurance laws and regulations governing insurance companies. An NAIC model only becomes law when the various state legislatures enact it. The adoption of certain NAIC model laws and regulations, however, is a key aspect of the NAIC Financial Regulations Standards and Accreditation Program, which also sets forth minimum staffing and resource levels for state insurance departments.

NAIC Monitoring Tools

Among the various financial monitoring tools of the NAIC that are material to the regulators in states in which our Insurance Subsidiaries are organized are the following:

- The Insurance Regulatory Information System ("IRIS"). IRIS identifies 13 industry financial ratios and specifies "usual values" for each ratio. Departure from the usual values on four or more of the financial ratios can lead to inquiries from individual state insurance departments about certain aspects of the insurer's business. Our Insurance Subsidiaries have consistently met the majority of the IRIS ratio tests.

- Risk-Based Capital. Risk-based capital is measured by four major areas of risk to which property and casualty insurers are exposed: (i) asset risk; (ii) credit risk; (iii) underwriting risk; and (iv) off-balance sheet risk. Insurers face a steadily increasing amount of regulatory scrutiny and potential intervention as their total adjusted capital declines below two times their "Authorized Control Level". Based on our 2013 statutory financial statements, which have been prepared in accordance with NAIC statutory accounting principles, the total adjusted capital for each of our Insurance Subsidiaries substantially exceeded two times their Authorized Control Level.

- Annual Financial Reporting Regulation (referred to as the "Model Audit Rule"). The Model Audit Rule, which is modeled closely on the Sarbanes-Oxley Act of 2002, regulates: (i) auditor independence; (ii) corporate governance; and (iii) internal control over financial reporting. As permitted under the Model Audit Rule, the Audit Committee of the Board of Directors (the “Board”) of the Parent also serves as the audit committee of each of our Insurance Subsidiaries.

- Own Risk Solvency Assessment ("ORSA") Model Law. ORSA requires insurers to maintain a framework for identifying, assessing, monitoring, managing, and reporting on the “material and relevant risks” associated with the insurer's (or insurance group's) current and future business plans. ORSA, which is currently being considered for adoption by state insurance regulators, requires companies to file an internal assessment of their solvency with insurance regulators annually beginning in 2015. Although no specific capital adequacy standard is currently articulated in ORSA, it is possible that such standard will be developed over time and may increase insurers' minimum capital requirements which could adversely impact our growth and return on equity.

Federal Regulation

Federal legislation and administrative policies also affect the insurance industry. Among the most notable are TRIPRA, the Dodd-Frank Wall Street Reform and Consumer Protection Act (“Dodd-Frank Act”), and various privacy laws that apply to us because we have personal non-public information, including the Gramm-Leach-Bliley Act, the Fair Credit Reporting Act, the Drivers Privacy Protection Act, and the Health Insurance Portability and Accountability Act. Like all businesses, we also are required to enforce the economic and trade sanctions of the Office of Foreign Assets Control (“OFAC”).

In response to the financial markets crises in 2008 and 2009, the Dodd-Frank Act was enacted in 2010. This law provides for, among other things, the following:

- The establishment of the Federal Insurance Office (“FIO”);
- Federal Reserve oversight of financial services firms designated as systemically significant; and
- Corporate governance reforms for publicly traded companies.

Currently, the FIO continues to establish itself on national and international insurance issues and has recently released a report on the modernization of insurance regulation in the United States. Given the significance of the insurance sector in the U.S. economy, and the globally active nature of U.S. insurance firms, the report states that in some circumstances, policy goals of uniformity, efficiency, and consumer protection make continued federal involvement necessary to improve insurance regulation. However, the report concludes that insurance regulation in the United States is best viewed in terms of a hybrid model, where state and federal oversight play complementary roles and where the roles are defined in terms of the strengths and opportunities that each brings to improving solvency and market conduct regulation. For additional information on the potential impact of the Dodd-Frank Act, refer to the risk factor related to legislation within Item 1A. “Risk Factors.” of this Form 10-K.

Investment Segment

Like many other property and casualty insurance companies, we depend on income from our investment portfolio for a significant portion of our revenues and earnings. We are exposed to significant financial and capital markets risks, primarily relating to interest rates, credit spreads, equity prices, and the change in market value of our alternative investment portfolio. A decline in investment income and/or our investment portfolio asset values could occur as a result of, among other things, decreased dividend payment rates, negative market perception of credit risk with respect to types of securities in our portfolio, volatile interest rates, a decrease in market liquidity, a decline in the performance of the underlying collateral of our structured securities, reduced returns on our alternative investment portfolio, or general market conditions.

Our Investment segment invests the premiums collected by our Standard Insurance Operations and E&S Insurance Operations and amounts generated through our capital management strategies, which may include the issuance of debt and equity securities, to generate investment income and to satisfy obligations to our insureds, our shareholders, and our debt holders, among others. At December 31, 2013, our investment portfolio consisted of the following:

Category of Investment ($ in millions)	Carrying Value	% of Investment Portfolio
Fixed maturity securities	$4,108.4	90
Equity securities	192.8	4
Short-term investments	174.2	4
Other investments, including alternatives	107.9	2
Total	$4,583.3	100

Our investment strategy includes setting certain return and risk objectives for the fixed maturity, equity, and other investment portfolios. The primary fixed maturity portfolio return objective is to maximize after-tax investment yield and income while balancing risk. A secondary objective is to meet or exceed a weighted-average benchmark of public fixed maturity indices. Within the equity portfolio, the high dividend yield equities strategy is designed to generate consistent dividend income while maintaining an expected tracking error to the S&P 500 Index. Additional equity strategies are focused on meeting or exceeding strategy specific benchmarks of public equity indices. Although yield and income generation remain the key drivers to our investment strategy, our overall philosophy is to invest with a long-term horizon along with a predominantly “buy-and-hold” approach. The return objective of the other investment portfolio, which includes alternative investments, is to meet or exceed the S&P 500 Index.

For further information regarding our risks associated with the overall investment portfolio, see Item 7A. “Quantitative and Qualitative Disclosures About Market Risk.” and Item 1A. “Risk Factors.” of this Form 10-K. For additional information about investments, see the section entitled, “Investments,” in Item 7. “Management’s Discussion and Analysis of Financial Condition and Results of Operations.” and Item 8. “Financial Statements and Supplementary Data.” Note 5. of this Form 10-K.

Executive Officers of the Registrant

Biographical information about our Chief Executive Officer and other executive officers is as follows:

Name, Age, Title	Occupation and Background
Gregory E. Murphy, 58 Chairman and Chief Executive Officer	· Present position since September 2013 · Chairman, President and Chief Executive Officer, Selective, 2000 – September 2013 · President, Chief Executive Officer, and Director, Selective, 1999 – 2000 · President, Chief Operating Officer, and Director, Selective, 1997 – 1999 · Other senior executive, management, and operational positions, Selective, since 1980 · Certified Public Accountant (New Jersey) (Inactive) · Trustee, Newton Medical Center Foundation, since 1999 · Director, Property Casualty Insurers Association of America, since 2008 · Director, Insurance Information Institute, since 2000 · Trustee, The Institutes, since 2001 - 2013 · Graduate of Boston College (B.S. Accounting) · Harvard University (Advanced Management Program) · M.I.T. Sloan School of Management
John J. Marchioni, 44 President and Chief Operating Officer	· Present position since September 2013 · Executive Vice President, Insurance Operations, Selective, 2010 – September 2013 · Executive Vice President, Chief Underwriting and Field Operations Officer, Selective, 2008 – 2010 · Executive Vice President, Chief Field Operations Officer, Selective, 2007 – 2008 · Senior Vice President, Director of Personal Lines, Selective, 2005 – 2007 · Various insurance operation and government affairs positions, Selective, 1998 – 2005 · Director, Consumer Agent Portal, LLC, since September 2011 · Chartered Property Casualty Underwriter (CPCU) · Princeton University (B.A. History) · Harvard University (Advanced Management Program)
Dale A. Thatcher, 52 Executive Vice President and Chief Financial Officer	· Present position since April 2010 · Executive Vice President, Chief Financial Officer and Treasurer, Selective, 2003 – 2010 · Senior Vice President, Chief Financial Officer and Treasurer, Selective, 2000 – 2003 · Certified Public Accountant (Ohio) (Inactive) · Chartered Property and Casualty Underwriter (CPCU) · Chartered Life Underwriter (CLU) · Member, American Institute of Certified Public Accountants · Member, Ohio Society of Certified Public Accountants · Member, Financial Executives Institute · Member, Insurance Accounting and Systems Association · Member, National Investor Relations Institute · University of Cincinnati (B.B.A. Accounting; M.B.A. Finance) · Harvard University (Advanced Management Program)
Ronald J. Zaleski Sr., 59	· Present position since February 2003

Executive Vice President and Chief Actuary	· Senior Vice President and Chief Actuary, Selective, 2000 – 2003 · Vice President and Chief Actuary, Selective, 1999 – 2000 · Fellow of Casualty Actuarial Society · Member, American Academy of Actuaries · Loyola College (B.A. Mathematics)
Michael H. Lanza, 52 Executive Vice President, General Counsel, and Chief Compliance Officer	· Present position since October 2007 · Senior Vice President and General Counsel, Selective, 2004 – 2007 · Member, Society of Corporate Secretaries and Corporate Governance Professionals · Member, National Investor Relations Institute · University of Connecticut (B.A.) (Honors Scholar in Political Science) · University of Connecticut School of Law (J.D.)
Gordon J. Gaudet, 58 Executive Vice President and Chief Information Officer	· Present position since May 2013 · Director and Co-Lead, Deloitte Consulting, Insurance Core System Transformation October 2004 – May 2013 · Partner and CIO, The Actuarials Exchange, LLC, February 2003 – September 2004 · University of Manitoba, Winnipeg, MB, Canada ·
Kimberly J. Burnett, 56 Executive Vice President and Chief Human Resources Officer	· Present position since February 2012 · Vice President, Human Resources Operations, Selective, 2006 – 2012 · Various human resources and other operational positions, Selective, 1989-2006 · Senior Professional in Human Resources (SPHR) · Member, Society for Human Resource Management · The Ohio State University (B.A.) · Fairleigh Dickinson University, Human Resources Professional Development Certificate

Information about our Board is in our definitive Proxy Statement for the 2014 Annual Meeting of Stockholders to be held on April 23, 2014, in “Information About Proposal 1, Election of Directors,” and is also incorporated by reference into Part III of this Form 10-K.

Reports to Security Holders

We file with the SEC all required disclosures, including our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, Proxy Statements, and other required information under Sections 13(a) or 15(d) of the Securities Exchange Act of 1934 (“Exchange Act”). We also provide access to these filed materials on our Internet website, www.selective.com.

Item 1A. Risk Factors

Any of the following risk factors could cause our actual results to differ materially from historical or anticipated results. They also could have a significant impact on our business, liquidity, capital resources, results of operations, financial condition, and debt ratings. These risk factors also might affect, alter, or change actions that we might take in executing our long-term capital strategy, including but not limited to, contributing capital to any or all of the Insurance Subsidiaries, issuing additional debt and/or equity securities, repurchasing our equity securities, redeeming our fixed income securities, or increasing or decreasing stockholders’ dividends. The following list of risk factors is not exhaustive, and others may exist.

Risks Related to Insurance Segments

The failure of our risk management strategies could have a material adverse effect on our financial condition or results of operations.
As an insurance provider, it is our business to take on risk of our insureds. Our long term strategy includes use of above average operational leverage, which can be measured as the NPW to our equity or policyholders surplus. We balance operational leverage risk with a number of risk management strategies to reduce our exposure that include, but are not limited to, the following:

- Being disciplined in our underwriting practices;
- Being prudent in our claims management practices and establishing adequate loss and loss expense reserves;
- Continuing to develop and implement various underwriting tools and automated analytics to examine historical statistical data regarding our insureds and their loss experience to: (i) classify such policies based on that information; (ii) apply that information to current and prospective accounts; and (iii) better predict account profitability; and
- Purchasing reinsurance.

All of these strategies have inherent limitations. We cannot be certain that an unanticipated event or series of unanticipated events will not occur and result in losses greater than we expect and have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

Our loss and loss expense reserves may not be adequate to cover actual losses and expenses.
We are required to maintain loss and loss expense reserves for our estimated liability for losses and loss expenses associated with reported and unreported insurance claims. Our estimates of reserve amounts are based on facts and circumstances that we know, including our expectations of the ultimate settlement and claim administration expenses, predictions of future events, trends in claims severity and frequency, and other subjective factors relating to our insurance policies in force. There is no method for precisely estimating the ultimate liability for settlement of claims. From time-to-time, we adjust reserves and increase them if they are inadequate or reduce them if they are redundant. We cannot be certain that the reserves we establish are adequate or will be adequate in the future. An increase in

reserves: (i) reduces net income and stockholders' equity for the period in which the reserves are increased; and (ii) could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

We are subject to losses from catastrophic events.
Our results are subject to losses from natural and man-made catastrophes, including but not limited to: hurricanes, tornadoes, windstorms, earthquakes, hail, terrorism, explosions, severe winter weather, floods and fires, some of which may be related to climate changes. The frequency and severity of these catastrophes are inherently unpredictable. One year may be relatively free of such events while another may have multiple events. For further discussion regarding man-made catastrophes that relate to terrorism, see the risk factor directly below regarding the potential for significant losses from acts of terrorism.

There is widespread interest among scientists, legislators, regulators, and the public regarding the effect that greenhouse gas emissions may have on our environment, including climate change. If greenhouse gases continue to shift our climate, it is possible that more devastating catastrophic events could occur.

The magnitude of catastrophe losses is determined by the severity of the event and the total amount of insured exposures in the area affected by the event as determined by Property Claim Services®. Most of the risks underwritten by our insurance operations are concentrated geographically in the Eastern and Midwestern regions of the United States, particularly in New Jersey, which represented approximately 23% of our total NPW during the year ended December 31, 2013. Catastrophes in the Eastern and Midwestern regions of the United States could adversely impact our financial results, as was the case in 2010, 2011, and 2012.

Although catastrophes can cause losses in a variety of property and casualty insurance lines, most of our historic catastrophe-related claims have been from commercial property and homeowners coverages. In an effort to limit our exposure to catastrophe losses, we purchase catastrophe reinsurance. Reinsurance could prove inadequate if: (i) the various modeling software programs that we use to analyze the Insurance Subsidiaries' risk result in an inadequate purchase of reinsurance by us; (ii) a major catastrophe loss exceeds the reinsurance limit or the reinsurers' financial capacity; or (iii) the frequency of catastrophe losses results in our Insurance Subsidiaries exceeding the aggregate limits provided by the catastrophe treaty. Even after considering our reinsurance protection, our exposure to catastrophe risks could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

We are subject to potential significant losses from acts of terrorism.
As a Commercial Lines writer, we are required to participate in TRIPRA. TRIPRA requires private insurers and the United States government to share the risk of loss on future acts of terrorism certified by the U.S. Secretary of the Treasury. A risk exists that certain future terrorist events would not be certified by the U.S. Secretary of Treasury and TRIPRA would not cover them and we would be required to pay in the event of a covered loss. For example, the 2013 Boston Marathon bombing was not a certified event. Under TRIPRA, insureds with non-workers compensation commercial policies have the option to accept or decline our terrorism coverage or negotiate with us for other terms. In 2013, 88% of our Commercial Lines non-workers compensation policyholders purchased terrorism coverage that included NBCR events. In addition, terrorism coverage is mandatory for all primary workers compensation policies. The TRIPRA back-stop applies to these coverages when they are written.

Under TRIPRA, each participating insurer is responsible for paying a deductible of specified losses before federal assistance is available. This deductible is based on a percentage of the prior year's applicable Commercial Lines premiums. In 2014, our deductible is approximately $234 million. For losses above the deductible, the federal government will pay 85% of losses to an industry limit of $100 billion, and the insurer retains 15%. Although TRIPRA's provisions will mitigate our loss exposure to a large-scale terrorist attack, our deductible is substantial and could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

TRIPRA rescinded all previously approved coverage exclusions for terrorism. Many of the states in which we write commercial property insurance mandate that we cover fire following an act of terrorism regardless of whether the insured specifically purchased terrorism coverage. Likewise, terrorism coverage cannot be excluded from workers compensation policies in any state in which we write.

TRIPRA is scheduled to expire on December 31, 2014. Should TRIPRA not be renewed, we will no longer benefit from the TRIPRA back-stop. Policies issued after January 1, 2014 will have some portion of their coverage period extend beyond the currently scheduled TRIPRA expiration on December 31, 2014. Some states have approved

terrorism exclusions for non-workers compensation Commercial Lines, which could be adopted by the Company. However, there are currently no approved terrorism exclusions for workers compensation policies that could be similarly invoked. Failure of Congress to renew TRIPRA could leave certain of our current risks for which state law requires coverage without any recourse to reinsurance in an act of terrorism.

Personal lines of business have never been covered under TRIPPA. Homeowners policies in certain states within our Standard Insurance Operations do not exclude biological and chemical causes of loss or terrorism.

Our ability to reduce our risk exposure depends on the availability and cost of reinsurance.
We transfer a portion of our underwriting risk exposure to reinsurance companies. Through our reinsurance arrangements, a specified portion of our losses and loss expenses are assumed by the reinsurer in exchange for a specified portion of premiums. The availability, amount, and cost of reinsurance depend on market conditions, which may vary significantly. Most of our reinsurance contracts renew annually and may be impacted by the market conditions at the time of the renewal that are

unrelated to our specific book of business or experience. Any decrease in the amount of our reinsurance will increase our risk of loss. Any increase in the cost of reinsurance that cannot be included in renewal price increases will reduce our earnings. Accordingly, we may be forced to incur additional expenses for reinsurance or may not be able to obtain sufficient reinsurance on acceptable terms. Either could adversely affect our ability to write future business or result in the assumption of more risk with respect to those policies we issue.

We are exposed to credit risk.
We are exposed to credit risk in several areas of our insurance operations segments, including from:

- Our reinsurers, who are obligated to us under our reinsurance agreements. The relatively small size of the reinsurance market and our objective to maintain an average weighted rating of “A” by A.M. Best on our current reinsurance programs constrains our ability to diversify this credit risk. However, some of our reinsurance credit risk is collateralized.

- Certain life insurance companies that are obligated to our insureds, as we have purchased annuities from them under structured settlement agreements.

- Some of our independent retail and wholesale agents, who collect premiums from insureds and are required to remit the collected premium to us.

- Some of our insureds, who are responsible for payment of deductibles and/or premiums directly to us.

- The invested assets in our defined benefit plan, which partially serve to fund the insurance operations liability associated with this plan. To the extent that credit risk adversely impacts the valuation and performance of the invested assets within our defined benefit plan, the funded status of the defined benefit plan could be adversely impacted and, as result, could increase the cost of the plan to us.

It is possible that current economic conditions could increase our credit risk. Our exposure to credit risk could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

The property and casualty insurance industry is subject to general economic conditions and is cyclical.
The property and casualty insurance industry has experienced significant fluctuations in its historic results due to competition, occurrence or severity of catastrophic events, levels of capacity, general economic conditions, interest rates, and other factors. Demand for insurance is influenced by prevailing general economic conditions. The supply of insurance is related to prevailing prices, the levels of insured losses and the levels of industry capital which, in turn, may fluctuate in response to changes in rates of return on investments being earned in the insurance industry. In addition, pricing is influenced by the operating performance of insurers as increased pricing may be necessary to meet return on equity objectives. As a result, the insurance industry historically has been through cycles characterized by periods of intense price competition due to excessive underwriting capacity and periods when shortages of capacity and poor operating performance by insurers drives favorable premium levels. If competitors price business below technical levels, we might have to reduce our profit margin in order to retain our best business.

Pricing and loss trends impact our profitability. For example, assuming retention and all other factors remain constant:
- A pure price decline of approximately 1% would increase our statutory combined ratio by approximately 0.65 points;
- A 3% increase in our expected claim costs for the year would cause our loss and loss expense ratio to increase by approximately two points; and
- A combination of the two could raise the combined ratio approximately three points.

The industry's profitability also is affected by unpredictable developments, including:

- Natural and man-made disasters;
- Fluctuations in interest rates and other changes in the investment environment that affect investment returns;
- Inflationary pressures (medical and economic) that affect the size of losses;
- Judicial, regulatory, legislative, and legal decisions that affect insurers' liabilities;
- Changes in the frequency and severity of losses;
- Pricing and availability of reinsurance in the marketplace; and
- Weather-related impacts due to the effects of climate changes.

Any of these developments could cause the supply or demand for insurance to change and could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

Difficult conditions in global capital markets and the economy may adversely affect our revenue and profitability and harm our business, and these conditions may not improve in the near future.
General economic conditions in the United States and throughout the world and volatility in financial and insurance markets materially affect our results of operations. Concerns over such issues as the availability and cost of credit, the stability of the United States mortgage market, weak real estate markets, high unemployment, volatile energy and commodity prices, and geopolitical issues, also have led to declines in business and consumer confidence. Declines in business and consumer confidence limit economic growth, which decreases insurance purchases and limits our ability to achieve price increases.

Factors such as consumer spending, business investment, government spending, the volatility and strength of the capital markets, and inflation all affect the business and economic environment and, indirectly, the amount and profitability of our business. With continuing high unemployment, lower family income, lower corporate earnings, lower business investment, and lower consumer spending, the demand for insurance products is adversely affected. In addition, we are impacted by the recent decrease in commercial and new home construction and home ownership because 34% of direct premiums written in our standard Commercial Lines business during 2013 were generated through insurance policies written to cover contractors. In addition, 36% of direct premiums written in our standard Commercial Lines business during 2013 were based on payroll/sales of our underlying insureds. An economic downturn in which our customers decline in revenue or employee count can adversely affect our audit and endorsement premium in Commercial Lines. Unfavorable economic developments could adversely affect our earnings if our customers have less need for insurance coverage, cancel existing insurance policies, modify coverage, or choose not to renew with us. Challenging economic conditions also may impair the ability of our customers to pay premiums as they come due. Although economic conditions have consistently improved over the last two years, many fundamental concerns still exist, which may have a material effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

A downgrade or a potential downgrade in our financial strength or credit ratings could result in a loss of business and could have a material adverse effect on our financial condition and results of operations.
Our financial strength ratings, as issued by the following Nationally Recognized Statistical Rating Organizations ("NRSROs"), are as follows:

NRSRO	Financial Strength Rating	Outlook
A.M. Best	“A”	Stable
Standard & Poor's	“A-”	Stable
Moody’s Investor Services	“A2”	Negative
Fitch Ratings	“A+”	Negative

A significant rating downgrade, particularly from A.M. Best, is an event of default under our $30 million line of credit ("Line of Credit") and would affect our ability to write new or renewal business with customers, some of whom are required under various third party agreements to maintain insurance with a carrier that maintains a specified minimum rating. The Line of Credit requires our Insurance Subsidiaries to maintain an A.M. Best rating of at least “A-” (one level below our current rating) and a default could lead to acceleration of any outstanding principal. Such an event also could trigger default provisions under certain of our other debt instruments and negatively impact our ability to borrow in the future. As a result, any significant downgrade in our financial strength ratings could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength and debt ratings.

