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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 × COMMITTEE (in full) over the lines. is changed) Chubb-ACE Group Holdings, Inc. Political Action Committee 436 Walnut Street ADDRESS (number and street) WAO4P (Check if address is changed) Philadelphia 19106 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS karen.valanzano@acegroup.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00348938 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Karen Valanzano Type or Print Name of Treasurer Karen Valanzano [Electronically Filed] 01 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission

Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|---|-------------------------|
| | | OMMITTEE • Committee: | |
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below. |) |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.) | nplete the candidate |
| Nam Cand | e of didate | | |
| | didate y Affiliati | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: (National, State | (Democratic, |
| (d) | | This committee is a or subordinate) committee of the | Republican, etc.) Party |
| Poli | itical A | ction Committee (PAC): | |
| (e) | \times | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee) | egregated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | nt Fund | raising Representative: | |
| (g) | П | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t | |
| (h) | | committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. | |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | | | |
| | 4. | | |

| | - | | |
|----|---|--|--------------------------------|
| l | FEC Form 1 (Revised | 02/2009) | Page 3 |
| V | /rite or Type Committee Name | | - |
| (| Chubb-ACE Gr | oup Holdings, Inc. Political Action Co | mmittee |
| 6. | | Organization, Affiliated Committee, Joint Fundraising Representative, o | |
| Α | CE Group Holdings, | Inc. | |
| | | | |
| | Mailing Address | 436 Walnut Street | |
| | Maning Address | | |
| | | Philadelphia PA | 19106 |
| | | CITY STATE | ZIP CODE |
| | Relationship: X Connected | d Organization Affiliated Committee Joint Fundraising Representative | /e Leadership PAC Sponsor |
| | Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the per | son in possession of committee |
| | Full Name | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | Title or Position | CITY STATE | ZIP CODE |
| | | | |
| 3. | Treasurer: List the name an any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; assistant treasurer). | nd the name and address of |
| | Full Name Karen Vala of Treasurer | anzano | |
| | Mailing Address | 901 F Street NW | |
| | | Suite 550 | |
| | | Washington DC | 20004 |
| | Title or Desition | CITY STATE | ZIP CODE |
| | Title or Position Treasurer | 20: Telephone number | 2 347 7393 |

| FEC Fare | n 1 (Pavisad 0.2/2000) | | Daga A |
|--|---|----------------|-----------------------------------|
| FEC FOR | n 1 (Revised 02/2009) | | Page 4 |
| Full Name of Designated Agent | Sarah Schradin | | |
| Mailing Address | 901 F Street NW | | |
| Mailing Address | Suite 550 | | |
| | Washington | DC | 20004 |
| | CITY | STATE | ZIP CODE |
| Title or Position Assistant Treas | urer Telephone r | number | 202 - 347 - 7440 |
| safety deposit bo | Depositories: List all banks or other depositories in which the composes or maintains funds. Depository, etc. | mittee deposi | ts lunds, floids accounts, rents |
| Banks or Other safety deposit be Name of Bank, I | oxes or maintains funds. | mittee deposi | ts lunds, floids accounts, refits |
| safety deposit bo | oxes or maintains funds. Depository, etc. | mittee deposi | ts funds, floids accounts, refits |
| safety deposit be Name of Bank, I | Depository, etc. Bank of America | mittee deposi | is funds, floids accounts, refits |
| safety deposit be Name of Bank, I | Depository, etc. Bank of America | mittee deposit | 33622-5118 |
| safety deposit be Name of Bank, I | Depository, etc. Bank of America PO Box 25118 | | |
| safety deposit be Name of Bank, I | Depository, etc. Bank of America PO Box 25118 Tampa CITY | FL | 33622-5118 |
| safety deposit be Name of Bank, I | Depository, etc. Bank of America PO Box 25118 Tampa CITY | FL STATE | 33622-5118 |
| safety deposit be Name of Bank, I | Depository, etc. Bank of America PO Box 25118 Tampa CITY Depository, etc. | FL STATE | 33622-5118 |
| Name of Bank, I | Depository, etc. Bank of America PO Box 25118 Tampa CITY Depository, etc. | FL STATE | 33622-5118 |
| Name of Bank, I | Depository, etc. Bank of America PO Box 25118 Tampa CITY Depository, etc. | FL STATE | 33622-5118 |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Rain and Hail Insurance Society Political Action Committee 9200 Northpark Drive Mailing Address Suite 300 50131 **Johnston CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Chubb-ACE Group Holdings Inc. Legacy Political Action Committee 15 Mountain View Road Mailing Address Warren 07059 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number