NRSROs also rate our long-term debt creditworthiness. Credit ratings indicate the ability of debt issuers to meet debt obligations in a timely manner and are important factors in our overall funding profile and ability to access certain types of liquidity. Our current senior credit ratings are as follows:

NRSRO	Credit Rating	Long Term Credit Outlook
A.M. Best	“bbb+”	Stable
Standard & Poor's	“BBB-”	Stable
Moody’s Investor Services	“Baa2”	Negative
Fitch Ratings	“BBB+”	Negative

Downgrades in our credit ratings could have a material adverse effect on our financial condition and results of operations in many ways, including making it more expensive for us to access capital markets.

Because of the difficulties experienced by many financial institutions during the credit crisis, including insurance companies, and the public criticism of NRSROs, we believe it is possible that the NRSROs may: (i) continue to heighten their level of scrutiny of financial institutions; (ii) increase the frequency and scope of their reviews; and (iii) adjust upward the capital and other requirements employed in their models for maintaining certain rating levels. We cannot predict possible actions NRSROs may take regarding our ratings that could adversely affect our business or the possible actions we may take in response to any such actions.

We have many competitors and potential competitors.
The insurance industry is highly competitive and the current economic environment has increased competition. We compete with regional, national, and direct-writer property and casualty insurance companies for customers, agents, and employees. Some competitors are public companies and some are mutual companies. Many competitors are larger and may have lower operating costs or costs of capital. They also may have the ability to absorb greater risk while maintaining their financial strength ratings. Consequently, some competitors may be able to price their products more competitively. These competitive pressures could result in increased pricing pressures on a number of our products and services, particularly as competitors seek to win market share, and may impair our ability to maintain or increase our profitability. We also face competition, primarily in Commercial Lines, from entities that self-insure their own risks. Because of its relatively low cost of entry, the internet has also emerged as a significant place of new competition, both from existing competitors and new competitors. It is also possible that reinsurers, who have significant knowledge of the primary property and casualty insurance business because they reinsure it, could enter the market to diversify their operations. New competition could also cause changes in the supply or demand for insurance and adversely affect our business.

We have less loss experience data than our larger competitors.
We believe that insurance companies are competing and will continue to compete on their ability to use reliable data about their insureds and loss experience in complex analytics and predictive models to project risk profitability and more effectively match price to risk. With the consistent expansion of computing power and the decline in its cost, we believe that data and analytics use will continue to increase and become more complex and accurate. As a regional insurance group, the loss experience from our insurance operations is not large enough in all circumstances to analyze and project our future costs. In addition, we have limited data regarding our E&S business, which we assumed in 2011 and began writing directly in 2012. We use data from ISO and NCCI to obtain sufficient industry loss experience data. While statistically relevant, that data is not specific to the performance of risks we have underwritten. Larger competitors, particularly national carriers, have significantly more data regarding the performance of risks that they have underwritten. The analytics of their loss experience data may be more predictive of profitability of their risks than our analysis using, in part, general industry loss experience. For the same reason, should Congress repeal the McCarran-Ferguson Act, which provides an anti-trust exemption for the aggregation of loss data, and we are unable to access data from ISO and NCCI, we will be at a competitive disadvantage to larger insurers who have more sufficient loss experience data on their own insureds.

We depend on independent retail insurance agents and wholesale agency partners.
We market and sell our insurance products through independent retail insurance agents and wholesale agents who are not our employees. We believe that independent retail and wholesale agents will remain a significant force in overall insurance industry premium production because they can provide insureds with a wider choice of insurance products than if they represented only one insurer. That, however, creates competition in our distribution channel and we must market our products and services to our agents before they sell them to our mutual customers. Our financial condition and results of operations are tied to the successful marketing and sales efforts of our products by our agents. In addition, under insurance laws and regulations and common law, we potentially can be held liable for business practices or actions taken by our agents.

We face risks regarding our flood business because of uncertainties regarding the NFIP.
We are the fifth largest insurance group participating in the WYO arrangement of the NFIP, which is managed by the Mitigation Division of Federal Emergency Management Agency in the U.S. Department of Homeland Security. For WYO participation, we receive an expense allowance for policies written and a servicing fee for claims administered. Under the program, all losses are 100% reinsured by the Federal Government. Currently, the expense allowance is 30.7% of premiums written. The servicing fee is the combination of 0.9% of direct written premiums and 1.5% of incurred losses.

The NFIP is funded by Congress. In the last several years, funding of the program has continued through short extensions as part of continuing resolutions to temporarily maintain current claims payments. At present, the program has been extended to September 30, 2017 through the Biggert-Waters Flood Insurance Reform Act of 2012 (the "Reform Act"). While the interpretation and the impact of some of the provisions in the Reform Act are uncertain at this time, the extension: (i) has a significant impact on the determination of flood policy premium; (ii) allows for installment premium payments; and (iii) increases minimum annual deductibles for properties that were built prior to the first Flood Insurance Rate Map that have not been substantially damaged or improved ("pre-FIRM" properties). As many flood policies have begun the movement towards

actuarially sound rates, there has been significant backlash from consumers who are experiencing significant rate increases and difficulty in selling properties that require flood insurance. Because of these developments, there are a variety of proposed bills to either slow down or stop the current rate activity and propose alternative solutions. A provision was added to the Omnibus Budget Bill in January 2014 that was passed by Congress that would delay the premium increases due to map changes. We are unsure as to the impact of any changes to the provisions of the Reform Act, which could be either retroactive or prospective in nature.

In addition, the Reform Act directs FEMA to develop a storm model to better define "wind" versus "water" claims and the responsibility of payment between the NFIP and private insurers. The Reform Act also directs FEMA to re-examine the way reimbursement rates to WYO carriers are being calculated to ensure that WYO carriers are being reimbursed based on actual expenses. These changes, and specifically potential changes in compensation of WYO carriers, may impact the financial viability of our participation in the program.

As a WYO carrier, we are required to follow certain NFIP procedures when administering flood policies and claims. Some of these requirements may be different from our normal business practices and may present a reputational risk to our brand. Insurance companies are regulated by states; however, NFIP is a federal program and there may be instances where requirements placed on WYO carriers by NFIP are not consistent with the regulations of a particular state. Consequently, we have the risk that our regulators' positions may conflict with NFIP's position on the same issue. In early 2013, elected officials in some of the Northeastern states impacted by Hurricane Sandy discussed introducing, or have introduced, legislation attempting to set standards for NFIP claims practices. It is uncertain whether those proposals will become law or, if they do, whether they will withstand a federal pre-emption legal challenge.

The NFIP remains under pressure by policymakers due to the ongoing funding deficit of the program, implementation difficulties of the Biggert-Waters law regarding certain rate increases, and the general concern regarding the government's role in the program. The uncertainty behind the public policy debate and politics of flood insurance funding and reform make it difficult for us to predict the future of the NFIP and the continued financial viability of our participation in the program.

We are heavily regulated and changes in regulation may reduce our profitability, increase our capital requirements, and/or limit our growth.
Our Insurance Subsidiaries are heavily regulated by extensive laws and regulations that may change on short notice. The primary public policy behind insurance regulation is the protection of policyholders and claimants over all other constituencies, including shareholders. Historically and by virtue of the McCarran-Ferguson Act, our Insurance Subsidiaries are primarily regulated by the states in which they are domiciled and licensed. State insurance regulation is generally uniform throughout the U.S. by virtue of similar laws and regulations required by the NAIC to accredit state insurance departments so their examinations can be given full faith and credit by other state regulators. Despite their general similarity, various provisions of these laws and regulations vary from state to state. At any given time, there may be various legislative and regulatory proposals in each of the 50 states and District of Columbia that, if enacted, may affect our Insurance Subsidiaries.

The broad regulatory, administrative, and supervisory powers of the various state departments of insurance include the following:

- Related to our financial condition, review and approval of such matters as minimum capital and surplus requirements, standards of solvency, security deposits, methods of accounting, form and content of statutory financial statements, reserves for unpaid loss and loss adjustment expenses, reinsurance, payment of dividends and other distributions to shareholders, periodic financial examinations, and annual and other report filings.

- Related to our general business, review and approval of such matters as certificates of authority and other insurance company licenses, licensing and compensation of agents, premium rates (which may not be excessive, inadequate, or unfairly discriminatory), policy forms, policy terminations, reporting of statistical information regarding our premiums and losses, periodic market conduct examinations, unfair trade practices, participation in mandatory shared market mechanisms, such as assigned risk pools and reinsurance pools, participation in mandatory state guaranty funds, and mandated continuing workers compensation coverage post-termination of employment.

- Related to our ownership of the Insurance Subsidiaries, we are required to register as an insurance holding company system in each state where an insurance subsidiary is domiciled and report information concerning all of our operations that may materially affect the operations, management, or financial condition of the insurers. As an insurance holding company, the appropriate state regulatory authority may: (i) examine us or our Insurance Subsidiaries at any time; (ii) require disclosure or prior approval of material transactions of any of the Insurance Subsidiaries with its affiliates; and (iii) require prior approval or notice of certain transactions, such as payment of dividends or distributions to us.

Although Congress has largely delegated insurance regulation to the various states by virtue of the McCarran-Ferguson Act, we are also subject to federal legislation and administrative policies, such as disclosure under the securities laws, including the Sarbanes-Oxley Act and the Dodd-Frank Act, TRIPRA, OFAC, and various privacy laws, including the Gramm-Leach-Bliley Act, the Fair Credit Reporting Act, the Drivers Privacy Protection Act, the Health Insurance Portability and Accountability Act, and the policies of the Federal Trade Commission. As a result of issuing workers compensation policies, we also are subject to Mandatory Medicare Secondary Payer Reporting under the Medicare, Medicaid, and SCHIP Extension Act of 2007.

The European Union has enacted Solvency II, which sets out new requirements on capital adequacy and risk management for insurers, which is expected to be implemented in 2016. The strengthened regime is intended to reduce the possibility of consumer loss or market disruption in insurance. Although Solvency II does not govern domestic American insurers; its existence in an increasingly global economy pressures domestic regulators to consider similar measures. The NAIC has recently adopted the ORSA Model Law, which requires insurers to maintain a framework for identifying, assessing, monitoring, managing and reporting on the “material and relevant risks” associated with the insurer's (or insurance group's) current and future business plans. ORSA, which is currently being considered for adoption by state insurance regulators, requires companies to file an internal assessment of their solvency with insurance regulators annually beginning in 2015. Although no specific capital adequacy standard is currently articulated in ORSA, it is possible that such standard will be developed over time and may increase insurers' minimum capital requirements which could adversely impact our growth and return on equity.

We also are subject to non-governmental regulators, such as the NASDAQ Stock Market and the New York Stock Exchange, where we list our securities. Many of these regulators, to some degree, overlap with each other on various matters. They also have different regulations on the same legal issues that are subject to their individual interpretative discretion. Consequently, we have the risk that one regulator’s position may conflict with another regulator’s position on the same issue. As compliance is generally reviewed in hindsight, we also are subject to the risk that interpretations

will change over time.

We believe we are in compliance with all laws and regulations that have a material effect on our results of operations, but the cost of complying with various, potentially conflicting laws and regulations, and changes in those laws and regulations could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

We are subject to the risk that legislation will be passed significantly changing insurance regulation and adversely impacting our business, our financial condition, and our results of operations.
In 2009, the Dodd-Frank Act was enacted to address the financial markets crises in 2008 and 2009 and the issues regarding the American International Group, Inc. scandal. The Dodd-Frank Act created the Federal Insurance Office as part of the U.S. Department of Treasury to advise the federal government regarding insurance issues. The Dodd-Frank Act also requires the Federal Reserve through the Financial Services Oversight Council ("FSOC") to supervise financial services firms designated as systemically significant. Selective is not considered one of these firms. The Dodd-Frank Act also included a number of corporate governance reforms for publicly traded companies, including proxy access, say-on-pay, and other compensation and governance issues requiring shareholder action. We anticipate that there will continue to be a number of legislative proposals discussed and introduced in Congress that could result in the federal government becoming directly involved in the regulation of insurance:

- Repeal of the McCarran-Ferguson Act. While recent proposals for McCarran-Ferguson Act repeal have been directed primarily at health insurers, if enacted and applicable to property and casualty insurers, such repeal would significantly reduce our ability to compete and materially affect our results of operations because we rely on the anti-trust exemptions the law provides to obtain loss data from third party aggregators, such as ISO and NCCI, to predict future losses. Our inability to access data from ISO and NCCI would put us at a competitive disadvantage compared to larger insurers who have more sufficient loss experience data with their own insureds.

- National Catastrophic Funds. Various legislative proposals have been introduced that would establish a federal reinsurance catastrophic fund as a federal backstop for future natural disasters. These bills generally encourage states to create catastrophe funds by creating a federal backstop for states that create the funds. If legislation of this type is passed, states may create catastrophe funds and mandate us to write insurance in geographic areas that are susceptible to catastrophe loss and could have a material adverse effect on our operations, liquidity, financial condition, financial strength, and ratings.

- Healthcare reform. The enactment of the Patient Protection and Affordable Care Act of 2010 (the "Healthcare Act") may have an impact on various aspects of our business, including our insurance operations. The Healthcare Act reduces the reimbursement to healthcare providers, which may result in healthcare providers charging more to insurers not covered under the Healthcare Act. This could increase our cost to provide workers compensation, automobile Personal Injury Protection ("PIP") and general liability coverages, among others. In addition, we will be impacted as a business enterprise by potential tax issues and changes in employee benefits. The Healthcare Act will be implemented over time and we continue to monitor and assess its impact.

- Changes in rules for Department of Housing and Urban Development ("HUD"). In 2013, HUD finalized a new "Disparate Impact" regulation that may adversely impact insurers' ability to differentiate pricing for homeowners policies using traditional risk selection analysis. It is uncertain to what extent the application of this regulation will impact the property and casualty industry and underwriting practices, but it could increase litigation costs, force changes in underwriting practices, and impair our ability to write homeowners business profitably. There are at least two lawsuits challenging the regulation, the outcome of which cannot be predicted at this time.

We expect the debate about the role of the federal government in regulating insurance to continue. The continued soft economy also has raised the possibility of future legislative and regulatory actions intended to help the economy, in addition to the enactment of Emergency Economic Stabilization Act of 2008, which could further impact our business.

We cannot predict whether any of these or any related proposals will be adopted, or what impact, if any, such proposals or the cost of compliance with such proposals, could have on our results of operations, liquidity, financial condition, financial strength, and debt ratings if enacted.

Class action litigation could affect our business practices and financial results.
Our industry has been the target of class action litigation, including the following areas:

- After-market parts;
- Urban homeowner insurance underwriting practices, including those related to architectural or structural features and attempts by federal regulators to expand the Federal Housing Administration's guidelines to determine unfair discrimination;
- Credit scoring and predictive modeling pricing;
- Investment disclosure;
- Managed care practices;
- Timing and discounting of personal injury protection claims payments;
- Direct repair shop utilization practices;
- Flood insurance claim practices; and
- Shareholder class action suits.

If we were to be named in such class action litigation, we could suffer reputational harm with purchasers of insurance and have increased litigation expenses that could have a materially adverse effect on our operations or results.

Changes in accounting guidance could impact the results of our operations and financial condition.
The Financial Accounting Standards Board ("FASB") is working with the International Accounting Standards Board ("IASB") on a joint project that could significantly impact today's insurance accounting model. Potential changes include, but are not limited to: (i) redefining the revenue recognition process for insurance companies; and (ii) requiring loss reserve discounting. As indicated in Note 2. "Summary of Significant Accounting Policies" in Item 8. "Financial Statements and Supplementary Data." of this Form 10-K, our premiums are earned over the period that coverage is provided and we do not discount our loss and loss expense reserves. Final guidance from this joint project could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

The FASB is also currently reviewing a number of proposed changes to existing accounting guidance, several of which are the result of joint projects with the IASB. Potential changes to accounting guidance regarding the treatment of financial instruments, fair value measurement, and leases could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings. It is uncertain as to how the NAIC will react to these potential accounting changes.

Risks Related to Our Investment Segment

The failure of our risk management strategies could have a material adverse effect on our financial condition or results of operations.
We employ a number of risk management strategies to reduce our exposure to risk that include, but are not limited to, the following:

- Being prudent in establishing our investment policy and appropriately diversifying our investments;
- Using complex financial and investment models to analyze historic investment performance and predict future investment performance under a variety of scenarios using asset concentration, asset volatility, asset correlation, and systematic risk; and
- Closely monitoring investment performance, general economic and financial conditions, and other relevant factors.

All of these strategies have inherent limitations. We cannot be certain that an event or series of unanticipated events will not occur and result in losses greater than we expect and have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

Difficult conditions in global capital markets and the economy may adversely affect our revenue and profitability and harm our business, and these conditions may not improve in the near future.

Our results of operations are materially affected by conditions in the global capital markets and the economy generally, in both the U.S. and abroad. Concerns over the availability and cost of credit, the U.S. mortgage market, a weak real estate market in the U.S., high unemployment, volatile energy and commodity prices, and geopolitical issues, among other factors, have contributed to increased volatility in the financial markets, increased potential for credit downgrades, and decreased liquidity in certain investment segments. In addition, the low investment yield environment that is a result of a combination of Federal Reserve policy and the continuing economic conditions are expected to continue for some time.

We are exposed to interest rate and credit risk in our investment portfolio.
We are exposed to interest rate risk primarily related to the market price, and cash flow variability, associated with changes in interest rates. A rise in interest rates may decrease the fair value of our existing fixed maturity investments and declines in interest rates may result in an increase in the fair value of our existing fixed maturity investments. Our fixed income investment portfolio, which currently has a duration of 3.6 years excluding short term investments, contains interest rate sensitive instruments that may be adversely affected by changes in interest rates resulting from governmental monetary policies, domestic and international economic and political conditions, and other factors beyond our control. A rise in interest rates would decrease the net unrealized gain position of the investment portfolio, partially offset by our ability to earn higher rates of return on funds reinvested in new investments. Conversely, a decline in interest rates would increase the net unrealized gain position of the investment portfolio, partially offset by lower rates of return on funds reinvested and new investments. Changes in interest rates also have an effect on the calculated duration of certain securities in the portfolio. We seek to mitigate our interest rate risk associated with holding fixed maturity investments by monitoring and maintaining the average duration of our portfolio with a view toward achieving an adequate after-tax return without subjecting the portfolio to an unreasonable level of interest rate risk. Although we take measures to manage the economic risks of investing in a changing interest rate environment, we may not be able to mitigate the interest rate risk of our assets relative to our liabilities.

The value of our investment portfolio is subject to credit risk from the issuers and/or guarantors of the securities in the portfolio, other counterparties in certain transactions and, for certain securities, insurers that guarantee specific issuer’s obligations. Defaults by the issuer or an issuer’s guarantor, insurer, or other counterparties regarding any of our investments, could reduce our net investment income and net realized investment gains or result in investment losses. We are also subject to the risk that the issuers, or guarantors, of fixed maturity securities we own may default on principal and interest payments due under the terms of the securities. At December 31, 2013, our fixed maturity securities portfolio represented approximately 90% of our total invested assets. The occurrence of a major economic downturn, acts of corporate malfeasance, widening credit spreads, budgetary deficits, or other events that adversely affect the issuers or guarantors of these securities could cause the value of our fixed maturity securities portfolio and our net income to decline and the default rate of our fixed maturity securities portfolio to increase.

With economic uncertainty, credit quality of issuers or guarantors could be adversely affected and a ratings downgrade of the issuers or guarantors of the securities in our portfolio could also cause the value of our fixed maturity securities portfolio and our net income to decrease. For example, rating agency downgrades of monoline insurance companies during 2009 contributed to a decline in the carrying value and market liquidity of our municipal bond investment portfolio. A reduction in the value of our investment portfolio could have a material adverse effect on our business, results of operations, financial condition, and debt ratings. Levels of write downs are impacted by our assessment of the impairment, including a review of the underlying collateral of structured securities, and our intent and ability to hold securities that have declined in value until recovery. If we reposition or realign portions of the portfolio so that we determine not to hold certain securities in an unrealized loss position to recovery, we will incur an OTTI charge. For further information regarding credit and interest rate risk, see Item 7A. “Quantitative and Qualitative Disclosures About Market Risk.” of this Form 10-K.

Our statutory surplus may be materially affected by rating downgrades on investments held in our portfolio.
We are exposed to significant financial and capital markets risks, primarily relating to interest rates, credit spreads, equity prices, and the change in market value of our alternative investment portfolio. A decline in both income and our investment portfolio asset values could occur as a result of, among other things, a decrease in market liquidity, falling interest rates, decreased dividend payment rates, negative market perception of credit risk with respect to types of securities in our portfolio, a decline in the performance of the underlying collateral of our structured securities, reduced returns on our alternative investment portfolio, or general market conditions. A global decline in asset values will be more amplified in our financial condition, as our statutory surplus is leveraged at a 3.6:1 ratio to our

investment portfolio.

With economic uncertainty, the credit quality and ratings of securities in our portfolio could be adversely affected. The NAIC could potentially apply a more adverse class code on a security than was originally assigned, which could adversely affect statutory surplus because securities with NAIC class codes three through six require securities to be marked-to-market for statutory accounting purposes, as compared to securities with NAIC class codes of one or two that are carried at amortized cost.

Deterioration in the public debt and equity markets, as well as in the private investment marketplace, could lead to investment losses, which may adversely affect our results of operations, financial condition, liquidity, and debt ratings.
Like many other property and casualty insurance companies, we depend on income from our investment portfolio for a significant portion of our revenue and earnings. Our investment portfolio is exposed to significant financial and capital markets risks, and volatile changes in general market conditions could lead to a decline in the market value of our portfolio as well as the performance of the underlying collateral of our structured securities.

Our notes payable and Line of Credit are subject to certain debt-to-capitalization restrictions and net worth covenants, which could be impacted by a significant decline in investment value. Further OTTI charges could be necessary if there is a future significant decline in investment values. Depending on market conditions going forward, and in the event of extreme prolonged market events, such as the global credit crisis, we could incur additional realized and unrealized losses in future periods, which could have an adverse impact on our results of operations, financial condition, debt and financial strength ratings, and our ability to access capital markets as a result of realized losses, impairments, and changes in unrealized positions.

For more information regarding market interest rate, credit, and equity price risk, see Item 7A. "Quantitative and Qualitative Disclosures About Market Risk." of this Form 10-K.

There can be no assurance that the actions of the U.S. Government, Federal Reserve, and other governmental and regulatory bodies will achieve their intended effect.
Over the past few years, the Federal Reserve has taken a number of actions related to interest rates and purchasing of financial instruments intended to spur economic recovery. The Federal Reserve has recently signaled that it will gradually taper the magnitude of these purchases. However, economic uncertainty is still prevalent within the markets, and, economic conditions suggest the risk of higher than expected inflation in the long term. Increased pressure on the price of our fixed income and equity portfolios may occur if these economic stimulus actions are not as effective as originally intended. These results could materially and adversely affect our results of operations, financial condition, liquidity and the trading price of our common stock. In the event of future material deterioration in business conditions, we may need to raise additional capital or consider other transactions to manage our capital position and liquidity.

A period of sustained low interest rates would have an adverse effect on investment income as higher yielding securities mature and we reinvest the proceeds at lower yields.

In addition, our investment activities are subject to extensive laws and regulations that are administered and enforced by a number of different governmental authorities and non-governmental self-regulatory agencies. In light of the current economic conditions, some of these authorities have implemented, or may in the future implement, new or enhanced regulatory requirements, such as those included in the Dodd-Frank Act, intended to restore confidence in financial institutions and reduce the likelihood of similar economic events in the future. These authorities may also seek to exercise their supervisory and enforcement authority in new or more robust ways. Such events could affect the way we conduct our business and manage our capital, and may require us to satisfy increased capital requirements. These developments, if they occurred, could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

We are subject to the types of risks inherent in investing in private limited partnerships.
Our other investments include investments in private limited partnerships that invest in various strategies, such as secondary private equity, private equity, energy, mezzanine debt, real estate, and distressed debt. We are subject to risks arising from the fact that the determination of the fair value of these types of investments is inherently subjective. The general partner of each of these partnerships generally reports the change in the fair value of the interests in the partnership on a one quarter lag because of the nature of the underlying assets or liabilities. Since these partnerships' underlying investments consist primarily of assets or liabilities for which there are no quoted prices in active markets for the same or similar assets, the valuation of interests in these partnerships is subject to a higher level of subjectivity and unobservable inputs than substantially all of our other investments and as such, is subject to greater scrutiny and reconsideration from one reporting period to the next. These factors may result in significant changes in the fair value of these investments between reporting periods, which could lead to significant decreases in their fair value. Since we record our investments in these various partnerships under the equity method of accounting, any

decreases in the valuation of these investments would negatively impact our results of operations. In addition, pursuant to the various limited partnership agreements of these partnerships, we are committed for the full life of each fund and cannot redeem our investment in the partnership. Liquidation is only triggered by certain clauses within the limited partnership agreements or at the funds' stated end date, at which time we will receive our final allocation of capital and any earned appreciation of the underlying investments. We also are subject to potential future capital calls under the partnership agreements in the aggregate amount of approximately $57 million as of December 31, 2013.

We value our investments using methodologies, estimations, and assumptions that are subject to differing interpretations. Changes in these interpretations could result in fluctuations in the valuations of our investments that may adversely affect our results of operations or financial condition.
Fixed maturity, equity, and short-term investments, which are reported at fair value on our Consolidated Balance Sheet, represented the majority of our total cash and invested assets as of December 31, 2013. As required under accounting rules, we have categorized these securities into a three-level hierarchy, based on the priority of the inputs to the respective valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1). The next priority is to quoted prices in markets that are not active or inputs that are observable either directly or indirectly, including quoted prices for similar assets or liabilities or 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 or liabilities (Level 2). The lowest priority in the fair value hierarchy is to unobservable inputs supported by little or no market activity and that reflect the reporting entity's own assumptions about the exit price, including assumptions that market participants would use in pricing the asset or liability (Level 3).

An asset or liability's classification within the fair value hierarchy is based on the lowest level of significant input to its valuation. We generally use an independent pricing service and broker quotes to price our investment securities. At December 31, 2013, approximately 9% and 91% of these securities represented Level 1 and Level 2, respectively. However, prices provided by an independent pricing service and independent broker quotes can vary widely even for the same security. Rapidly changing and unprecedented credit and equity market conditions could materially impact the valuation of securities as reported within our consolidated financial statements ("Financial Statements") and the period-to-period changes in value could vary significantly. Decreases in value may result in an increase in non-cash OTTI charges, which could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings.

The determination of the amount of impairments taken on our investments is highly subjective and could materially impact our results of operations or our financial position.
The determination of the amount of impairments taken on our investments is based on our periodic evaluation and assessment of our investments and known and inherent risks associated with the various asset classes. Such evaluations and assessments are revised as conditions change and new information becomes available. Management updates its evaluations regularly and reflects changes in impairments as such evaluations are revised. There can be no assurance that management has accurately assessed the level of impairments taken as reflected in our Financial Statements. Furthermore, additional impairments may need to be taken in the future. Historical trends may not be indicative of future impairments. For further information regarding our evaluation and considerations for determining whether a security is other-than-temporarily impaired, please refer to "Critical Accounting Policies and Estimates" in Item 7. "Management's Discussion and Analysis of Financial Condition and Results of Operations." of this Form 10-K.

Risks Related to Our Corporate Structure and Governance

We are a holding company and our ability to declare dividends to our shareholders, pay indebtedness, and enter into affiliate transactions may be limited because our Insurance Subsidiaries are regulated.
Restrictions on the ability of the Insurance Subsidiaries to pay dividends, make loans or advances to us, or enter into transactions with affiliates may materially affect our ability to pay dividends on our common stock or repay our indebtedness.

As of December 31, 2013, the Parent had stand-alone retained earnings of $1.2 billion. Of this amount, $1.1 billion is related to investments in our Insurance Subsidiaries and debt. The Insurance Subsidiaries have the ability to provide for $127 million in annual dividends to us; however, as they are regulated entities, their ability to pay dividends or

make loans or advances to us is subject to the approval or review of the insurance regulators in the states where they are domiciled. The standards for review of such transactions are whether: (i) the terms and charges are fair and reasonable; and (ii) after the transaction, the Insurance Subsidiary's surplus for policyholders is reasonable in relation to its outstanding liabilities and financial needs. Although dividends and loans to us from our Insurance Subsidiaries historically have been approved, we can make no assurance that future dividends and loans will be approved. For additional details regarding dividend restrictions, see Note 20. “Statutory Financial Information, Capital Requirements, and Restrictions on Dividends and Transfers of Funds” in Item 8. "Financial Statements and Supplementary Data." of this Form 10-K.

Because we are an insurance holding company and a New Jersey corporation, we may be less attractive to potential acquirers and the value of our common stock could be adversely affected.
Because we are an insurance holding company that owns insurance subsidiaries, anyone who seeks to acquire 10% or more of our stock must seek prior approval from the insurance regulators in the states in which the subsidiaries are organized and file extensive information regarding their business operations and finances.

Provisions in our Amended and Restated Certificate of Incorporation also may discourage, delay, or prevent us from being acquired, including:

- Supermajority shareholder voting requirements to approve certain business combinations with interested shareholders (as defined in the Amended and Restated Certificate of Incorporation) unless certain other conditions are satisfied;
- Supermajority shareholder voting requirements to amend the foregoing provisions in our Amended and Restated Certificate of Incorporation; and
- The ability of our Board of Directors to increase or decrease the number of Series A Preferred Stock.

In addition to the requirements in our Amended and Restated Certificate of Incorporation, the New Jersey Shareholders' Protection Act also prohibits us from engaging in certain business combinations with interested stockholders (as defined in the statute), in certain instances for a five year period, and in other instances indefinitely, unless certain conditions are satisfied. These conditions may relate to, among other things, the interested stockholder's acquisition of stock, the approval of the business combination by disinterested members of our Board of Directors and disinterested stockholders, and the price and payment of the consideration proposed in the business combination. Such conditions are in addition to those requirements set forth in our Amended and Restated Certificate of Incorporation.

These provisions of our Amended and Restated Certificate of Incorporation and New Jersey law could have the effect of depriving our stockholders of an opportunity to receive a premium over our common stock's prevailing market price in the event of a hostile takeover and may adversely affect the value of our common stock.

Risks Related to Our General Operations

Operational risks, including human or systems failures, are inherent in our business.
Operational risks and losses can result from, among other things, fraud, errors, failure to document transactions properly or to obtain proper internal authorization, failure to comply with regulatory requirements, information technology failures, or external events.

We believe that our underwriting, predictive modeling and business analytics, and information technology and application systems are critical to our business. We expect our information technology and application systems to remain an important part of our underwriting process and our ability to compete successfully. A major defect or failure in our internal controls or information technology and application systems could: (i) result in management distraction; (ii) harm our reputation; or (iii) increase our expenses. We believe appropriate controls and mitigation procedures are in place to prevent significant risk of a defect in our internal controls around our information technology and application systems, but internal controls provide only a reasonable, not absolute, assurance as to the absence of errors or irregularities and any ineffectiveness of such controls and procedures could have a significant and negative effect on our business.

We are subject to attempted cyber-attacks and other cybersecurity risks.
The nature of our business requires that we store and exchange electronically with appropriate parties and systems significant amounts of personally identifiable information that may be targeted in an attempted cybersecurity breach. In addition, our business is heavily reliant on various information technology and application systems that may be impacted by a malicious cyber-attack. These cyber incidents may cause lost revenues or increased expenses stemming from reputational damage and fines related to the breach of personally identifiable information, inability to use certain systems for a period of time, loss of financial assets, remediation and litigation costs, and increased cybersecurity protection costs. We have developed and continue to invest in a variety of controls to prevent, detect and appropriately react to such cyber-attacks, including periodically testing our systems' security and access controls. However, cybersecurity risks continue to become more complex and broad ranging and our internal controls provide only a reasonable, not absolute, assurance that we will be able to protect ourselves from significant cyber-attack incidents.

By outsourcing certain business and administrative functions to third parties, we may be exposed to enhanced risk of data security breaches. Any breach of data security could damage our reputation and/or result in monetary damages, which, in turn, could have a material adverse effect on our results of operations, liquidity, financial condition, financial strength, and debt ratings. Although we have not experienced a material cyber-attack, we purchase insurance coverage to specifically address cybersecurity risks. The coverage provides protection up to $20 million above a deductible of $250,000 for various cybersecurity risks, including privacy breach related incidents.

We depend on key personnel.
To a large extent, our businesses success depends on our ability to attract and retain key employees. Competition to attract and retain key personnel is intense. While we have employment agreements with certain key managers, all of our employees are at-will employees and we cannot ensure that we will be able to attract and retain key personnel. As of December 31, 2013, our workforce had an average age of approximately 47 and approximately 25% of our workforce was retirement eligible under our retirement and benefit plans.

If we experience difficulties with outsourcing relationships, our ability to conduct our business might be negatively impacted.
We outsource certain business and administrative functions to third parties for efficiencies and cost savings, and may do so increasingly in the future. If we fail to develop and implement our outsourcing strategies or our third-party providers fail to perform as anticipated, we may experience operational difficulties, increased costs, and a loss of business that may have a material adverse effect on our results of operations or financial condition.

We are subject to a variety of modeling risks, which could have a material adverse impact on our business results.
We rely on complex financial models, such as predictive modeling, a claims fraud model, third party catastrophe models, an enterprise risk management capital model, and modeling tools used by our investment managers, which have been developed internally or by third parties to analyze historical loss costs and pricing, trends in claims severity and frequency, the occurrence of catastrophe losses, investment performance, and portfolio risk. Flaws in these financial models, or faulty assumptions used by these financial models, could lead to increased losses. We believe that statistical models alone do not provide a reliable method of monitoring and controlling risk. Therefore, such models are tools and do not substitute for the experience or judgment of senior management.

Item 1B. Unresolved Staff Comments.

None.

Item 2. Properties.

Our main office is located in Branchville, New Jersey on a site owned by a subsidiary with approximately 114 acres and 315,000 square feet of operational space. We lease all of our other facilities. The principal office locations related to our Standard and E&S Insurance Operations segments are described in the "Field and Technology Strategies Supporting Independent Retail Agent Distribution" section of Item 1. "Business." of this Form 10-K. We believe our facilities provide adequate space for our present needs and that additional space, if needed, would be available on reasonable terms.

Item 3. Legal Proceedings.

In the ordinary course of conducting business, we are named as defendants in various legal proceedings. Most of these proceedings are claims litigation involving our Insurance Subsidiaries as either: (i) liability insurers defending or providing indemnity for third-party claims brought against insureds; or (ii) insurers defending first-party coverage claims brought against them. We account for such activity through the establishment of unpaid loss and loss expense reserves. We expect that the ultimate liability, if any, with respect to such ordinary course claims litigation, after consideration of provisions made for potential losses and costs of defense, will not be material to our consolidated financial condition, results of operations, or cash flows.

Our Insurance Subsidiaries are also from time-to-time involved in other legal actions, some of which assert claims for substantial amounts. These actions include, among others, putative class actions seeking certification of a state or national class. Such putative class actions have alleged, for example, improper reimbursement of medical providers paid under workers compensation and personal and commercial automobile insurance policies. Our Insurance Subsidiaries are also involved from time-to-time in individual actions in which extra-contractual damages, punitive damages, or penalties are sought, such as claims alleging bad faith in the handling of insurance claims. We believe that we have valid defenses to these cases. We expect that the ultimate liability, if any, with respect to such lawsuits, after consideration of provisions made for estimated losses, will not be material to our consolidated financial condition. Nonetheless, given the large or indeterminate amounts sought in certain of these actions, and the inherent unpredictability of litigation, an adverse outcome in certain matters could, from time-to-time, have a material adverse effect on our consolidated results of operations or cash flows in particular quarterly or annual periods.

PART II

Item 5. Market For Registrant’s Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities.

(a) Market Information
Our common stock is traded on the NASDAQ Global Select Market under the symbol “SIGI.” The following table sets forth the high and low sales prices, as reported on the NASDAQ Global Select Market, for our common stock for each full quarterly period within the two most recent fiscal years:

	2013		2012	
	High	Low	High	Low
First quarter	$24.13	19.53	19.00	16.64
Second quarter	24.75	19.58	17.99	16.22
Third quarter	25.95	22.61	19.37	16.64
Fourth quarter	28.31	23.55	20.31	17.17

On February 14, 2014, the closing price of our common stock as reported on the NASDAQ Global Select Market was $22.37.

(b) Holders
As of February 14, 2014, there were approximately 2,136 holders of record of our common stock, including beneficial holders whose securities were held in the name of the registered clearing agency or its nominee.

(c) Dividends
Dividends on shares of our common stock are declared and paid at the discretion of the Board based on our results of operations, financial condition, capital requirements, contractual restrictions, and other relevant factors. The following table provides information on the dividends declared for each quarterly period within our two most recent fiscal years:

Dividend Per Share	2013	2012
First quarter	$0.13	0.13
Second quarter	0.13	0.13
Third quarter	0.13	0.13
Fourth quarter	0.13	0.13

Our ability to receive dividends, loans, or advances from our Insurance Subsidiaries is subject to the approval or review of the insurance regulators in the respective domiciliary states of our Insurance Subsidiaries. Such approval and review is made under the respective domiciliary states’ insurance holding company acts, which generally require that any transaction between related companies be fair and equitable to the insurance company and its policyholders. Although our dividends have historically been met with regulatory approval, there is no assurance that future dividends will be approved given current market conditions. We currently expect to continue to pay quarterly cash dividends on shares of our common stock in the future. For additional information, see Note 20. "Statutory Financial Information, Capital Requirements, and Restrictions on Dividends and Transfers of Funds" in Item 8. "Financial Statements and Supplementary Data." of this Form 10-K.

(d) Securities Authorized for Issuance Under Equity Compensation Plans

The following table provides information about our common stock authorized for issuance under equity compensation plans as of December 31, 2013:

Plan Category	(a) Number of securities to be issued upon exercise of outstanding options, warrants and rights	(b) Weighted-average exercise price of outstanding options, warrants and rights	(c) Number of securities remaining available for future issuance under equity compensation plans (excluding securities reflected in column (a))
Equity compensation plans approved by security holders	903,439 [1]	$19.75	6,414,613 [2]

[1] Weighted average remaining contractual life of options is 3.92 years.

[2] Includes 870,930 shares available for issuance under the Employee Stock Purchase Plan; 2,098,020 shares available for issuance under the Stock Purchase Plan for Independent Insurance Agencies; and 3,445,663 shares available for issuance under the Selective Insurance Group, Inc. 2005 Omnibus Stock Plan As Amended and Restated Effective as of May 1, 2010 ("Stock Plan"). Future grants under the Stock Plan can be made, among other things, as stock options, restricted stock units, or restricted stock.

(e) Performance Graph

The following chart, produced by Research Data Group, Inc., depicts our performance for the period beginning December 31, 2008 and ending December 31, 2013, as measured by total stockholder return on our common stock compared with the total return of the NASDAQ Composite Index and a select group of peer companies comprised of NASDAQ-listed companies in SIC Code 6330-6339, Fire, Marine, and Casualty Insurance.

This performance graph is not incorporated into any other filing we have made with the SEC and will not be incorporated into any future filing we may make with the SEC unless we so specifically incorporate it by reference. This performance graph also shall not be deemed to be "soliciting material" or to be "filed" with the SEC unless we specifically request so or specifically incorporate it by reference in any filing we make with the SEC.

(f) Purchases of Equity Securities by the Issuer and Affiliated Purchasers

The following table provides information regarding our purchases of our common stock in the fourth quarter of 2013:

Period	Total Number of Shares Purchased[1]	Average Price Paid Per Share	Total Number of Shares Purchased as Part of Publicly Announced Programs	Maximum Number of Shares that May Yet Be Purchased Under the Announced Programs
October 1 – 31, 2013	$3,997	$22.48	—	—
November 1 – 30, 2013	11,580	26.25	—	—
December 1 – 31, 2013	714	27.20	—	—
Total	$16,291	$25.37	—	—

[1]During the fourth quarter of 2013, 4,071 shares were purchased from employees in connection with the vesting of restricted stock units and 12,220 shares were purchased from employees in connection with stock option exercises. These repurchases were made to satisfy tax withholding obligations and/or option costs with respect to those employees. These shares were not purchased as part of any publicly announced program. The shares that were purchased in connection with the vesting of restricted stock units were purchased at fair market value as defined in the Stock Plan. The shares purchased in connection with the option exercises were purchased at the current market prices of our common stock on the dates the options were exercised.

Item 6. Selected Financial Data.

Five-Year Financial Highlights[1] (All presentations are in accordance with GAAP unless noted otherwise, number of weighted average shares and dollars in thousands, except per share amounts)	2013		2012	2011	2010	2009
Net premiums written	$1,810,159		1,666,883	1,485,349	1,390,541	1,422,665
Net premiums earned	1,736,072		1,584,119	1,439,313	1,416,598	1,431,047
Net investment income earned	134,643		131,877	147,443	145,708	118,471
Net realized gains (losses)	20,732		8,988	2,240	(7,083)	(45,970)
Total revenues	1,903,741		1,734,102	1,597,475	1,564,621	1,514,018
Catastrophe losses	47,415		98,608	118,769	56,465	8,519
Underwriting profit (loss)	38,766		(64,007)	(103,584)	(19,974)	2,111
Net income from continuing operations[2]	107,415		37,963	22,683	70,746	44,480
Total discontinued operations, net of tax[2]	(997)		—	(650)	(3,780)	(8,260)
Net income	106,418		37,963	22,033	66,966	36,220
Comprehensive income	77,229		49,709	57,303	86,450	126,806
Total assets	6,270,170		6,794,216	5,685,469	5,178,704	5,060,333
Notes payable and debentures	392,414		307,387	307,360	262,333	274,606
Stockholders' equity	1,153,928		1,090,592	1,058,328	1,018,041	947,881
Statutory premiums to surplus ratio	1.4		1.6	1.4	1.3	1.5
Statutory combined ratio	97.5	%	103.5	106.7	101.6	100.5
Impact of catastrophe losses on statutory combined ratio[3]	2.7	pts	6.2	8.3	4.0	0.6
GAAP combined ratio	97.8	%	104.0	107.2	101.4	99.9
Yield on investments, before tax	3.0		3.1	3.7	3.8	3.2
Debt to capitalization	25.4		22.0	22.5	20.5	22.5
Return on average equity	9.5		3.5	2.1	6.8	4.1
Non-GAAP measures[4]:						
Operating income	$93,939		32,121	21,227	75,350	74,361
Operating return on average equity	8.4	%	3.0	2.0	7.7	8.3
Per share data:						
Net income from continuing operations[2]:						
Basic	$1.93		0.69	0.42	1.33	0.84
Diluted	1.89		0.68	0.41	1.30	0.83
Net income:						

Basic	$1.91	0.69	0.41	1.26	0.69
Diluted	1.87	0.68	0.40	1.23	0.68
Dividends to stockholders	$0.52	0.52	0.52	0.52	0.52
Stockholders' equity	20.63	19.77	19.45	18.97	17.80
Price range of common stock:					
High	28.31	20.31	18.97	18.94	23.28
Low	19.53	16.22	12.10	14.13	10.06
Close	27.06	19.27	17.73	18.15	16.45
Number of weighted average shares:					
Basic	55,638	54,880	54,095	53,359	52,630
Diluted	56,810	55,933	55,221	54,504	53,397

[1] Data for 2009 through 2011 has been restated to reflect the implementation of ASU 2010-26, Financial Services-Insurance (Topic 944): Accounting for Costs Associated with Acquiring or Renewing Insurance Contracts, which was adopted on January 1, 2012.

[2] In 2009, we sold our Selective HR Solutions operations. See Note 7. "Fair Value Measurements" and Note 12. "Discontinued Operations" in Item 8. "Financial Statements and Supplementary Data." of this Form 10-K for additional information.

[3] The impact of catastrophe losses on the 2012 statutory combined ratio including flood claims handling fees related to Hurricane Sandy was 5.8 points.

[4]Operating income and operating return on average equity are non-GAAP measures. See the Glossary of Terms attached to this Form 10-K as Exhibit 99.1 for definitions of these items and see the "Financial Highlights" section in Item 7. "Management's Discussion and Analysis of Financial Condition and Results of Operations." of this Form 10-K for a reconciliation of operating income to net income.

Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations.

Forward-looking Statements

Certain statements in this report, including information incorporated by reference, are "forward-looking statements" as that term is defined in the Private Securities Litigation Reform Act of 1995 ("PSLRA"). The PSLRA provides a safe harbor under the Securities Act of 1933 and the Exchange Act for forward-looking statements. These statements relate to our intentions, beliefs, projections, estimations or forecasts of future events or future financial performance and involve known and unknown risks, uncertainties and other factors that may cause us or the industry's actual results, levels of activity, or performance to be materially different from those expressed or implied by the forward-looking statements. In some cases, forward-looking statements may be identified by use of the words such as "may," "will," "could," "would," "should," "expect," "plan," "anticipate," "target," "project," "intend," "believe," "estimate," "predict," "potential," "p "likely," or "continue" or other comparable terminology. These statements are only predictions, and we can give no assurance that such expectations will prove to be correct. We undertake no obligation, other than as may be required under the federal securities laws, to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

Factors that could cause our actual results to differ materially from those we have projected, forecasted or estimated in forward-looking statements are discussed in further detail in Item 1A. "Risk Factors." of this Form 10-K. These risk factors may not be exhaustive. We operate in a continually changing business environment, and new risk factors emerge from time-to-time. We can neither predict such new risk factors nor can we assess the impact, if any, of such new risk factors on our businesses or the extent to which any factor or combination of factors may cause actual results to differ materially from those expressed or implied in any forward-looking statements in this report. In light of these risks, uncertainties and assumptions, the forward-looking events discussed in this report might not occur.

Introduction

We classify our business into three operating segments:

- Standard Insurance Operations - comprised of both commercial lines ("Commercial Lines") and personal lines ("Personal Lines") insurance products and services that are sold in the standard marketplace;
- Excess and Surplus ("E&S") Insurance Operations - comprised of Commercial Lines insurance products and services sold to insureds who have not obtained coverage in the standard market; and
- Investments - invests the premiums collected by our Standard and E&S Insurance Operations, and amounts generated through our capital management strategies, which may include the issuance of debt and equity securities.

Our Standard Insurance Operations products and services are sold through nine subsidiaries that write Commercial Lines and Personal Lines business, some of which write flood business through the National Flood Insurance Program's ("NFIP") Write Your Own ("WYO") program. Two of these subsidiaries, Selective Casualty Insurance Company ("SCIC") and Selective Fire and Casualty Insurance Company ("SFCIC"), were created in 2012. These subsidiaries began writing direct premium in 2013 and have been included in our reinsurance pooling agreement as of July 1, 2012.

Our E&S Insurance Operations products and services are sold through a subsidiary that was acquired in December 2011. This subsidiary, Mesa Underwriters Specialty Insurance Company ("MUSIC"), provides a nationally-authorized non-admitted platform to write commercial and personal E&S lines business.

Our ten insurance subsidiaries are collectively referred to as the "Insurance Subsidiaries".

The purpose of the Management's Discussion and Analysis ("MD&A") is to provide an understanding of the consolidated results of operations and financial condition and known trends and uncertainties that may have a material impact in future periods.

In the MD&A, we will discuss and analyze the following:

- Critical Accounting Policies and Estimates;
- Financial Highlights of Results for Years Ended December 31, 2013, 2012, and 2011;
- Results of Operations and Related Information by Segment;
- Federal Income Taxes;
- Financial Condition, Liquidity, Short-term Borrowings, and Capital Resources;
- Off-Balance Sheet Arrangements;
- Contractual Obligations, Contingent Liabilities, and Commitments; and
- Ratings.

Critical Accounting Policies and Estimates

We have identified the policies and estimates described below as critical to our business operations and the understanding of the results of our operations. Our preparation of the Financial Statements requires us to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of our Financial Statements, and the reported amounts of revenue and expenses during the reporting period. There can be no assurance that actual results will not differ from those estimates. Those estimates that were most critical to the preparation of the Financial Statements involved the following: (i) reserves for losses and loss expenses; (ii) pension and post-retirement benefit plan actuarial assumptions; (iii) other-than-temporary-impairment ("OTTI"); and (iv) reinsurance.

Reserves for Losses and Loss Expenses

Significant periods of time can elapse between the occurrence of an insured loss, the reporting of the loss to the insurer, and the insurer's payment of that loss. To recognize liabilities for unpaid losses and loss expenses, insurers establish reserves as balance sheet liabilities representing an estimate of amounts needed to pay reported and unreported net losses and loss expenses. As of December 31, 2013, we had accrued $3.3 billion of gross loss and loss expense reserves compared to $4.1 billion at December 31, 2012, the decrease of which is largely attributable to the loss and loss expense reserves associated with Hurricane Sandy that were 100% reinsured by the Federal government under the NFIP. The gross loss and loss expense reserves under this program were $51.2 million as of December 31, 2013 compared to $909.9 million as of December 31, 2012.

The following tables provide case and incurred but not reported ("IBNR") reserves for losses and loss expenses, and reinsurance recoverable on unpaid losses and loss expenses as of December 31, 2013 and 2012:

As of December 31, 2013

	Losses and Loss Expense Reserves				
($ in thousands)	Case Reserves	IBNR Reserves	Total	Reinsurance Recoverable on Unpaid Losses and Loss Expenses	Net Reserves
Commercial automobile	$136,543	225,387	361,930	18,847	343,083
Workers compensation	532,087	637,738	1,169,825	197,934	971,891
General liability	227,307	965,095	1,192,402	137,854	1,054,548
Commercial property	43,831	6,143	49,974	9,702	40,272
Businessowners' policies	32,225	57,636	89,861	7,915	81,946
Bonds	4,885	5,054	9,939	911	9,028
Other	2,095	1,061	3,156	2,064	1,092
Total standard Commercial Lines	978,973	1,898,114	2,877,087	375,227	2,501,860
Personal automobile	106,377	89,596	195,973	62,663	133,310
Homeowners	26,201	27,520	53,721	7,254	46,467
Other	39,155	23,561	62,716	52,157	10,559
Total standard Personal Lines	171,733	140,677	312,410	122,074	190,336
E&S Insurance Operations	25,575	134,698	160,273	43,538	116,735

Total	$1,176,281	2,173,489	3,349,770	540,839	2,808,931

December 31, 2012

($ in thousands)	Losses and Loss Expense Reserves				
	Case Reserves	IBNR Reserves	Total	Reinsurance Recoverable on Unpaid Losses and Loss Expenses	Net Reserves
Commercial automobile	$127,270	221,452	348,722	15,474	333,248
Workers compensation	494,467	586,141	1,080,608	158,035	922,573
General liability	214,216	902,087	1,116,303	116,791	999,512
Commercial property	71,903	12,925	84,828	35,639	49,189
Businessowners' policies	44,620	66,783	111,403	20,410	90,993
Bonds	2,441	6,915	9,356	425	8,931
Other	1,265	1,071	2,336	1,200	1,136
Total standard Commercial Lines	956,182	1,797,374	2,753,556	347,974	2,405,582
Personal automobile	107,670	92,759	200,429	67,615	132,814
Homeowners	37,652	35,495	73,147	28,950	44,197
Other	865,469	56,037	921,506	911,928	9,578
Total standard Personal Lines	1,010,791	184,291	1,195,082	1,008,493	186,589
E&S Insurance Operations	18,738	101,565	120,303	53,288	67,015
Total	$1,985,711	2,083,230	4,068,941	1,409,755	2,659,186

How reserves are established

When a claim is reported to an Insurance Subsidiary, claims personnel establish a "case reserve" for the estimated amount of the ultimate payment. The amount of the reserve is primarily based on a case-by-case evaluation of the type of claim involved, the circumstances surrounding each claim, and the policy provisions relating to the type of losses. The estimate reflects the informed judgment of such personnel based on their knowledge, experience, and general insurance reserving practices. Until the claim is resolved, these estimates are revised as deemed appropriate by the responsible claims personnel based on subsequent developments and periodic reviews of the case.

Using generally accepted actuarial reserving techniques, we project our estimate of ultimate losses and loss expenses at each reporting date. The difference between: (i) the projected ultimate loss and loss expense reserves; and (ii) the case loss reserves and the loss and loss expenses reserved thereon are carried as the IBNR reserve. The actuarial techniques used are part of a comprehensive reserving process that includes two primary components. The first component is a detailed quarterly reserve analysis performed by our internal actuarial staff. In completing this analysis, the actuaries must gather substantially similar data in sufficient volume to ensure statistical credibility of the data, while maintaining appropriate differentiation. This process defines the reserving segments, to which various actuarial projection methods are applied. When applying these methods, the actuaries are required to make numerous assumptions including, for example, the selection of loss and loss expense development factors and the weight to be applied to each individual projection method. These methods include paid and incurred versions for the following: loss and loss expense development, Bornhuetter-Ferguson, Berquist-Sherman, and frequency/severity modeling (chain-ladder approach). The second component of the analysis is the projection of the expected ultimate loss and loss expense ratio for each line of business for the current accident year. This projection is part of our planning process wherein we review and update expected loss and loss expense ratios each quarter. This review includes actual versus

expected pricing changes, loss and loss expense trend assumptions, and updated prior period loss and loss expense ratios from the most recent quarterly reserve analysis.

In addition to the quarterly reserve analysis, a range of possible IBNR reserves is estimated annually and continually considered, among other factors, in establishing IBNR for each reporting period. Loss and loss expense trends are also considered, which include, but are not limited to, large loss activity, asbestos and environmental claim activity, large case reserve additions or reductions for prior accident years, and reinsurance recoverable issues. We also consider factors such as: (i) per claim information; (ii) company and industry historical loss experience; (iii) legislative enactments, judicial decisions, legal developments in the imposition of damages, and changes in political attitudes; and (iv) trends in general economic conditions, including the effects of inflation. Based on the consideration of the range of possible IBNR reserves, recent loss and loss expense trends, uncertainty associated with actuarial assumptions and other factors, IBNR is established and the ultimate net liability for losses and loss expenses is determined. Such an assessment requires considerable judgment given that it is frequently not possible to determine whether a change in the data is an anomaly until sometime after the event. Even if a change is determined to be permanent, it is not always possible to reliably determine the extent of the change until sometime later. There is no precise method for subsequently evaluating the impact of any specific factor on the adequacy of reserves because the eventual deficiency or redundancy is affected by many factors. The changes in these estimates, resulting from the continuous review process and the differences between estimates and ultimate payments, are reflected in the Consolidated Statements of Income for the period in which such estimates are changed. Any changes in the liability estimate may be material to the results of operations in future periods.

Range of reasonable reserves

We have estimated a range of reasonably possible reserves for net loss and loss expense claims to be $2,574 million to $2,966 million at December 31, 2013, which compares to $2,456 million to $2,805 million at December 31, 2012. These ranges reflect low and high reasonable reserve estimates which were selected primarily by considering the range of indications calculated using generally accepted actuarial techniques. Such techniques assume that past experience, adjusted for the effects of current developments and anticipated trends, are an appropriate basis for predicting future events. Although these ranges reflect likely scenarios, it is possible that the final outcomes may fall above or below these amounts. The ranges do not include a provision for potential increases or decreases associated with asbestos, environmental, and other continuous exposure claims, as traditional actuarial techniques cannot be effectively applied to these exposures.

Major trends by line of business creating additional loss and loss expense reserve uncertainty

The Insurance Subsidiaries are multi-state, multi-line property and casualty insurance companies and, as such, are subject to reserve uncertainty stemming from a variety of sources. These uncertainties are considered at each step in the process of establishing loss and loss expense reserves. However, as market conditions change, certain trends are identified that management believes create an additional amount of uncertainty. A discussion of recent trends, by line of business, that have been recognized by management follows.

Standard Market General Liability Line of Business

At December 31, 2013, our general liability line of business had recorded reserves, net of reinsurance, of $1.1 billion, which represented 38% of our total net reserves. In calendar year 2013, this line experienced favorable development of $20.0 million, which was driven by lower severities in the 2010 and prior accident years. This favorable development was partially offset by unfavorable development in accident years 2011 and 2012, which showed higher average severities in the premises and operations coverage. During the 2012 calendar year, this line of business showed modestly unfavorable development due to increased severities in the 2010 and 2011 accident years. During the 2011 calendar year, this line of business experienced overall favorable reserve development that was largely attributable to accident years 2006 through 2009, which showed generally lower frequencies. The broad nature of this line of business, and the longer average time for the claims settlement process, makes it more susceptible to changes in litigation and the tort environment. This line of business also includes excess policies that provide additional limits above underlying automobile and general liability coverages, which is subject to catastrophic losses, and therefore

influenced by the factors noted above to a greater degree.

Standard Market Workers Compensation Line of Business
At December 31, 2013, our workers compensation line of business recorded reserves, net of reinsurance, of $972 million or 35% of our total net reserves. During the past three years, this line has experienced unfavorable reserve development. The 2013 unfavorable development was $23.5 million driven by accident years 2008 and prior. This development reflects increases in the ultimate severities for medical costs, driven largely by case reserve adjustments to long-term care claims, and our review of medical cost development over many years. We continue our efforts to mitigate these impacts through various medical cost containment initiatives.

In addition to the uncertainties associated with actuarial assumptions and methodologies described above, the workers compensation line of business can be impacted by a variety of issues, such as the following:

Unexpected changes in medical cost inflation - Variability in our historical workers compensation medical costs, along with uncertainty regarding future medical inflation, creates the potential for additional volatility in our reserves;

Changes in statutory workers compensation benefits - Benefit changes may be enacted such that they affect all outstanding claims, regardless of having occurred in the past. Depending upon the social and political climate, these changes may be such that they either increase or decrease associated claim costs;

Changes in overall economic conditions - Higher levels of unemployment could ultimately impact both the severity and frequency of workers compensation claims. There is also potential for an increase in severity if the longevity of workers compensation claims increases. Injured workers could have less incentive to return to work when their company is in financial distress or injured workers could be laid off while on workers compensation. Conversely, there is potential for a decrease in frequency if workers are reluctant to file claims or have less work and less exposure to injury.

In addition, changes in the economy could impact reserves in other ways. For example, in 2012, audit and endorsement activity resulted in additional premium of $14.3 million, and in 2013, audit and endorsement activity resulted in additional premium of $7.4 million. Since premiums earned are used as a basis for setting initial reserves on the current accident year, our reserves could be impacted. While audit and endorsement premiums are modeled within our annual budgeting process, they remain uncertain and therefore provide additional variability to the resulting loss and loss expense ratio estimates.

Standard Market Commercial Automobile Line of Business
At December 31, 2013, our commercial automobile line of business had recorded reserves, net of reinsurance, of $343 million, which represented 12% of our total net reserves. During the past three years this line experienced favorable reserve development. In 2013 the favorable development was $4.5 million, driven by accident years 2006 through 2010, which represents a continued trend of better than expected reported emergence in these years. This favorable development was partially offset by unfavorable development in the 2012 accident year, due to increased severity.

Standard Market Personal Automobile Line of Business
At December 31, 2013, our personal automobile line of business had recorded reserves, net of reinsurance, of $133 million, which represented 5% of our total net reserves. In calendar year 2013, this line experienced favorable development of $3.0 million, which was driven by accident years 2010 and 2011 in states other than New Jersey. Over the past several years, the New Jersey personal automobile marketplace has continued to be extremely competitive, while at the same time we have been growing our market share in our other personal lines footprint states, the result of which has been a gradually changing overall mix of business. We review the reserves for states other than New Jersey on a combined basis so that there is a sufficient volume of data to ensure statistical credibility. However, the state mix of business changes over time may increase the uncertainty surrounding our personal automobile reserves.

E&S Lines
At December 31, 2013, our E&S line of business had recorded reserves, net of reinsurance, of $117 million, which represented 4% of our total net reserves. In calendar year 2013 this line experienced favorable development of $2.0 million. Since we have limited historical loss experience in these lines of business, our reserve estimates are based largely on development patterns of companies that have similar operations. Therefore, these estimates are subject to somewhat greater uncertainty than the comparable traditional lines of business.

Other Lines of Business

At December 31, 2013, no other individual line of business had recorded reserves of more than $82 million, net of reinsurance. We have not identified any recent trends that would create additional significant reserve uncertainty for these other lines of business.

Other impacts creating additional loss and loss expense reserve uncertainty

Claims Initiative Impacts
In addition to the line of business specific issues mentioned above, these lines of business have been impacted by a number of initiatives undertaken by our claims department that have resulted in volatility in the average level of case reserves. Some of these initiatives have also impacted changes in claims settlement rates. These changes impact the data upon which the ultimate loss and loss expense projections are made. While these changes in case reserve levels and settlement rates increase the uncertainty in the short run, we expect the longer-term benefit will be a more refined management of the claims process.

Some of the specific actions implemented are as follows:

- Increased focus on reducing workers compensation medical costs through more favorable Preferred Provider Organizations ("PPO") contracts and greater PPO penetration.
- The introduction of a Complex Claims Unit to which all significant and complex liability claims are assigned. This unit has been staffed with personnel that have significant experience in handling and settling these types of claims.
- Increased activity in the areas of fraud investigation and salvage/subrogation recoveries. These efforts have been supported by the introduction of predictive models that allow us to better focus our efforts.
- The establishment of a workers compensation strategic case management unit, which specializes in the investigation and medical management of lost-time claims with high exposure and/or escalation risk.

Our internal reserve analyses incorporate actuarial projection methods which make adjustments for changes in case reserve adequacy and claims settlement rates. These methods adjust our historical loss experience to the current level of case adequacy or settlement rate, which provides a more consistent basis for projecting future development patterns. These methods have their own assumptions and judgments associated with them, so as with any projection method, they are not definitive in and of themselves. Furthermore, given that the expected benefits from our claims initiatives take time to fully manifest, we do not take full credit for the anticipated benefit in establishing our loss and loss expense reserves. Therefore, these initiatives may prove more or less beneficial than currently reflected, which will affect development in future years. Our various projection methods provide an indication of these potential future impacts. These impacts would be greatest within our larger reserve lines of workers compensation, general liability, and commercial automobile liability, within the more recent accident years.

Economic Inflationary Impacts
Although inflationary volatility is expected to be low in the near term, current United States monetary policy and global economic conditions bring additional uncertainty in the long-term given the length of time required for claim settlement in these lines of business. Uncertainty regarding future inflation or deflation creates the potential for additional volatility in our reserves for these lines of business.

Sensitivity analysis: Potential impact on reserve uncertainty due to changes in key assumptions
Our process to establish reserves includes a variety of key assumptions, including, but not limited to, the following:

- The selection of loss and loss expense development factors;
- The weight to be applied to each individual actuarial projection method;
- Projected future loss trends; and
- Expected ultimate loss and loss expense ratios for the current accident year.

The importance of any single assumption depends on several considerations, such as the line of business and the accident year. If the actual experience emerges differently than the assumptions used in the process to establish reserves, changes in our reserve estimate are possible and may be material to the results of operations in future periods. Set forth below are sensitivity tests which highlight potential impacts to loss and loss expense reserves under

different scenarios, for the major casualty lines of business. It is important to note that these tests consider each assumption and line of business individually, without any consideration of correlation between lines of business and accident years, and therefore, does not constitute an actuarial range. While the figures represent possible impacts from variations in key assumptions as identified by management, there is no assurance that the future emergence of our loss and loss expense experience will be consistent with either our current or alternative sets of assumptions.

While the sources of variability discussed above are generated by different underlying trends and operational changes, they ultimately manifest themselves as changes in the expected loss and loss expense development patterns. These patterns are a key assumption in the reserving process. In addition to the expected development patterns, the expected loss and loss expense ratios are another key assumption in the reserving process. These expected ratios are developed via a rigorous process of projecting recent accident years' experience to an ultimate settlement basis, and then adjusting it to the current accident year's pricing and loss cost levels. Impact from changes in the underwriting portfolio and changes in claims handling practices are also quantified and reflected, where appropriate. As is the case with all estimates, the ultimate loss and loss expense ratios may differ from those currently estimated.

The sensitivities of loss and loss expense reserves to these key assumptions are illustrated below for the major casualty lines. The first table shows the estimated impacts from changes in expected reported loss and loss expense development patterns. It shows reserve impacts by line of business if the actual calendar year incurred amounts are greater or less than current expectations by the selected percentages. The second table shows the estimated impacts from changes to the expected loss and loss expense ratios for the current accident year. It shows reserve impacts by line of business if the expected loss and loss expense ratios for the current accident year are greater or less than current expectations by the selected percentages. While the selected percentages by line are judgmentally based, they reflect the relative contribution of the specific line of business to the overall reserve range.

Reserve Impacts of Changes to Prior Years Expected Loss and Loss Expense Reporting Patterns

($ in millions)	Percentage Decrease/Increase		Decrease to Future Calendar Year Reported		Increase to Future Calendar Year Reported
General liability	7	%	$(75	)	$75
Workers compensation	10	%	(60	)	60
Commercial automobile liability	10	%	(30	)	30
Personal automobile liability	10	%	(10	)	10
E&S lines	10	%	(10	)	10

Reserve Impacts of Changes to Current Year Expected Ultimate Loss and Loss Expense Ratios

($ in millions)	Percentage Decrease/Increase		Decrease to Current Accident Year Expected Loss and Loss Expense Ratio		Increase to Current Accident Year Expected Loss and Loss Expense Ratio
General liability	7	%	$(28	)	$28
Workers compensation	10	%	(26	)	26
Commercial automobile liability	7	%	(17	)	17
Personal automobile liability	7	%	(7	)	7
E&S lines	10	%	(9	)	9

Note that there is some overlap between the impacts in the two tables. For example, increases in the calendar year development would ultimately impact our view of the current accident year's loss and loss expense ratios. Nevertheless, these tables provide perspective into the sensitivity of each of these key assumptions.

Asbestos and Environmental Reserves

Included in our losses and loss expense reserves are amounts for asbestos and environmental claims. The total carried net losses and loss expense reserves for these claims were $25.2 million as of December 31, 2013 and $27.8 million as of December 31, 2012. Our asbestos and environmental claims have arisen primarily from insured exposures in municipal government, small commercial risks, and homeowners policies. The emergence of these claims is slow and

highly unpredictable. For example, within our standard Commercial Lines book, certain landfill sites are included on the National Priorities List ("NPL") by the United States Environmental Protection Agency ("USEPA"). Once on the NPL, the USEPA determines an appropriate remediation plan for these sites. A landfill can remain on the NPL for many years until final approval for the removal of the site is granted from the USEPA. The USEPA also has the authority to re-open previously closed sites and return them to the NPL. We currently have reserves for eight insureds related to four sites on the NPL.

Estimating IBNR reserves for asbestos and environmental claims is difficult because of the delayed and inconsistent reporting patterns associated with these claims. In addition, there are significant uncertainties associated with estimating critical assumptions, such as average clean-up costs, third-party costs, potentially responsible party shares, allocation of damages, litigation and coverage costs, and potential state and federal legislative changes. Normal historically based actuarial approaches cannot be applied to asbestos and environmental claims because past loss history is not indicative of future potential asbestos and environmental losses. In addition, while certain alternative models can be applied, such models can produce significantly different results with small changes in assumptions. As a result, we do not calculate an asbestos and environmental loss range.

Pension and Post-retirement Benefit Plan Actuarial Assumptions
Our pension and post-retirement benefit obligations and related costs are calculated using actuarial methods, within the framework of U.S. GAAP. Two key assumptions, the discount rate and the expected return on plan assets, are important elements of expense and/or liability measurement. We evaluate these key assumptions annually. Other assumptions involve demographic factors, such as retirement age, mortality, turnover, and rate of compensation increases.

The discount rate enables us to state expected future cash flows at their present value on the measurement date. The purpose of the discount rate is to determine the interest rates inherent in the price at which pension benefits could be effectively settled. Our discount rate selection is based on high-quality, long-term corporate bonds. A higher discount rate reduces the present value of benefit obligations and reduces pension expense. Conversely, a lower discount rate increases the present value of benefit obligations and increases pension expense. We increased our discount rate for the Retirement Income Plan for Selective Insurance Company of America and the Supplemental Excess Retirement Plan (jointly referred to as the "Retirement Income Plan" or the "Plan") to 5.16% for 2013, from 4.42% for 2012, reflecting higher market interest rates. We also increased our discount rate for the life insurance benefit provided to eligible SICA employees (referred to as the "Retirement Life Plan") to 4.85% for 2013 from 4.42% for 2012.

The expected long-term rate of return on the plan assets is determined by considering the current and expected asset allocation, as well as historical and expected returns on each plan asset class. A lower expected rate of return on pension plan assets would increase pension expense. Our long-term expected return on plan assets was lowered 48 basis points to 6.92% in 2013 as compared to 7.40% in 2012, reflecting the lower interest rate environment, coupled with our liability driven investment strategy, that is anticipated in the near term despite our 2013 total return of 8.75%
.

At December 31, 2013, our pension and post-retirement benefit plan obligation was $262.6 million compared to $309.1 million at December 31, 2012. In addition to the assumption changes noted above, our benefit obligation was also impacted by our decision to curtail the accrual of additional benefits for all eligible employees participating in the Retirement Income Plan after March 31, 2016. Volatility in the marketplace, coupled with changes in the discount rate assumption, could materially impact our pension and post-retirement life valuation in the future. For additional information regarding our pension and post-retirement benefit plan obligations, see Note 15. "Retirement Plans" in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.

Other-Than-Temporary Investment Impairments
When the fair value of any investment is lower than its cost/amortized cost, an assessment is made to determine if the decline is other than temporary. We regularly review our entire investment portfolio for declines in fair value. If we believe that a decline in the value of an available-for-sale ("AFS") security is temporary, we record the decline as an unrealized loss in Accumulated Other Comprehensive Income ("AOCI"). Temporary declines in the value of a held-to-maturity ("HTM") security are not recognized in the Financial Statements. Our assessment of a decline in fair value includes judgment as to the financial position and future prospects of the entity that issued the investment

security, as well as a review of the security's underlying collateral for fixed maturity investments. Broad changes in the overall market or interest rate environment generally will not lead to a write-down.

Fixed Maturity Securities and Short-Term Investments

Our evaluation for OTTI of a fixed maturity security or a short-term investment may include, but is not limited to, the evaluation of the following factors:

- Whether the decline appears to be issuer or industry specific;
- The degree to which the issuer is current or in arrears in making principal and interest payments on the fixed maturity security;
- The issuer's current financial condition and ability to make future scheduled principal and interest payments on a timely basis;
- Evaluation of projected cash flows;
- Buy/hold/sell recommendations published by outside investment advisors and analysts; and

• Relevant rating history, analysis, and guidance provided by rating agencies and analysts.

OTTI charges are recognized as a realized loss to the extent that they are credit related, unless we have the intent to sell the security or it is more likely than not that we will be required to sell the security. In those circumstances, the security is written down to fair value with the entire amount of the writedown charged to earnings as a component of realized losses.

To determine if an impairment is other than temporary, we compare the present value of cash flows expected to be collected with the amortized cost of fixed maturity securities meeting certain criteria. In addition, this analysis is performed on all previously-impaired debt securities that continue to be held by us and all structured securities that were not of high-credit quality at the date of purchase. These impairment assessments may include, but are not limited to, discounted cash flow analyses ("DCFs").

For structured securities, including CMBS, RMBS, ABS, and CDOs, we also consider variables such as expected default, severity, and prepayment assumptions based on security type and vintage, taking into consideration information from credit agencies, historical performance, and other relevant economic and performance factors.

In making our assessment, we perform a DCF to determine the present value of future cash flows to be generated by the underlying collateral of the security. Any shortfall in the expected present value of the future cash flows, based on the DCF, from the amortized cost basis of a security is considered a "credit impairment," with the remaining decline in fair value of a security considered as a "non-credit impairment." As mentioned above, credit impairments are charged to earnings as a component of realized losses, while non-credit impairments are recorded to Other Comprehensive Income ("OCI") as a component of unrealized losses.

Discounted Cash Flow Assumptions
The discount rate we use in a DCF is the effective interest rate implicit in the security at the date of acquisition for those structured securities that were not of high-credit quality at acquisition. For all other securities, we use a discount rate that equals the current yield, excluding the impact of previous OTTI charges, used to accrete the beneficial interest.

If applicable, we use a conditional default rate assumption in the DCF to estimate future defaults. The conditional default rate is the proportion of all loans outstanding in a security at the beginning of a time period that are expected to default during that period. Our assumption of this rate takes into consideration the uncertainty of future defaults as well as whether or not these securities have experienced significant cumulative losses or delinquencies to date.

If applicable, conditional default rate assumptions apply at the total collateral pool level held in the securitization trust. Generally, collateral conditional default rates will "ramp-up" over time as the collateral seasons, because the performance begins to weaken and losses begin to surface. As time passes, depending on the collateral type and vintage, losses will peak and performance will begin to improve as weaker borrowers are removed from the pool through delinquency resolutions. In the later years of a collateral pool's life, performance is generally materially better as the resulting favorable selection of the portfolio improves the overall quality and performance.

For CMBS, we also consider the net operating income ("NOI") generated by the underlying properties. Our assumptions of the properties' ultimate cash flows take into consideration both an immediate reduction to the reported NOIs and decreases to projected NOIs.

If applicable, we also use a loan loss severity assumption in our DCF that is applied at the loan level of the collateral pool. The loan loss severity assumptions represent the estimated percentage loss on the loan-to-value exposure for a

particular security. For CMBS, the loan loss severities applied are based on property type. Losses generated from the evaluations are then applied to the entire underlying deal structure in accordance with the original service agreements.

Equity Securities

Evaluation for OTTI of an equity security, may include, but is not limited to, an evaluation of the following factors:

- Whether the decline appears to be issuer or industry specific;
- The relationship of market prices per share to book value per share at the date of acquisition and date of evaluation;
- The price-earnings ratio at the time of acquisition and date of evaluation;
- The financial condition and near-term prospects of the issuer, including any specific events that may influence the issuer's operations, coupled with our intention to hold the securities in the near term;
- The recent income or loss of the issuer;
- The independent auditors' report on the issuer's recent financial statements;
- The dividend policy of the issuer at the date of acquisition and the date of evaluation;
- Buy/hold/sell recommendations or price projections published by outside investment advisors;
- Rating agency announcements;
- The length of time and the extent to which the fair value has been, or is expected to be, less than cost in the near term; and
- Our expectation of when the cost of the security will be recovered.

If there is a decline in the fair value on an equity security that we do not intend to hold, or if we determine the decline is other-than-temporary, including declines driven by market volatility for which we cannot assert will recover in the near term, we will write down the carrying value of the investment and record the charge through earnings as a component of realized losses.

Other Investments

Our evaluation for OTTI of an other investment (i.e., an alternative investment) may include, but is not limited to, conversations with the management of the alternative investment concerning the following:

- The current investment strategy;
- Changes made or future changes to be made to the investment strategy;
- Emerging issues that may affect the success of the strategy; and
- The appropriateness of the valuation methodology used regarding the underlying investments.

If there is a decline in fair value on an other investment that we do not intend to hold, or if we determine the decline is other than temporary, we write down the cost of the investment and record the charge through earnings as a component of realized losses.

Reinsurance

Reinsurance recoverables on paid and unpaid losses and loss expenses represent estimates of the portion of such liabilities that will be recovered from reinsurers. Each reinsurance contract is analyzed to ensure that the transfer of risk exists to properly record the transactions in the Financial Statements. Amounts recovered from reinsurers are recognized as assets at the same time and in a manner consistent with the paid and unpaid losses associated with the reinsured policies. An allowance for estimated uncollectible reinsurance is recorded based on an evaluation of balances due from reinsurers and other available information. This allowance totaled $5.1 million at December 31, 2013 and $4.8 million at December 31, 2012. We continually monitor developments that may impact recoverability from our reinsurers and have available to us contractually provided remedies if necessary. For further information regarding reinsurance, see the "Reinsurance" section below and Note 8. "Reinsurance" in Item 8. "Financial Statements and Supplementary Data." of this Form 10-K.

Financial Highlights of Results for Years Ended December 31, 2013, 2012, and 2011[1]

($ in thousands, except per share amounts)	2013	2012	2013 vs. 2012	2011	2012 vs. 2011
GAAP measures:					
Revenues	$1,903,741	$1,734,102	10 %	1,597,475	9 %
Pre-tax net investment income	134,643	131,877	2	147,443	(11)
Pre-tax net income	142,267	37,635	278	10,400	262
Net income	106,418	37,963	180	22,033	72
Diluted net income per share	1.87	0.68	175	0.40	70
Diluted weighted-average outstanding shares	56,810	55,933	2	55,221	1
GAAP combined ratio	97.8 %	104.0	(6.2) pts	107.2	(3.2) pts
Statutory combined ratio	97.5 %	103.5	(6.0)	106.7	(3.2)
Return on average equity ("ROE")	9.5 %	3.5	6.0	2.1	1.4
Non-GAAP measures:					
Operating income	$93,939	$32,121	192 %	21,227	51 %
Diluted operating income per share	1.65	0.58	184	0.38	53
Operating ROE	8.4 %	3.0	5.4 pts	2.0	1.0 pts

[1]Refer to the Glossary of Terms attached to this Form 10-K as Exhibit 99.1 for definitions of terms used in this financial review.

The following table reconciles operating income and net income for the periods presented above:

($ in thousands, except per share amounts)	2013	2012	2011
Operating income	$93,939	32,121	21,227
Net realized gains, net of tax	13,476	5,842	1,456
Loss on discontinued operations, net of tax	(997)	—	(650)
Net income	$106,418	37,963	22,033
Diluted operating income per share	$1.65	0.58	0.38
Diluted net realized gains per share	0.24	0.10	0.03
Diluted net loss on discontinued operations per share	(0.02)	—	(0.01)
Diluted net income per share	$1.87	0.68	0.40

We are currently targeting a return on average equity that is three points higher than our cost of capital, or 12%, excluding the impact of realized gains and losses, which is referred to as operating return on equity. Improvement in our operating return on average equity between 2013 and 2012 reflects underwriting profitability of $38.8 million in 2013 compared to an underwriting loss of $64.0 million in 2012. The 161% improvement between years is driven primarily by: (i) higher underwriting profitability in our Standard Insurance Operations of $87 million as a result of significantly lower catastrophe losses and renewal pure price increases that exceeded loss costs trends; and (ii) improvement in our E&S Insurance Operations of $15.8 million. E&S operations were primarily affected by: (i) earned premiums that now reflect the full operations of this business following its acquisition in 2011; (ii) renewal pure price increases; and (iii) a decrease in initial start up expenditures.

Operating ROE in both 2012 and 2011 reflect reduced levels of pre-tax operating income due to significant catastrophe losses in each of those years.

Our operating ROE contribution by component is as follows:

Operating Return on Average Equity	2013	2012	2011
Standard Insurance Operations	2.5 %	(2.7)%	(6.0)%
E&S Insurance Operations	(0.2)%	(1.2)%	(0.5)%
Investments	9.0 %	9.3 %	10.7 %
Other	(2.9)%	(2.4)%	(2.2)%
Total	8.4 %	3.0 %	2.0 %

In all three years, pre-tax net investment income was negatively impacted by the declining interest rate environment, which has sequentially lowered returns within our fixed maturity portfolio when comparing years. However, strong returns in our alternative investment portfolio have partially offset the impact of the declining interest rates on the investment segments operating ROE contribution.

The following table provides a quantitative foundation for analyzing our overall Insurance Subsidiaries underwriting results:

All Lines ($ in thousands)	2013	2012	2013 vs. 2012	2011	2012 vs. 2011
GAAP Insurance Operations Results:					
Net Premiums Written ("NPW")	1,810,159	1,666,883	9 %	1,485,349	12 %
Net Premiums Earned ("NPE")	1,736,072	1,584,119	10	1,439,313	10
Less:					
Losses and loss expenses incurred	1,121,738	1,120,990	—	1,074,987	4
Net underwriting expenses incurred	571,294	523,688	9	462,626	13
Dividends to policyholders	4,274	3,448	24	5,284	(35)
Underwriting income (loss)	38,766	(64,007)	161 %	(103,584)	38 %
GAAP Ratios:					
Loss and loss expense ratio	64.6 %	70.8	(6.2) pts	74.7	(3.9) pts
Underwriting expense ratio	33.0	33.0	—	32.1	0.9
Dividends to policyholders ratio	0.2	0.2	—	0.4	(0.2)
Combined ratio	97.8	104.0	(6.2)	107.2	(3.2)
Statutory Ratios:					
Loss and loss expense ratio	64.5	70.7	(6.2)	74.6	(3.9)
Underwriting expense ratio	32.8	32.6	0.2	31.7	0.9
Dividends to policyholders ratio	0.2	0.2	—	0.4	(0.2)
Combined ratio	97.5 %	103.5	(6.0) pts	106.7	(3.2) pts

The growth in NPW and NPE for our Insurance Subsidiaries in 2013 and 2012 reflects the following in our Standard Insurance Operations: (i) renewal pure price increases; (ii) strong retention; and (iii) new business. In addition, incremental premiums were generated over these years from our E&S business, which was acquired in 2011.

The combined ratios improved when comparing all three years. The main driver of this improvement is the impact of catastrophe losses on our results. In 2011 and 2012, these losses were the highest that they have been in our history. Historical catastrophe losses in the 10 years prior to 2011 include a high of 4.0 points, a low of 0.3 points, and a median of 1.5 points. See the tables below for quantitative data regarding catastrophe losses over the past three years. In addition, the combined ratio improvement was driven by renewal pure price increases that are exceeding loss trends in our Standard Insurance Operations and the following in our E&S Insurance Operations: (i) earned premiums that now reflect the full operations of this business; (ii) underwriting improvements, including renewal pure price increases; and (iii) a decrease in initial start-up expenditures and acquisition costs.

Quantitative Data Regarding Catastrophe Losses	2013	2012 [1]	2011
Combined ratio, as reported	97.8 %	104.0	107.2
Catastrophe loss points	2.7	6.2	8.3
Combined ratio, excluding catastrophe losses	95.1 %	97.8	98.9

[1] The impact of catastrophe losses on the 2012 statutory combined ratio including flood claims handling fees related to Hurricane Sandy was 5.8 points.

Catastrophe losses in 2012 and 2011 each contained individually significant storms. In 2012, Hurricane Sandy was the single largest event in our history and in 2011, Hurricane Irene was the second largest event in our history.

($ in thousands)	Hurricane Sandy 2012	Hurricane Irene 2011
Total Insurance Operations (Excluding Flood):		
Gross losses	$ 136,000	46,509
Reinsurance	(89,400)	(6,929)
Net losses	46,600	39,580
Reinstatement premium	8,577	596
Flood :		
Gross losses	1,039,155	177,008
Reinsurance	(1,039,155)	(177,008)
Net losses	—	—
Flood claims handling fees	(15,587)	(2,655)
Net impact of storms	$ 39,590	37,521

Outlook

A.M. Best noted in their year-end review that a relatively subdued year for catastrophes helped clear a path for the industry to achieve an underwriting profit for the first time in four years. Underwriting results reached their best level since 2007, with the industry producing an expected combined ratio of 97.6% for the year. Profitability for 2013 was further bolstered by considerable investment gains achieved in strengthened U.S. equity markets. It should also be noted that the drop in catastrophe losses reduced the industry's 2013 expected combined ratio by 4.3 points. A significant factor that contributed to this improvement was that, unlike the costly presence of Hurricane Sandy in 2012, not a single major storm made landfall in the United States last year. A.M. Best is estimating a more normal level of catastrophe losses in 2014. The report also cited: "In looking ahead to 2014, A.M. Best expects premiums to continue growing through price increases, but the pace of these rate changes are expected to slow and temper growth in premium. Although core accident-year underwriting results should improve slightly on the rate level achieved in recent years, less favorable development of prior years' loss reserves is anticipated. In addition, the industry will continue to be challenged by the relatively low investment yields that are expected to persist through 2014, and the slow recovery from the recession of 2007 through 2009."

In line with A.M. Best's expectation of a 97.6% industry combined ratio for 2013, we achieved a statutory combined ratio of 97.5%. However, as catastrophe losses are inherently unpredictable, we believe it is best to examine progress towards targeted combined ratio goals that exclude these losses. Our 2013 combined ratio excluding catastrophes was 94.8%. In 2012, we established a three-year targeted statutory combined ratio excluding catastrophes of 92%, which we expect to meet in 2014. This expectation excludes our assumption for catastrophe losses of approximately 4 points and any prior year development, favorable or unfavorable. This expectation is based, in part, on a three-year rate plan laid out in early 2012 to achieve overall annual renewal pure price increases of 5% to 8%. We have achieved overall renewal pure price increases of 6.3% in 2012 and 7.6% in 2013 and we expect to achieve overall renewal pure price increases between 6% to 7% in 2014. Our 2014 renewal pure price expectation for Commercial Lines is 6% to 7%, down from the 7.6% that we achieved in 2013. In addition, we expect to achieve renewal pure price of 6.25% for Personal Lines and 8.5% for E&S Lines in 2014. We expect our E&S Insurance Operations segment to produce consistent profitability in line with our standard Commercial Lines business and we anticipate after-tax investment income of approximately $100 million and weighted-average shares at year-end 2014 of approximately 57.4 million.

A key component of meeting our combined ratio target is our ability to generate Commercial Lines renewal pure price increases between 6% to 7%. Although A.M. Best is continuing to maintain its negative outlook for the commercial lines market reflecting "the uncertainty around loss-reserve development and continued low profit margins driven by low investment yields", it does anticipate modestly profitable 2014 results driven by continued but moderating rate increases, improving macroeconomic conditions and normal catastrophe losses. A.M. Best also believes that "further improvements in 2014 also are likely to be garnered from another year of business migrating into the excess and surplus lines sector, which is more restrictive in coverage and priced much higher than standard market rates." For personal lines, A.M. Best maintains a stable outlook in the coming year reflecting ongoing stability of the auto line and successful carriers continuing to enhance the granularity of their home pricing models. Standard & Poor's, while maintaining a stable outlook on the property and casualty industry,

believes that "rate increases will lose steam and fail to outpace loss cost trends" in 2014. Our commercial lines renewal pure price increase was 6.3% for January 2014.

Although interest rates on the 10-year U.S. Treasury rose by 127 basis points in 2013, they are still low by historical standards. The continued low interest rate environment has several significant impacts on our business, some of which are beneficial and some of which present a challenge to us. The benefits include lower inflation rates that suppress loss trends, as well as reduce our cost of capital. However, the interest rate environment presents a significant challenge in generating after-tax return on our investment portfolio as fixed income securities mature and money is re-invested at lower rates. Because maturing and called bonds generally carry a higher book yield than is available in the current market, we expect the yield on the overall investment portfolio to continue to decline, albeit at a less significant pace than we have been experiencing.

Results of Operations and Related Information by Segment

Standard Insurance Operations

Our Standard Insurance Operations segment, which represents 93% of our combined insurance operations NPW, sells insurance products and services primarily in 22 states in the Eastern and Midwestern U.S. and the District of Columbia, through approximately 1,100 independent retail insurance agencies. This segment consists of two components: (i) Commercial Lines, which markets primarily to businesses and represents approximately 82% of the segment's NPW; and (ii) Personal Lines, including our flood business, which markets primarily to individuals and represents approximately 18% of the segment's NPW.

($ in thousands)	2013	2012	2013 vs. 2012	2011	2012 vs. 2011
GAAP Insurance Operations Results:					
NPW	$1,678,497	1,553,586	8 %	1,461,216	6 %
NPE	1,610,951	1,504,890	7	1,435,399	5
Less:					
Loss and loss expense incurred	1,037,711	1,057,787	(2)	1,071,815	(1)
Net underwriting expenses incurred	526,465	488,104	8	455,223	7
Dividends to policyholders	4,274	3,448	24	5,284	(35)
Underwriting gain (loss)	$42,501	(44,449)	196 %	(96,923)	54 %
GAAP Ratios:					
Loss and loss expense ratio	64.4 %	70.3	(5.9) pts	74.7	(4.4) pts
Underwriting expense ratio	32.7	32.5	0.2	31.7	0.8
Dividends to policyholders ratio	0.3	0.2	0.1	0.4	(0.2)
Combined ratio	97.4	103.0	(5.6)	106.8	(3.8)
Statutory Ratios:					
Loss and loss expense ratio[1]	64.3	70.3	(6.0)	74.6	(4.3)
Underwriting expense ratio[1]	32.5	32.0	0.5	31.4	0.6
Dividends to policyholders ratio	0.3	0.2	0.1	0.4	(0.2)
Combined ratio[1]	97.1 %	102.5	(5.4) pts	106.4	(3.9) pts

[1]2013 includes 0.1 points in the loss and loss expense ratio, 0.3 points in the underwriting expense ratio, and 0.4 points in the combined ratio related to the Retirement Income Plan amendments recorded in the first quarter of 2013 that curtail the accrual of additional benefits for all eligible employees participating in the plans after March 31, 2016.

The improvements in NPW and NPE from 2011 through 2013 are primarily the result of the following:

($ in millions)	2013	2012	2011
Retention	83 %	84 %	83 %
Standard Commercial Lines renewal pure price increase	7.6	6.2	2.8
Standard Personal Lines renewal pure price increase	7.8	6.7	6.3
Direct new business premiums	$317.0	285.9	262.3
Catastrophe reinstatement premiums	—	(8.5)	(0.6)

The GAAP loss and loss expense ratio improved in each of the three years depicted in the table above. These fluctuations are driven by the volatile nature of property losses as illustrated in the tables below. In addition, the improvement in the ratios reflect the earning of Standard Insurance Operations renewal pure price increases that averaged 7.6% in 2013, which exceeds our projected loss trend of approximately 3%.

Catastrophe Property Losses
($ in millions)

For the Year ended December 31,	Loss and Loss Expense Incurred	Impact on Loss and Loss Expense Ratio		Year-Over-Year Change	
2013	$42.8	2.7	pts	(3.7	)
2012	96.9	6.4		(1.9	)
2011	118.8	8.3		N/A	

Non-Catastrophe Property Losses
($ in millions)

For the Year ended December 31,	Loss and Loss Expense Incurred	Impact on Loss and Loss Expense Ratio		Year-Over-Year Change	
2013	$214.7	13.3	pts	(1.1	)
2012	217.3	14.4		(1.4	)
2011	226.1	15.8		N/A	

Prior year development also impacted the GAAP loss and loss expense ratio as follows:

Favorable/(Unfavorable) Prior Year Casualty Reserve Development

($ in millions)	2013		2012		2011	
General liability	$20.0		(2.5	)	11.5	
Commercial automobile	5.0		7.5		13.0	
Workers compensation	(23.5	)	(2.5	)	(6.5	)
Businessowners' policies	9.5		8.0		10.5	
Homeowners	4.0		6.0		3.5	
Personal automobile	2.0		0.5		(3.0	)
Other	—		1.0		0.5	
Total favorable prior year casualty reserve development	$17.0		18.0		29.5	
Favorable impact on loss ratio	1.0	pts	1.2	pts	2.1	pts

Review of Underwriting Results by Lines of Business
Standard Commercial Lines

($ in thousands)	2013	2012	2013 vs. 2012	2011	2012 vs. 2011
GAAP Insurance Operations Results:					
NPW	$1,380,740	1,263,738	9 %	1,188,004	6 %
NPE	1,316,619	1,225,335	7	1,170,947	5
Less:					
Loss and loss expense incurred	831,261	853,143	(3)	832,360	2
Net underwriting expenses incurred	447,228	409,679	9	383,255	7
Dividends to policyholders	4,274	3,448	24	5,284	(35)
Underwriting gain (loss)	$33,856	(40,935)	183 %	(49,952)	18 %
GAAP Ratios:					
Loss and loss expense ratio	63.1 %	69.6	(6.5)pts	71.1	(1.5)pts
Underwriting expense ratio	34.0	33.4	0.6	32.7	0.7
Dividends to policyholders ratio	0.3	0.3	—	0.5	(0.2)
Combined ratio	97.4	103.3	(5.9)	104.3	(1.0)
Statutory Ratios:					
Loss and loss expense ratio[1]	63.1	69.6	(6.5)	71.0	(1.4)
Underwriting expense ratio[1]	33.7	33.1	0.6	32.4	0.7
Dividends to policyholders ratio	0.3	0.3	—	0.5	(0.2)
Combined ratio[1]	97.1 %	103.0	(5.9)pts	103.9	(0.9)pts

[1] 2013 includes 0.1 points in the loss and loss expense ratio, 0.3 points in the underwriting expense ratio, and 0.4 points in the combined ratio related to the Retirement Income Plan amendments recorded in the first quarter of 2013 that curtail the accrual of additional benefits for all eligible employees participating in the plans after March 31, 2016.

The improvements in NPW and NPE from 2011 through 2013 is primarily the result of the following:

	For the Year Ended December 31,		
($ in millions)	2013	2012	2011
Retention	82 %	82 %	80 %
Renewal pure price increases	7.6	6.2	2.8
Direct new business	$277.5	236.1	212.1
Catastrophe reinstatement premiums	—	(4.6)	(0.3)

The GAAP loss and loss expense ratio improved by 6.5 points in 2013 compared to 2012, and 1.5 points in 2012 compared to 2011. Both fluctuations were impacted by catastrophe losses, which are outlined in the table below. The ratios also reflect the earning of standard Commercial Lines renewal pure price increases that averaged 7.6% in 2013, which exceeds our projected loss trend of approximately 3%. In addition, the improvement in 2013 was impacted by non-catastrophe property losses, which were 1.6 points lower than 2012.

Catastrophe Property Losses
($ in millions)

For the Year Ended December 31,	Loss and Loss Expense Incurred	Impact on Loss and Loss Expense Ratio	Year-Over-Year Change

2013	$23.0	1.7	pts	(2.9)
2012	56.4	4.6		(1.8)
2011	75.2	6.4		N/A

Prior year development also impacted the GAAP loss and loss expense ratio as follows:

Favorable/(Unfavorable) Prior Year Casualty Reserve Development

($ in millions)	2013	2012	2011
General liability	$20.0	(2.5)	11.5
Commercial automobile	5.0	7.5	13.0
Workers compensation	(23.5)	(2.5)	(6.5)
Businessowners' policies	9.5	8.0	10.5
Other	—	1.0	0.5
Total favorable prior year casualty reserve development	$11.0	11.5	29.0
Favorable impact on loss ratio	0.8 pts	0.9 pts	2.5 pts

The increase in the GAAP underwriting expense ratio of 0.6 points in 2013 compared to 2012 was primarily driven by higher profit based compensation as follows: (i) supplemental commissions to agents of 0.3 points; and (ii) annual incentive compensation to employees of 0.4 points.

The following is a discussion of our most significant standard Commercial Lines of business:

General Liability

($ in thousands)	2013	2012	2013 vs. 2012	2011	2012 vs. 2011
Statutory NPW	$426,244	387,888	10 %	351,561	10 %
Direct new business	78,294	66,826	17	59,135	13
Retention	81 %	81	— pts	79	2 pts
Renewal pure price increases	8.9 %	6.9	2.0	3.7	3.2
Statutory NPE	405,322	373,381	9 %	344,682	8 %
Statutory combined ratio	96.2 %	102.7	(6.5)pts	100.7	2.0 pts
% of total statutory standard commercial NPW	31 %	31		30	

The growth in NPW and NPE for our general liability business in 2013 and 2012 reflect: (i) renewal pure price increases; (ii) stronger retention; and (iii) higher new business.

The fluctuations in the statutory combined ratios were in part, due to changes in prior year development. Prior year development can be volatile year to year and, therefore, requires a longer period of time before true trends are fully recognized. The impact of the prior year development was as follows:

- 2013: favorable prior year development of 4.9 points driven by lower severities in 2010 and prior accident years, partially offset by unfavorable development in accident years 2011 and 2012, which showed higher average severities in premises and operations coverage.
- 2012: unfavorable by 0.8 points, driven by increased severities in the 2010 and 2011 accident years. This unfavorable development was largely offset by continued favorable development in the premises and products coverages in accident years 2007 and 2009, which showed lower frequencies of large losses, particularly in the umbrella coverage.
- 2011: favorable by 3.3 points, driven by accident years 2006 through 2009, which showed generally lower frequencies.

Commercial Automobile

($ in thousands)	2013	2012	2013 vs. 2012	2011	2012 vs. 2011
Statutory NPW	$325,895	295,651	10 %	282,825	5 %
Direct new business	59,110	50,084	18	45,472	10
Retention	82 %	82	— pts	81	1 pts
Renewal pure price increases	7.3 %	5.1	2.2	1.7	3.4
Statutory NPE	310,994	288,010	8 %	279,610	3 %
Statutory combined ratio	96.4 %	97.1	(0.7)pts	94.2	2.9 pts
% of total statutory standard commercial NPW	24 %	23		24	

NPW and NPE have seen increases over the three-year time period driven by: (i) renewal pure price increases; (ii) strong retention; and (iii) improvements in new business.

The fluctuations in the statutory combined ratio were driven by favorable prior year casualty reserve development as follows:

- 2013: 1.6 points driven by accident years 2006 through 2010 representing a continued trend of better than expected reported emergence, partially offset by increased severity in accident year 2012.
- 2012: 2.6 points driven by the 2009 accident year, representing a continued trend driven by better than expected reported emergence. This was partially offset by unfavorable development in the 2011 accident year, due to higher frequency of claims.
- 2011: 4.6 points, driven by the 2007 through 2009 accident years, representing a continued trend driven by lower frequencies in those years.

Workers Compensation

($ in thousands)	2013	2012	2013 vs. 2012	2011	2012 vs. 2011
Statutory NPW	$277,135	263,767	5 %	261,348	1 %
Direct new business	55,063	44,417	24	46,104	(4)
Retention	82 %	81	1 pts	79	2 pts
Renewal pure price increases	7.5 %	8.0	(0.5)	3.6	4.4
Statutory NPE	267,612	262,108	2 %	259,354	1 %
Statutory combined ratio	120.6 %	114.5	6.1 pts	116.2	(1.7)pts
% of total statutory standard commercial NPW	20 %	21		22	

NPW increased in 2013 compared to 2012 while it remained relatively flat in 2012 compared to 2011. The 2013 NPW growth was primarily attributable to: (i) renewal pure price increases of 7.5%; (ii) improvements in retention; and (iii) new business. The workers compensation book of business represents 20% of our total statutory standard Commercial Lines NPW for 2013. We continue to carefully manage growth in this line with 2013 premiums up only 5% compared to 9% in our standard Commercial Lines book.

Our approach to improving profitability in this line includes: (i) earning renewal pure price increases in excess of loss costs; (ii) increased focus on reducing workers compensation medical costs through more favorable Preferred Provider Organizations ("PPO") contracts and greater PPO penetration; (iii) the introduction of a Complex Claims Unit to which all significant and complex liability claims are assigned which has been staffed with personnel that have significant experience in handling and settling these types of claims; (iv) increased activity in the areas of fraud

investigation and salvage/subrogation recoveries supported by the introduction of predictive models that allow us to better focus our efforts; and (v) the establishment of a workers compensation strategic case management unit, which specializes in the investigation and medical management of lost-time claims with high exposure and/or escalation risk.

The fluctuations in the statutory combined ratio were primarily attributable to the impact of prior year casualty reserve development as follows:

- 2013: unfavorable prior year development of 8.6 points driven by 2008 and prior accident years reflecting increases in severities for medical costs. These increases largely related to case reserve adjustments to long-term care claims, and our review of medical cost development over many years.
- 2012: unfavorable by 1.1 points, driven by the 2011 accident year, due to an increase in the ultimate severity, partially offset by accident years 2007 and 2008, due to a decrease in expected severity for those years.
- 2011: unfavorable by 2.7 points, driven by the 2010 accident year, representing a continued trend related to increased severities in recent years, partially offset by various earlier accident years.

Commercial Property

($ in thousands)	2013		2012	2013 vs. 2012		2011	2012 vs. 2011	
Statutory NPW	$237,556		213,321	11	%	195,927	9	%
Direct new business	53,678		44,553	20		35,673	25	
Retention	81	%	81	—	pts	80	1	pts
Renewal pure price increases	5.7	%	4.5	1.2		1.7	2.8	
Statutory NPE	224,412		202,340	11	%	192,989	5	%
Statutory combined ratio	78.9	%	99.1	(20.2	)pts	109.9	(10.8	)pts
% of total statutory standard commercial NPW	17	%	17			16		

NPW increased in 2013 compared to 2012, as well as 2012 compared to 2011, primarily due to: (i) renewal pure price increases; and (ii) growth in new business.

The fluctuations in the statutory combined ratios over the three-year period were largely due to fluctuations in catastrophe losses, which are outlined in the table below. In addition, the improvement in 2013 was impacted by non-catastrophe property losses, which were 9.6 points lower than in 2012.

($ in millions)

For the Year Ended December 31,	Catastrophe Losses Incurred	Impact on Loss Ratio		Year-Over-Year Change	
2013	$17.8	8.0	pts	(9.4	)
2012	35.2	17.4		(13.5	)
2011	59.7	30.9		N/A	

Standard Personal Lines

($ in thousands)	2013	2012	2013 vs. 2012	2011	2012 vs. 2011
GAAP Insurance Operations Results:					
NPW	$297,757	$289,848	3 %	273,212	6 %
NPE	294,332	279,555	5	264,452	6
Less:					
Losses and loss expenses incurred	206,450	204,644	1	239,455	(15)
Net underwriting expenses incurred	79,237	78,425	1	71,968	9
Underwriting income (loss)	$8,645	$(3,514)	346 %	(46,971)	93 %
GAAP Ratios:					
Loss and loss expense ratio	70.1 %	73.2	(3.1) pts	90.5	(17.3) pts
Underwriting expense ratio	27.0	28.1	(1.1)	27.3	0.8
Combined ratio	97.1	101.3	(4.2)	117.8	(16.5)
Statutory Ratios:					
Loss and loss expense ratio	69.9	73.1	(3.2)	90.5	(17.4)
Underwriting expense ratio	27.0	27.6	(0.6)	26.8	0.8
Combined ratio	96.9 %	100.7	(3.8) pts	117.3	(16.6) pts

The growth in NPW and NPE for our Personal Lines business from 2011 through 2013 reflected renewal pure price increases and strong retention as follows:

($ in millions)	2013	2012	2011
Retention	85 %	86 %	86 %
Renewal pure price increase	7.8	6.7	6.3
Catastrophe reinstatement premiums	—	(3.9)	(0.3)

The variances in the loss and loss expense ratio in the three-year period are primarily driven by the impact of catastrophe losses and flood claims handling fees earned from our participation in the NFIP. These amounts are quantified in the table below:

($ in millions)	Catastrophes		Flood Claims Revenues			
For the year ended December 31,	Losses and Loss Expense Incurred	Impact on Losses and Loss Expense Ratio	Revenue Earned	Impact on Losses and Loss Expense Ratio	Total Impact on Losses and Loss Expense Ratio	Year-Over-Year Change
2013	19.8	6.7 pts	(4.6)	(1.6) pts	5.1	(2.8)
2012	40.5	14.5	(18.3)	(6.6)	7.9	(5.9)
2011	43.6	16.5	(7.1)	(2.7)	13.8	N/A

In addition, the ratios are being reduced by: (i) the earned rate increases on this book of business, which have been outpacing loss costs; and (ii) non-catastrophe property losses in both 2013 and 2012 that were lower than they were in 2011.

The improvement in the underwriting expense ratio in 2013 compared to 2012, was driven by: (i) higher direct premiums written in our flood business; and (ii) an increase in the flood expense allowance for issuing and servicing policies.

E&S Insurance Operations

Our E&S Insurance Operations segment, which represents 7% of our combined insurance operations NPW, sells Commercial Lines insurance products and services in all 50 states and the District of Columbia through approximately 90 wholesale general agents. Insurance policies in this segment typically cover business risks with unique characteristics, such as the nature of the business or its claim history, that have not obtained coverage in the standard marketplace. E&S insurers have more flexibility in coverage terms and rates compared to standard market insurers, generally resulting in policies with higher rates and terms and conditions that are customized for specific risks.

($ in thousands)	2013	2012	2013 vs. 2012	2011	2012 vs. 2011
GAAP Insurance Operations Results:					
NPW	$131,662	$113,297	16 %	$24,133	369 %
NPE	125,121	79,229	58	3,914	1,924
Less:					
Losses and loss expenses incurred	84,027	63,203	33	3,172	1,893
Net underwriting expenses incurred	44,829	35,584	26	7,403	381
Underwriting loss	$(3,735)	$(19,558)	81 %	$(6,661)	(194)%
GAAP Ratios:					
Loss and loss expense ratio	67.2 %	79.8	(12.6)pts	81.0	(1.2)pts
Underwriting expense ratio	35.8	44.9	(9.1)	189.2	(144.3)
Combined ratio	103.0	124.7	(21.7)	270.2	(145.5)
Statutory Ratios:					
Loss and loss expense ratio	67.2	79.3	(12.1)	81.0	(1.7)
Underwriting expense ratio	35.7	39.5	(3.8)	50.3	(10.8)
Combined ratio	102.9 %	118.8	(15.9)pts	131.3	(12.5)pts

Our E&S business is a growing segment that was acquired in 2011, whose combined ratios are significantly impacted by premium growth as well as volatility in loss and loss expenses and underwriting expenses. The improvement in the combined ratio in 2013 was driven by a reduction in acquisition and integration costs from 2012, as well as significant underwriting actions to improve profitability. Partially offsetting these improvements were catastrophes that were worse by $2.9 million, or 1.6 points.

Although year-over-year comparisons of this business are difficult considering the volatility caused by the items discussed above, statutory results are on track with our expectations for 2014 to achieve a level of profitability more comparable to our Standard Insurance Operations.

Reinsurance: Standard and E&S Insurance Operations Segments
We have reinsurance contracts that separately cover our property and casualty insurance business. We use traditional forms of reinsurance and do not utilize finite risk reinsurance. Available reinsurance can be segregated into the following key categories:

- Property Reinsurance – includes our Property Excess of Loss treaties purchased for protection against large individual property losses and our Property Catastrophe treaty purchased to provide protection for the overall property portfolio against severe catastrophic events. Facultative reinsurance is also used for property risks that are in excess of our treaty capacity.
- Casualty Reinsurance – purchased to provide protection for both individual large casualty losses and catastrophic casualty losses involving multiple claimants or insureds. Facultative reinsurance is also used for casualty risks that are in excess of our treaty capacity.
- Terrorism Reinsurance – available as a federal backstop related to terrorism losses as provided under the TRIPRA. For further information regarding this legislation, see Item 1A. "Risk Factors." of this Form 10-K.
- Flood Reinsurance – as a servicing carrier in the WYO program, we receive a fee for writing flood business, for which the related premiums and losses are 100% ceded to the federal government.
- Other Reinsurance – includes other treaties that we do not consider core to our reinsurance program, such as our Surety and Fidelity Excess of Loss, National Workers Compensation Reinsurance Pool and our Equipment Breakdown Coverage treaties, which do not fall within the categories above. In addition, Property and Casualty treaties purchased specifically for our E&S business that are substantially smaller than those for standard lines are also considered in this category.

In addition to the above categories, we have entered into several reinsurance agreements with Montpelier Re Insurance Ltd. as part of the acquisition of MUSIC. Together, these agreements provide protection for losses on policies written prior to the December 2011 acquisition and any development on reserves established by MUSIC as of the date of acquisition. The reinsurance recoverables under these treaties are 100% collateralized.

Information regarding the terms and related coverage associated with each of our categories of reinsurance above can be found in Item 1. "Business." of this Form 10-K.

We regularly reevaluate our overall reinsurance program and try to develop effective ways to manage transfer of risk. Our analysis is based on a comprehensive process that includes periodic analysis of modeling results, aggregation of exposures, exposure growth, diversification of risks, limits written, projected reinsurance costs, financial strength of reinsurers, and projected impact on earnings and statutory surplus. We strive to balance sometimes opposing considerations of reinsurer credit quality, price, terms, and our appetite for retaining a certain level of risk.

Property Reinsurance
The Property Catastrophe treaty, which covers both our standard market and E&S business, renewed effective January 1, 2014 with an increase in placed limits. The current treaty structure in total provides coverage of $685 million in excess of $40 million and the annual aggregate limit net of our co-participation is approximately $1.0 billion for 2014. This compares to coverage of $585.0 million in excess of $40.0 million and an annual aggregate limit net of our co-participation of $978.9 million for the expiring term. As our need for catastrophe reinsurance increases, we seek ways to minimize credit risk inherent in a reinsurance transaction by dealing with highly rated reinsurance partners and purchasing collateralized reinsurance products, particularly for high severity, low-probability events. The current program includes $197 million in collateralized limit. We expect the ceded premium for 2014 to be approximately flat compared to 2013 despite the increase in coverage.

We continue to assess our property catastrophe exposure aggregations, modeled results, and effects of growth on our property portfolio, and strive to manage our exposure to individual large events balanced against the cost of reinsurance protections.

Although we model various catastrophic perils, due to our geographic spread, the risk of hurricane continues to be the most significant natural catastrophe peril to which our portfolio is exposed. Below is a summary of the largest five actual hurricane losses that we experienced in the past 25 years:

Hurricane Name	Actual Gross Loss ($ in millions)	Accident Year
Hurricane Sandy	136.0 [1]	2012
Hurricane Irene	45.0	2011
Hurricane Hugo	26.4	1989
Hurricane Floyd	14.5	1999
Hurricane Isabel	13.4	2003

[1] This amount represents reported and unreported gross losses estimated as of December 31, 2013.

We use the results of the Risk Management Solutions ("RMS") and AIR Worldwide ("AIR") models in our review of exposure to hurricane risk. Each of these third party vendors provide two views of the modeled results as follows: (i) a long-term view that closely relates modeled event frequency to historical hurricane activity; and (ii) a medium-term view that adjusts historical frequencies to reflect higher expectations of hurricane activity in the North Atlantic Basin. We believe that modeled estimates provide a range of potential outcomes and multiple estimates, as well as changes in estimates from year-to-year. These should all be reviewed for purposes of understanding catastrophic risk. The following table provides modeled hurricane results based on a blended view of the four models for the Insurance Subsidiaries' combined property book as of July 2013:

Occurrence Exceedence Probability	4-Model Blend		
($ in thousands)	Gross Losses	Net Losses[1]	Net Losses as a Percent of Equity[2]
4.0% (1 in 25 year event)	$113,301	26,341	2%
2.0% (1 in 50 year event)	213,399	28,588	2
1.0% (1 in 100 year event)	370,670	31,626	3
0.67% (1 in 150 year event)	503,483	38,087	3
0.5% (1 in 200 year event)	630,980	41,425	4
0.4% (1 in 250 year event)	724,629	47,442	4

[1] Losses are after tax and include applicable reinstatement premium.

[2] Equity as of December 31, 2013.

Our current catastrophe reinsurance program exhausts at 1 in 250 year return period, or events with 0.40% probability, based on a multi-model view of hurricane risk.

The Property Excess of Loss treaty ("Property Treaty"), which covers our standard market business, was renewed on July 1, 2013 and is effective through June 30, 2014, with the following terms:

- Per risk coverage of $38.0 million in excess of a $2.0 million retention; consistent with the prior year treaty;
- Per occurrence cap on the total program of $84.0 million, consistent with the prior year treaty;
- The first layer continues to have unlimited reinstatements. The annual aggregate limit for the second $30.0 million in excess of $10.0 million layer is consistent with the prior year treaty at $120.0 million; and
- Consistent with the prior year treaty, the Property Treaty excludes nuclear, biological, chemical, and radiological terrorism losses.

Casualty Reinsurance

The Casualty Excess of Loss treaty ("Casualty Treaty"), which covers our standard market business, was renewed on July 1, 2013 and is effective through June 30, 2014, with substantially the same terms as the expiring treaty providing the following per occurrence coverage:

- The first through sixth layers provide 100% coverage up to $88.0 million in excess of a $2.0 million retention, consistent with the prior year treaty;
- Consistent with the prior year treaty, the Casualty Treaty excludes nuclear, biological, chemical, and radiological terrorism losses; and
- Annual aggregate terrorism limits remain the same as the prior year treaty at $201.0 million.

Investments

Our investment philosophy includes certain return and risk objectives for the fixed maturity, equity, and other investment portfolios. Although yield and income generation remain the key drivers to our investment strategy, our overall philosophy is to invest with a long-term horizon with predominantly a "buy-and-hold" approach. The primary fixed maturity portfolio return objective is to maximize after-tax investment yield and income while balancing risk. A secondary objective is to meet or exceed a weighted-average benchmark of public fixed income indices. Within the equity portfolio, the high dividend yield strategy is designed to generate consistent dividend income while maintaining an expected tracking error to the S&P 500 Index. Additional equity strategies are focused on meeting or exceeding strategy specific benchmarks of public equity indices. The return objective of the other investment portfolio, which includes alternative investments, is to meet or exceed the S&P 500 Index.

Total Invested Assets

($ in thousands)	2013	2012	Change	
Total invested assets	$4,583,312	4,330,019	6	%
Unrealized gain – before tax	79,236	188,197	(58	)
Unrealized gain – after tax	51,504	122,328	(58	)

The increase in our investment portfolio compared to 2012 was driven primarily by: (i) strong operating cash flows of $336.1 million; and (ii) net proceeds from our debt issuance of $78.4 million in February 2013. These increases were partially offset by a $109.0 million pre-tax decrease in unrealized gains, primarily from a decrease in the market value of our fixed maturity securities portfolio, driven by the rise in interest rates during 2013. During 2013, interest rates, other than short-term, generally rose. For example, the yield on the 10-year U.S. Treasury Note rose by 127 basis points. These interest rate movements have negatively impacted our fixed maturity securities portfolio's valuation, thus increasing the number of securities in a loss position and reducing the portfolio's overall unrealized gain. The cash generated from our insurance operations segments, as well as net amounts generated from our capital management strategies executed in the first quarter of 2013, were used to invest primarily in corporate bonds, structured securities, and municipal bonds within our fixed maturity securities portfolio.

We structure our portfolio conservatively with a focus on: (i) asset diversification; (ii) investment quality; (iii) liquidity, particularly to meet the cash obligations of our insurance operations segments; (iv) consideration of taxes; and (v) preservation of capital. We believe that we have a high quality and liquid investment portfolio. The breakdown of our investment portfolio is as follows:

As of December 31,	2013		2012
U.S. government obligations	4	%	6
Foreign government obligations	1		1
State and municipal obligations	28		31
Corporate securities	39		34
Mortgage-backed securities (“MBS”)	15		14
Asset-backed securities ("ABS")	3		3
Total fixed maturity securities	90		89
Equity securities	4		3
Short-term investments	4		5
Other investments	2		3
Total	100	%	100

Fixed Maturity Securities

The average duration of the fixed maturity securities portfolio as of December 31, 2013 was 3.5 years, including short-term investments, compared to the Insurance Subsidiaries' liability duration of approximately 3.8 years. The current duration of the fixed maturity securities portfolio is within our historical range, and is monitored and managed to maximize yield while managing interest rate risk at an acceptable level. We are experiencing pressure on the yields within our fixed maturity securities portfolio, as higher yielding bonds that are either maturing or have been sold are being replaced with lower yielding bonds that are currently available in the marketplace. We manage liquidity with a laddered maturity structure and an appropriate level of short-term investments to avoid liquidation of AFS fixed maturities in the ordinary course of business. We typically have a long investment time horizon, and every purchase or sale is made with the intent of maximizing risk adjusted investment returns in the current market environment while balancing capital preservation.

Our fixed maturity securities portfolio had a weighted average credit rating of AA- as of December 31, 2013. The following table presents the credit ratings of our fixed maturity securities portfolio:

Fixed Maturity Security Rating	December 31, 2013		December 31, 2012
Aaa/AAA	15	%	16
Aa/AA	45		47
A/A	26		25
Baa/BBB	13		10
Ba/BB or below	1		2
Total	100	%	100

For further details on how we manage overall credit quality and the various risks to which our portfolio is subject, see Item 7A. “Quantitative and Qualitative Disclosures About Market Risk.” of this Form 10-K.

Equity Securities

Our equities portfolio was 4% of invested assets at December 31, 2013, compared to 3% at December 31, 2012. During 2013, we rebalanced our high dividend yield strategy holdings, generating purchases of $109.7 million and sales of securities that had an original cost of $86.2 million. Also contributing to the increase in this portfolio's value were unrealized gains, which increased by $18.5 million in 2013.

Unrealized/Unrecognized Losses

As evidenced by the table below, our net unrealized/unrecognized loss positions increased by $49.1 million as of December 31, 2013 compared to the prior year as follows:

($ in thousands)

December 31, 2013			December 31, 2012		
Number of Issues	% of Market/Book	Unrealized Unrecognized Loss	Number of Issues	% of Market/Book	Unrealized Unrecognized Loss
556	80% - 99%	$51,835	100	80% - 99%	$2,701
1	60% - 79%	176	1	60% - 79%	233
—	40% - 59%	—	—	40% - 59%	—
—	20% - 39%	—	—	20% - 39%	—
—	0% - 19%	—	—	0% - 19%	—
		$52,011			$2,934

We have reviewed the securities in the tables above in accordance with our OTTI policy as discussed previously in “Critical Accounting Policies and Estimates” of this Form 10-K. For qualitative information regarding our conclusions as to why these impairments are deemed temporary, see Note 5. “Investments” in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.

Contractual Maturities

The following table presents information regarding our AFS fixed maturity securities that were in an unrealized loss position at December 31, 2013 by contractual maturity:

Contractual Maturities ($ in thousands)	Amortized Cost	Fair Value
One year or less	$6,925	6,794
Due after one year through five years	473,382	466,972
Due after five years through ten years	1,005,889	961,253
Due after ten years	17,089	16,391
Total	$1,503,285	1,451,410

The following table presents information regarding our HTM fixed maturity securities that were in an unrealized/unrecognized loss position at December 31, 2013 by contractual maturity:

Contractual Maturities ($ in thousands)	Amortized Cost	Fair Value
One year or less	$447	441
Due after one year through five years	2,589	2,555
Total	$3,036	2,996

Other Investments

As of December 31, 2013, other investments represented 2% of our total invested assets. The following table outlines a summary of our other investment portfolio by strategy and the remaining commitment amount associated with each strategy.

($ in thousands)	Carrying Value December 31, 2013	December 31, 2012	Remaining Commitment 2013
Alternative Investments:			
Secondary private equity	$25,618	28,032	7,739
Private equity	20,192	18,344	9,998
Energy/power generation	17,361	18,640	6,984
Mezzanine financing	12,738	12,692	18,249
Real estate	11,698	11,751	10,203
Distressed debt	11,579	12,728	2,965
Venture capital	7,025	7,477	400
Total alternative investments	106,211	109,664	56,538
Other securities	1,664	4,412	—
Total other investments	$107,875	114,076	56,538

In addition to the capital that we have already invested to date, we are contractually obligated to invest up to an additional $56.5 million in our other investment portfolio through commitments that currently expire at various dates through 2026. During the second quarter of 2013, we contracted for one new alternative investment within the private equity strategy. This investment, which has characteristics consistent with our private equity strategy investments, has a commitment of $7.0 million, of which $1.3 million has been paid as of December 31, 2013. At this time, our alternative investment strategies do not include hedge funds. For further discussion of our seven alternative investment strategies outlined above, as well as redemption, restrictions, and fund liquidations, see Note 5. “Investments” in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.

Net Investment Income

The components of net investment income earned were as follows:

($ in thousands)	2013		2012		2011	
Fixed maturity securities	$121,582		124,687		129,710	
Equity securities, dividend income	6,140		6,215		4,535	
Short-term investments	117		151		160	
Other investments	15,208		8,996		20,539	
Miscellaneous income	—		—		133	
Investment expenses	(8,404	)	(8,172	)	(7,634	)
Net investment income earned – before tax	134,643		131,877		147,443	
Net investment income tax expense	33,233		31,612		36,355	
Net investment income earned – after tax	$101,410		100,265		111,088	
Effective tax rate	24.7	%	24.0		24.7	
Annual after-tax yield on fixed maturity securities	2.3		2.5		2.8	
Annual after-tax yield on investment portfolio	2.3		2.4		2.8	

The $2.8 million increase in investment income before tax compared to prior year was primarily attributable to an increase in income of $5.5 million from alternative investments within our other investments portfolio. This increase in alternative investment income was primarily in the energy, distressed debt, and real estate sectors. Partially offsetting this increase was a decrease of $3.1 million from fixed maturity securities income mainly due to lower reinvestment yields in 2013 compared to 2012. In 2013, bonds that matured or were sold, valued at $649.7 million, had yields that averaged 2.4%, after-tax, while new purchases of $1.1 billion had an average after-tax yield of 1.4%.

The $15.6 million decrease in investment income before tax in 2012 compared to 2011 was primarily attributable to a decrease in income of $10.3 million from alternative investments within our investments portfolio, primarily in the energy and private equity sectors, including the secondary markets. Fixed maturity securities income also decreased by $5.0 million, mainly due to lower reinvestment yields in 2012 compared to 2011. In 2012, bonds that matured or were sold, valued at $658.3 million, had yields that averaged 2.5%, after-tax, while new purchases of $892.6 million had an average after-tax yield of 1.6%.

Realized Gains and Losses

Other-than-Temporary Impairments

The following table provides information regarding our OTTI charges recognized in earnings:

($ in thousands)	2013	2012	2011
HTM fixed maturity securities			
ABS	$3	—	—
Total HTM securities	3	—	—
AFS securities			
Obligations of state and political subdivisions	—	—	17
Corporate securities	—	—	244
ABS	—	98	721
CMBS	—	810	694
RMBS	46	183	145
Total fixed maturity AFS securities	46	1,091	1,821
Equity securities	3,747	3,173	11,365
Total AFS securities	3,793	4,264	13,186
Other Investments	1,847	—	—

Total OTTI charges recognized in earnings	$5,643	4,264	13,186

We regularly review our entire investment portfolio for declines in fair value. If we believe that a decline in the value of a particular investment is other than temporary, we record it as an OTTI through realized losses in earnings for the credit-related portion and through unrealized losses in OCI for the non-credit related portion for fixed maturity securities. If there is a decline in fair value of an equity security that we do not intend to hold or if we determine the decline is other than temporary, we write down the cost of the investment to fair value and record the charge through earnings as a component of realized losses.

For a discussion of our OTTI methodology, see Note 2. “Summary of Significant Accounting Policies” in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K. In addition, for qualitative information regarding these charges, see Note 5. “Investments” in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.

Realized Gains and Losses (excluding OTTI)

Realized gains and losses, by type of security, excluding OTTI charges, are determined on the basis of the cost of specific investments sold and are credited or charged to income. The components of net realized gains (losses) were as follows:

($ in thousands)	2013	2012	2011
HTM fixed maturity securities			
Gains	$195	194	4
Losses	(95)	(217)	(564)
AFS fixed maturity securities			
Gains	3,340	4,452	9,385
Losses	(373)	(472)	(70)
AFS equity securities			
Gains	24,776	10,901	6,671
Losses	(408)	(1,205)	—
Short-term investments			
Losses	—	(2)	—
Other investments			
Gains	—	1	—
Losses	(1,060)	(400)	—
Total net realized investment gains, excluding OTTI charges	26,375	13,252	15,426
Total OTTI charges recognized in earnings	(5,643)	(4,264)	(13,186)
Total net realized gains	$20,732	8,988	2,240

For a discussion of realized gains and losses, see Note 5. “Investments” in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.

The following table presents the period of time that securities sold at a loss were continuously in an unrealized loss position prior to sale:

Period of Time in an Unrealized Loss Position	2013		2012	
($ in thousands)	Fair Value on Sale Date	Realized Loss	Fair Value on Sale Date	Realized Loss
Fixed maturities:				
0 – 6 months	$—	—	—	—
7 – 12 months	—	—	—	—
Greater than 12 months	—	—	4,800	236
Total fixed maturities	—	—	4,800	236
Equities:				
0 – 6 months	6,788	408	15,505	1,205
7 – 12 months	—	—	—	—
Greater than 12 months	—	—	—	—
Total equity securities	6,788	408	15,505	1,205
Total	$6,788	408	20,305	1,441

There were no significant sales of securities in an unrealized loss position in 2013 or 2012 and there were none in 2011.

Our general philosophy for sales of securities is to reduce our exposure to securities and sectors based on economic evaluations and when the fundamentals for that security or sector have deteriorated. We typically have a long investment time horizon and every purchase or sale is made with the intent of improving future investment returns while balancing capital preservation. For additional discussions, see Note 5. “Investments” in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.

Federal Income Taxes

The following table provides information regarding federal income taxes from continuing operations:

($ in millions)	2013	2012	2011
Federal income tax expense (benefit) from continuing operations	36.4	(0.3)	(11.3)
Effective tax rate	25 %	(1)	(99)

The fluctuations in federal income taxes and the effective tax rates in 2013 as compared to 2012 and 2011 was primarily due to the improvement in our underwriting performance driven by lower catastrophic events and earning renewal pure price increases in excess of loss trends.

For a reconciliation of our effective tax rate to the statutory rate of 35%, see Note 14. “Federal Income Taxes” in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.

Financial Condition, Liquidity, Short-term Borrowings, and Capital Resources

Capital resources and liquidity reflect our ability to generate cash flows from business operations, borrow funds at competitive rates, and raise new capital to meet operating and growth needs.

Liquidity

We manage liquidity with a focus on generating sufficient cash flows to meet the short-term and long-term cash requirements of our business operations. Our cash and short-term investment position of $174 million at December 31, 2013 was comprised of $16 million at Selective Insurance Group, Inc. (the “Parent”) and $158 million at the Insurance Subsidiaries. This amount was lower than our aggregate $215 million cash and short-term investment position at December 31, 2012, as we were previously maintaining higher liquid assets to fund claim payments related to Hurricane Sandy. As those payments have been predominantly made, cash and short-term assets have declined. Short-term investments are generally maintained in "AAA" rated money market funds approved by the National Association of Insurance Commissioners ("NAIC"). During 2013, the Parent continued to build a fixed maturity security investment portfolio containing high-quality, highly-liquid government and corporate fixed maturity investments to generate additional yield. This portfolio amounted to $56 million at December 31, 2013 compared to $41 million at December 31, 2012.

Sources of cash for the Parent have historically consisted of dividends from the Insurance Subsidiaries, borrowings under lines of credit and loan agreements with certain Insurance Subsidiaries, and the issuance of stock and debt securities. We continue to monitor these sources, giving consideration to our long-term liquidity and capital preservation strategies.

The following table provides quantitative data regarding all Insurance Subsidiaries' dividends paid to the Parent in 2013 for debt service, shareholder dividends and general operating purposes:

Dividends		Twelve Months ended December 31, 2013		
($ in millions)	State of Domicile	Ordinary Dividends Paid	Extraordinary Dividends Paid	Total Dividends Paid
Selective Insurance Company of America ("SICA")	New Jersey	$6.0	11.0	17.0
Selective Way Insurance Company ("SWIC")	New Jersey	6.4	—	6.4
Selective Insurance Company of South Carolina ("SISC")	Indiana	1.0	—	1.0

Selective Insurance Company of the Southeast ("SICSE")	Indiana	1.4	—	1.4
Selective Insurance Company of New York ("SINY")	New York	2.4	—	2.4
Selective Insurance Company of New England ("SICNE")	New Jersey	2.0	—	2.0
Selective Insurance Company of New Jersey (SAICNJ")	New Jersey	1.9	—	1.9
Total		$21.1	11.0	32.1

The extraordinary dividends paid in 2013 were part of the capitalization plan for the formation of SFCIC and SCIC.

Based on the 2013 statutory financial statements, the maximum ordinary dividends that can be paid to the Parent by the Insurance Subsidiaries in 2014 are as follows:

Dividends		2014
($ in millions)	State of Domicile	Maximum Ordinary Dividends
SICA	New Jersey	$46.3
SWIC	New Jersey	25.0
SICSC	Indiana	11.2
SICSE	Indiana	8.2
SICNY	New York	7.9
SICNE	New Jersey	3.5
SAICNJ	New Jersey	6.8
Mesa Underwriters Specialty Insurance Company ("MUSIC")	New Jersey	6.2
Selective Casualty Insurance Company ("SCIC")	New Jersey	8.1
Selective Fire and Casualty Insurance Company ("SFCIC")	New Jersey	3.5
Total		$126.7

Any dividends to the Parent are subject to the approval and/or review of the insurance regulators in the respective domiciliary states and are generally payable only from earned surplus as reported in the statutory annual statements of those subsidiaries as of the preceding December 31. Although past dividends have historically been met with regulatory approval, there is no assurance that future dividends that may be declared will be approved. For additional information regarding dividend restrictions, refer to Note 10. “Indebtedness” and Note 20. “Statutory Financial Information, Capital Requirements, and Restrictions on Dividends and Transfers of Funds” in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.
In the first quarter of 2013, we issued $185 million of 5.875% Senior Notes due 2043. The Senior Notes pay interest on February 15, May 15, August 15, and November 15 of each year beginning on May 15, 2013, and on the date of maturity. The notes are callable by us on or after February 8, 2018, at a price equal to 100% of their principal amount, plus accrued and unpaid interest. A portion of the proceeds from this debt issuance was used to fully redeem the $100 million aggregate principal amount of our 7.5% Junior Subordinated Notes due 2066. Of the remaining net proceeds, $57.1 million was used to make capital contributions to the Insurance Subsidiaries while the balance was used for general corporate purposes. For additional information related to our outstanding debt, refer to Note 10. "Indebtedness" in Item 8. "Financial Statements and Supplementary Data." of this Form 10-K.

The Parent had no private or public issuances of stock during 2013. In the third quarter of 2013, the Parent renewed its $30 million line of credit ("Line of Credit"). For additional information regarding the renewal, see the "Short-Term Borrowings" section below and Note 10. "Indebtedness" in Item 8. "Financial Statements and Supplementary Data." of this Form 10-K. The Parent had no borrowings under this Line of Credit or the previous credit facility at December 31, 2013 or at any time during 2013.

We have two Insurance Subsidiaries domiciled in Indiana ("Indiana Subsidiaries") that are members of the Federal Home Loan Bank of Indianapolis ("FHLBI"), SICSC and SICSE. Membership in the FHLBI provides these subsidiaries with access to additional liquidity. The Indiana Subsidiaries' aggregate investment of $2.9 million provides them with the ability to borrow up to 20 times the total amount of the FHLBI common stock purchased, at comparatively low borrowing rates. All borrowings from the FHLBI are required to be secured by certain investments. For additional information regarding the required collateral, refer to Note 5. "Investments" in Item 8. "Financial

Statements and Supplementary Data." of this Form 10-K.

The Parent's Line of Credit agreement permits collateralized borrowings by the Indiana Subsidiaries from the FHLBI so long as the aggregate amount borrowed does not exceed 10% of the respective Indiana Subsidiary's admitted assets from the preceding calendar year. Admitted assets amounted to $542.4 million for SICSC and $414.9 million for SICSE as of December 31, 2013, for a borrowing capacity of approximately $96 million. As our outstanding borrowing with the FHLBI is currently $58 million, the Indiana Subsidiaries have the ability to borrow approximately $38 million more until the Line of Credit borrowing limit is met, of which $30 million could be loaned to the Parent under lending agreements approved by the Indiana Department of Insurance. Similar to the Line of Credit agreement, these lending agreements limit borrowings by the Parent from the Indiana Subsidiaries to 10% of the admitted assets of the respective Indiana Subsidiary. For additional information regarding the Parent's Line of Credit, refer to the section below entitled “Short-term Borrowings.”

The Insurance Subsidiaries also generate liquidity through insurance float, which is created by collecting premiums and earning investment income before losses are paid. The period of the float can extend over many years. Our investment portfolio consists of maturity dates that are laddered to continually provide a source of cash flows for claims payments in the ordinary course of business. The duration of the fixed maturity securities portfolio including short-term investments was 3.5 years as of December 31, 2013, while the liabilities of the Insurance Subsidiaries have a duration of 3.8 years. In addition, the Insurance Subsidiaries purchase reinsurance coverage for protection against any significantly large claims or catastrophes that may occur during the year.

The liquidity generated from the sources discussed above is used, among other things, to pay dividends to our shareholders. Dividends on shares of the Parent's common stock are declared and paid at the discretion of the Board of Directors based on our operating results, financial condition, capital requirements, contractual restrictions, and other relevant factors.

Our ability to meet our interest and principal repayment obligations on our debt, as well as our ability to continue to pay dividends to our stockholders is dependent on liquidity at the Parent coupled with the ability of the Insurance Subsidiaries to pay dividends, if necessary, and/or the availability of other sources of liquidity to the Parent. Upcoming principal payments include $13 million in 2014 and $45 million in 2016. Subsequent to 2016, our next principal repayment is due in 2034. Restrictions on the ability of the Insurance Subsidiaries to declare and pay dividends, without alternative liquidity options, could materially affect our ability to service debt and pay dividends on common stock.

Short-term Borrowings

Our Line of Credit with Wells Fargo Bank, National Association, as administrative agent, and Branch Banking and Trust Company, was renewed effective September 26, 2013 with a borrowing capacity of $30 million, which can be increased to $50 million with the approval of both lending partners.

The Line of Credit provides the Parent with an additional source of short-term liquidity. The interest rate on our Line of Credit varies and is based on, among other factors, the Parent’s debt ratings. The Line of Credit expires on September 26, 2017. There were no balances outstanding under this Line of Credit or the previous credit facility at December 31, 2013 or at any time during 2013.

The Line of Credit agreement contains representations, warranties, and covenants that are customary for credit facilities of this type, including, without limitation, financial covenants under which we are obligated to maintain a minimum consolidated net worth, minimum combined statutory surplus, and maximum ratio of consolidated debt to total capitalization, as well as covenants limiting our ability to: (i) merge or liquidate; (ii) incur debt or liens; (iii) dispose of assets; (iv) make certain investments and acquisitions; and (v) engage in transactions with affiliates. The Line of Credit permits collateralized borrowings by the Indiana Subsidiaries from the FHLBI so long as the aggregate

amount borrowed does not exceed 10% of the respective Indiana Subsidiary's admitted assets from the preceding calendar year.

The table below outlines information regarding certain of the covenants in the Line of Credit:

	Required as of December 31, 2013	Actual as of December 31, 2013
Consolidated net worth	$800 million	$1.2 billion
Statutory surplus	Not less than $750 million	$1.3 billion
Debt-to-capitalization ratio[1]	Not to exceed 35%	25.5%
A.M. Best financial strength rating	Minimum of A-	A

[1]Calculated in accordance with Line of Credit agreement.

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Capital Resources

Capital resources provide protection for policyholders, furnish the financial strength to support the business of underwriting insurance risks, and facilitate continued business growth. At December 31, 2013, we had statutory surplus of $1.3 billion, GAAP stockholders' equity of $1.2 billion, and total debt of $392.4 million, which equates to a debt-to-capital ratio of approximately 25.4%.

Our cash requirements include, but are not limited to, principal and interest payments on various notes payable, dividends to stockholders, payment of claims, payment of commitments under limited partnership agreements and capital expenditures, as well as other operating expenses, which include agents' commissions, labor costs, premium taxes, general and administrative expenses, and income taxes. For further details regarding our cash requirements, refer to the section below entitled, "Contractual Obligations, Contingent Liabilities, and Commitments."

We continually monitor our cash requirements and the amount of capital resources that we maintain at the holding company and operating subsidiary levels. As part of our long-term capital strategy, we strive to maintain capital metrics, relative to the macroeconomic environment, that support our targeted financial strength. Based on our analysis and market conditions, we may take a variety of actions, including, but not limited to, contributing capital to the Insurance Subsidiaries in our insurance operations, issuing additional debt and/or equity securities, repurchasing shares of the Parent's common stock, and increasing stockholders' dividends.

Our capital management strategy is intended to protect the interests of the policyholders of the Insurance Subsidiaries and our stockholders, while enhancing our financial strength and underwriting capacity.

Book value per share increased to $20.63 as of December 31, 2013, from $19.77 as of December 31, 2012, due to $1.90 in net income coupled with a $0.74 benefit primarily related to the first quarter of 2013 pension revaluation and curtailment. These items were partially offset by a $1.27 decrease in the unrealized losses on our investment portfolio driven by the rising interest rate environment, and $0.52 in dividends to our shareholders.

Off-Balance Sheet Arrangements

At December 31, 2013 and December 31, 2012, we did not have any material relationships with unconsolidated entities or financial partnerships, such entities often referred to as structured finance or special purpose entities, which would have been established for the purpose of facilitating off-balance sheet arrangements or for other contractually narrow or limited purposes. As such, we are not exposed to any material financing, liquidity, market, or credit risk that could arise if we had engaged in such relationships.

Contractual Obligations, Contingent Liabilities, and Commitments

As discussed in "Net Loss and Loss Expense Reserves" in Item 1. "Business." of this Form 10-K, we maintain case reserves and estimates of reserves for losses and loss expense IBNR, in accordance with industry practice. Using generally accepted actuarial reserving techniques, we project our estimate of ultimate losses and loss expenses at each reporting date. Included within the estimate of ultimate losses and loss expenses are case reserves, which are analyzed on a case-by-case basis by the type of claim involved, the circumstances surrounding each claim, and the policy provisions relating to the type of losses. The difference between: (i) projected ultimate loss and loss expense reserves; and (ii) case loss and loss expense reserves thereon are carried as the IBNR reserve. A range of possible reserves is determined annually and considered in addition to the most recent loss trends and other factors in establishing reserves for each reporting period. Based on the consideration of the range of possible reserves, recent loss trends and other factors, IBNR is established and the ultimate net liability for losses and loss expenses is determined. Such an assessment requires considerable judgment given that it is frequently not possible to determine whether a change in the data is an anomaly until sometime after the event. Even if a change is determined to be permanent, it is not always possible to reliably determine the extent of the change until sometime later. As a result, there is no precise method for

subsequently evaluating the impact of any specific factor on the adequacy of reserves because the eventual deficiency or redundancy is affected by many factors.

Given that the loss and loss expense reserves are estimates, as described above and in more detail under the "Critical Accounting Policies and Estimates" in this Form 10-K, the payment of actual losses and loss expenses is generally not fixed as to amount or timing. Due to this uncertainty, financial accounting standards prohibit us from discounting these reserves to their present value. Additionally, estimated losses as of the financial statement date do not consider the impact of estimated losses from future business. Therefore, the projected settlement of the reserves for net loss and loss expenses will differ, perhaps significantly, from actual future payments.

The projected paid amounts in the table below by year are estimates based on past experience, adjusted for the effects of current developments and anticipated trends, and include considerable judgment. There is no precise method for evaluating the impact of any specific factor on the projected timing of when loss and loss expense reserves will be paid and as a result, the timing and amounts of the actual payments will be affected by many factors. Care must be taken to avoid misinterpretation by those unfamiliar with this information or familiar with other data commonly reported by the insurance industry.

Our future cash payments associated with contractual obligations pursuant to operating leases for office space and equipment, capital leases for computer hardware and software, notes payable, interest on debt obligations, and loss and loss expenses as of December 31, 2013 are summarized below:

Contractual Obligations	Payment Due by Period				
		Less than	1-3	3-5	More than
($ in millions)	Total	1 year	Years	years	5 years
Operating leases	$45.5	11.4	15.5	8.5	10.1
Capital leases	3.5	1.4	2.0	0.1	—
Notes payable	393.0	13.0	45.0	—	335.0
Interest on debt obligations	543.3	22.1	43.5	42.4	435.3
Subtotal	985.3	47.9	106.0	51.0	780.4
Gross loss and loss expense payments	3,349.8	836.1	969.8	512.5	1,031.4
Ceded loss and loss expense payments	540.9	127.2	87.3	51.3	275.1
Net loss and loss expense payments	2,808.9	708.9	882.5	461.2	756.3
Total	$3,794.2	756.8	988.5	512.2	1,536.7

See the “Short-term Borrowings” section above for a discussion of our syndicated Line of Credit agreement.

At December 31, 2013, we also have contractual obligations that expire at various dates through 2026 that may require us to invest up to an additional $56.5 million in alternative and other investments. There is no certainty that any such additional investment will be required. We have issued no material guarantees on behalf of others and have no trading activities involving non-exchange traded contracts accounted for at fair value. We have no material transactions with related parties other than those disclosed in Note 17. “Related Party Transactions” included in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.

Ratings

We are rated by major rating agencies that issue opinions on our financial strength, operating performance, strategic position, and ability to meet policyholder obligations. We believe that our ability to write insurance business is most influenced by our rating from A.M. Best and Company ("A.M. Best"). In the second quarter of 2013, A.M. Best reaffirmed our rating of "A (Excellent)," their third highest of 13 financial strength ratings, with a "stable" outlook. The rating reflects our solid risk-adjusted capitalization, disciplined underwriting focus, increasing use of predictive modeling technology, strong independent retail agency relationships, and consistently stable loss reserves. We have been rated "A" or higher by A.M. Best for the past 83 years. A downgrade from A.M. Best to a rating below "A-" is an event of default under our Line of Credit and could affect our ability to write new business with customers and/or agents, some of whom are required (under various third-party agreements) to maintain insurance with a carrier that maintains a specified A.M. Best minimum rating.

Ratings by other major rating agencies are as follows:

- Fitch Ratings ("Fitch") - Our "A+" rating was reaffirmed in January 2014, citing our improved underwriting results, strong independent agency relationships, solid loss reserve position, and enhanced diversification through continued efforts to reduce our concentration in New Jersey. Our outlook remained negative citing increased levels of statutory and financial leverage, a moderate decline in the NAIC risk-based capital levels, and a moderate decline of our operating earnings-based interest coverage although Fitch noted that this measure has shown improvement in 2013.
- S&P Ratings Services ("S&P") - In the third quarter of 2013, S&P lowered our financial strength rating to "A-" from "A" under their recently revised rating criteria. The rating reflects our strong business risk profile and moderately strong financial risk profile, built on a strong competitive position in the regional small to midsize commercial insurance markets in Mid-Atlantic states and strong capital and earnings. The rating revision reflects S&P's view of our capital and earnings volatility relative to our peers. The outlook for the rating is stable citing the expectation that we will sustain our strong competitive position and business risk profile while maintaining a strong capital and earnings profile.
- Moody's Investor Service ("Moody's) - Our "A2" financial strength rating was reaffirmed in the first quarter of 2013 by Moody's, which cited our strong regional franchise with established independent agency support, along with solid risk adjusted capitalization and strong invested asset quality. Our outlook was revised to negative, citing that our underwriting results have lagged similarly rated peers.

Our S&P, Moody's, and Fitch financial strength and associated credit ratings affect our ability to access capital markets. The interest rate on our Line of Credit varies and is based on, among other factors, the Parent's debt ratings. There can be no assurance that our ratings will continue for any given period of time or that they will not be changed. It is possible that positive or negative ratings actions by one or more of the rating agencies may occur in the future.

Item 7A. Quantitative and Qualitative Disclosures About Market Risk.

Market Risk
The fair value of our assets and liabilities are subject to market risk, primarily interest rate, credit risk, and equity price risk related to our investment portfolio as well as fluctuations in the value of our alternative investment portfolio. Our investment portfolio is currently comprised of securities categorized as AFS and HTM. We do not hold derivative or commodity investments. Foreign investments are made on a limited basis, and all fixed maturity transactions are denominated in U.S. currency. We have minimal foreign currency fluctuation risk on certain equity securities.

Our investment philosophy includes certain return and risk objectives for the fixed maturity, equity, and other investment portfolios. Although yield and income generation remain the key drivers to our investment strategy, our overall philosophy is to invest with a long-term horizon along with predominantly a “buy-and-hold” approach. The primary fixed maturity portfolio return objective is to maximize after-tax investment yield and income while balancing risk. A secondary objective is to meet or exceed a weighted-average benchmark of public fixed income indices. Within the equity portfolio, the high dividend yield strategy, which we implemented in 2011, is designed to generate consistent dividend income while maintaining an expected tracking error to the S&P 500 Index. Additional equity strategies are focused on meeting or exceeding strategy specific benchmarks of public equity indices. The return objective of the other investment portfolio, which includes alternative investments, is to meet or exceed the S&P 500 Index. The allocation of our portfolio was 90% fixed maturity securities, 4% equity securities, 4% short-term investments, and 2% other investments as of December 31, 2013.

We manage our investment portfolio to mitigate risks associated with various financial market scenarios. We will, however, take prudent risk to enhance our overall long-term results while managing a conservative, well-diversified investment portfolio to support our underwriting activities.

Interest Rate Risk

Investment Portfolio
We invest in interest rate-sensitive securities, mainly fixed maturity securities. Our fixed maturity securities portfolio is comprised of primarily investment grade (investments receiving S&P or an equivalent rating of BBB- or above) corporate securities, U.S. government and agency securities, municipal obligations, and mortgage-backed securities ("MBS"). Our strategy to manage interest rate risk is to purchase intermediate-term fixed maturity investments that are attractively priced in relation to perceived credit risks. Our fixed maturity securities include both AFS and HTM securities. Fixed maturity securities that are not classified as either HTM securities or trading securities are classified as AFS securities and reported at fair value, with unrealized gains and losses excluded from current earnings and reported as a separate component of comprehensive income. Those fixed maturity securities that we have the ability and positive intent to hold to maturity are classified as HTM and carried at either: (i) amortized cost; or (ii) market value at the date the security was transferred into the HTM category, adjusted for subsequent amortization.

Our exposure to interest rate risk relates primarily to the market price and cash flow variability associated with changes in interest rates. As our fixed maturity securities portfolio contains interest rate-sensitive instruments, it may be adversely affected by changes in interest rates resulting from governmental monetary policies, domestic and international economic and political conditions, and other factors beyond our control. A rise in interest rates will decrease the fair value of our existing fixed maturity investments and a decline in interest rates will result in an increase in the fair value of our existing fixed maturity investments. However, new and reinvested money used to purchase fixed maturity securities would benefit from rising interest rates and would be negatively impacted by falling interest rates.

During 2013, interest rates, other than short-term, generally rose. For example, the yield on the 10-year U.S. Treasury Note rose by 127 basis points. These interest rate movements have negatively impacted our fixed maturity securities portfolio's valuation, thus increasing the number of securities in a loss position and reducing the portfolio's overall unrealized gain. The reduction in the unrealized gain does not correspond to any issuer specific credit concerns; however, it does reflect an expected reduction in market value due to higher market interest rates. If interest rates rise further, it is reasonable to expect continued downward pressure on the fair market values within our fixed maturity securities portfolio.

During extended periods of low interest rates, net investment income on our fixed maturity securities portfolio is pressured as higher-yielding securities are rolling over into lower-yielding replacements. In 2013, bonds that matured or were sold, valued at $649.7 million, had yields that averaged 2.4%, after-tax, while new purchases of $1.1 billion had an average after-tax yield of 1.4%. We expect this downward trend to continue into 2014, putting pressure on our ability to grow investment income. We seek to mitigate our interest rate risk associated with holding fixed maturity investments by monitoring and maintaining the average duration of our portfolio with a view toward achieving an adequate after-tax return without subjecting the portfolio to an unreasonable level of interest rate risk.

The fixed maturity securities portfolio duration at December 31, 2013 remained stable at 3.6 years, excluding short-term investments, compared to a year ago. During 2013, we increased our purchases of investment grade corporate bonds, structured securities, and highly-rated municipal bonds due to attractive risk adjusted return opportunities in those sectors. Despite the relative attractiveness, the prevailing low interest rate environment still caused the fixed income maturity securities portfolio after-tax return to fall 22 basis points to 2.3%.

The Insurance Subsidiaries' liability duration is approximately 3.8 years. We manage our asset liquidity with a laddered maturity structure and an appropriate level of short-term investments to avoid liquidation of AFS fixed maturity securities in the ordinary course of business.

We use interest rate sensitivity analysis to measure the potential loss or gain in future earnings, fair values, or cash flows of market sensitive fixed maturity securities. The sensitivity analysis hypothetically assumes an instant parallel 200 basis point shift in interest rates up and down in 100 basis point increments from the date of the Financial Statements. We use fair values to measure the potential loss. This analysis is not intended to provide a precise forecast of the effect of changes in market interest rates and equity prices on our income or stockholders' equity. Further, the calculations do not take into account any actions we may take in response to market fluctuations.

The following table presents the sensitivity analysis of interest rate risk as of December 31, 2013:

	2013				
	Interest Rate Shift in Basis Points				
($ in thousands)	[1]-200	-100	0	100	200
HTM fixed maturity securities					
Fair value of HTM fixed maturity securities portfolio	$ n/m	423,152	416,981	407,323	397,933
Fair value change	n/m	6,171		(9,658)	(19,048)
Fair value change from base (%)	n/m	1.48%		(2.32)%	(4.57)%
AFS fixed maturity securities					
Fair value of AFS fixed maturity securities portfolio	$ n/m	3,847,504	3,715,536	3,574,997	3,444,743
Fair value change	n/m	131,968		(140,539)	(270,793)
Fair value change from base (%)	n/m	3.55%		(3.78)%	(7.29)%

[1] Given the low interest rate environment, an interest rate decline of 200 basis points is deemed unreasonable for certain securities in our portfolio, as the decline would generate a zero or negative yield, therefore this interest rate decline for purposes of the sensitivity analysis is not meaningful ("n/m").

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Pension and Post-Retirement Benefit Plan Obligation

Our pension and post-retirement benefit obligations and related costs are calculated using actuarial methods within the framework of U.S. GAAP. The discount rate assumption is an important element of expense and/or liability measurement. Changes in the discount rate assumption could materially impact our pension and post-retirement life valuation in the future.

The discount rate enables us to state expected future cash flows at their present value on the measurement date. The purpose of the discount rate is to determine the interest rates inherent in the price at which pension benefits could be effectively settled. Our discount rate selection is based on high-quality, long-term corporate bonds. A higher discount rate reduces the present value of benefit obligations and reduces pension expense. Conversely, a lower discount rate increases the present value of benefit obligations and increases pension expense. We increased our discount rate for the Retirement Income Plan for Selective Insurance Company of America and the Supplemental Excess Retirement Plan (jointly referred to as the "Retirement Income Plan" or the "Plan") to 5.16% for 2013, from 4.42% for 2012, reflecting higher market interest rates. We also increased our discount rate for the Retirement Life Plan to 4.85% for 2013 from 4.42% for 2012.

For additional information regarding our pension and post-retirement benefit plan obligations, see Note 15. "Retirement Plans" in Item 8. “Financial Statements and Supplementary Data.” of this Form 10-K.

Credit Risk

The financial markets saw stability and steadily rising interest rates in 2013. The overall investment portfolio grew by 6% despite a $109.0 million decrease in unrealized gains to $79.2 million at December 31, 2013. The credit quality of our fixed maturity securities portfolio remained stable at “AA-” as of December 31, 2013, the same as of December 31, 2012. Exposure to non-investment grade bonds represents approximately 1% of the total fixed maturity securities portfolio.

The following table summarizes the fair value, net unrealized gain (loss) balances, and the weighted average credit qualities of our AFS fixed maturity securities at December 31, 2013 and December 31, 2012:

	December 31, 2013			December 31, 2012		
($ in millions)	Fair Value	Unrealized Gain (Loss)	Average Credit Quality	Fair Value	Unrealized Gain	Average Credit Quality
AFS Fixed Maturity Portfolio:						
U.S. government obligations	$173.4	10.1	AA+	$259.1	17.2	AA+
Foreign government obligations	30.6	0.8	AA-	30.2	1.4	AA-
State and municipal obligations	951.6	5.2	AA	818.0	44.1	AA
Corporate securities	1,734.9	27.0	A	1,450.3	81.3	A
ABS	140.9	0.5	AAA	128.6	2.3	AAA
MBS	684.1	(4.0)	AA+	609.8	19.0	AA
Total AFS fixed maturity portfolio	$3,715.5	39.6	AA-	$3,296.0	165.3	AA-
State and Municipal Obligations:						
General obligations	$472.0	2.6	AA+	$352.3	20.5	AA+
Special revenue obligations	479.6	2.6	AA	465.7	23.6	AA
Total state and municipal obligations	$951.6	5.2	AA	$818.0	44.1	AA
Corporate Securities:						
Financial	$534.1	11.7	A	$438.0	23.2	A
Industrials	135.1	3.7	A-	104.2	7.4	A-
Utilities	146.5	(0.3)	A-	124.2	6.6	BBB+
Consumer discretionary	190.6	2.7	A-	134.7	8.3	BBB+
Consumer staples	171.9	3.0	A	163.6	8.6	A
Healthcare	168.5	3.1	A	178.2	11.0	A+
Materials	101.2	1.4	A-	71.9	4.6	A-
Energy	93.7	0.9	A-	77.4	4.3	A-
Information technology	121.2	(0.6)	A+	100.1	3.2	A
Telecommunications services	64.7	1.0	BBB+	46.7	2.8	BBB+
Other	7.4	0.4	AA+	11.3	1.3	AA+
Total corporate securities	$1,734.9	27.0	A	$1,450.3	81.3	A
ABS:						
ABS	$140.4	0.4	AAA	$127.2	2.0	AAA
Alternative-A ("Alt-A") ABS[1]	—	—	—	0.8	0.2	D
Sub-prime ABS[1, 2]	0.5	0.1	D	0.6	0.1	D
Total ABS	$140.9	0.5	AAA	$128.6	2.3	AAA
MBS:						
CMBS	$30.0	0.9	AA+	$48.9	2.3	AA+
Other agency CMBS	9.1	(0.3)	AA+	1.2	—	AA+
Non-agency CMBS	132.2	(1.5)	AA+	87.1	1.1	AA-
RMBS	55.2	1.4	AA+	91.0	3.3	AA+
Other agency RMBS	411.5	(5.1)	AA+	331.3	11.3	AA+
Non-agency RMBS	41.4	0.6	A-	44.3	0.9	A-
Alt-A RMBS	4.7	—	A	6.0	0.1	AA-
Total MBS	$684.1	(4.0)	AA+	$609.8	19.0	AA

[1]Alt-A ABS and subprime ABS consists of one security whose issuer is currently expected by rating agencies to default on its obligations.
[2]We define sub-prime exposure as exposure to direct and indirect investments in non-agency residential mortgages with average FICO® scores below 650.
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The following table provides information regarding our HTM fixed maturity securities and their credit qualities at December 31, 2013 and December 31, 2012:

December 31, 2013 ($ in millions)	Fair Value	Carry Value	Unrecognized Holding Gain	Unrealized Gain (Loss) in AOCI	Total Unrealized/ Unrecognized Gain	Average Credit Quality
HTM Portfolio:						
Foreign government obligations	$5.6	5.4	0.2	0.1	0.3	AA+
State and municipal obligations	369.8	352.2	17.6	4.0	21.6	AA
Corporate securities	30.3	27.8	2.5	(0.3)	2.2	A
ABS	3.4	2.8	0.6	(0.6)	—	AA+
MBS	7.9	4.7	3.2	(0.9)	2.3	AA-
Total HTM portfolio	$417.0	392.9	24.1	2.3	26.4	AA
State and Municipal Obligations:						
General obligations	$118.5	113.1	5.4	2.0	7.4	AA
Special revenue obligations	251.3	239.1	12.2	2.0	14.2	AA
Total state and municipal obligations	$369.8	352.2	17.6	4.0	21.6	AA
Corporate Securities:						
Financial	$7.3	6.8	0.5	(0.1)	0.4	BBB+
Industrials	7.8	6.8	1.0	(0.2)	0.8	A+
Utilities	13.2	12.2	1.0	—	1.0	A+
Consumer discretionary	2.0	2.0	—	—	—	