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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Chubb 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@chubb.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. Valanzano, Karen, , , Type or Print Name of Treasurer Valanzano, Karen, , , [Electronically Filed] 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 (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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		OMMITTEE	Page 2
		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. (Compinformation below.)	lete the candidate
Name Cand			
Cand Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Com	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, lepublican, etc.) Party
Polit	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

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Write or Type Committee Nam			
Chubb Group I	Holdings Inc. Politica	I Action Committee	9
6. Name of Any Connected	Organization, Affiliated Committee, Joint Committee, Join	int Fundraising Representative, or	Leadership PAC Sponsor
Chubb Group Holding	gs <sub>.</sub> Inc.		
Mailing Address	436 Walnut Street		
	Philadelphia	PA	19106
	CITY	STATE	ZIP CODE
Relationship: X Connecte	ed Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	entify by name, address (phone number -	optional) and position of the perso	on in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
Treasurer: List the name all any designated agent (e.g.,	nd address (phone number optional) o assistant treasurer).	f the treasurer of the committee; and	d the name and address of
Full Name Valanzan of Treasurer	o, Karen, , ,		
Mailing Address	1001 G Street NW		
	Suite 400 West		
	Washington	DC	20001
Title on Decition	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number 202	649 2242

FEC FOR	m 1 (Revised	02/2009)										Paç	e <b>4</b>
Full Name of Designated Agent	Schradin, S	Sarah, , ,		1 1 1	1 1 1		1 1	1 1 1	1 1	1 1 1	1 1	1 1	
Mailing Address		1001 G Stre	et NW										
Maning Madress		Suite 400 W	/est										, , , ,
		Washingtor	<u> </u>				, 1	DC	_   _   	20001		1-1	
				CITY				STATE	J		ZIP	CODE	
Title or Position Assistant Treas	surer					Teleph	one nu	mber [	202	2	649		2243
Banks or Other safety deposit b			TIKS OF OU	ег асрози	ones in w	illeri tile		·					
	oxes or maint Depository, et	ains funds. tc.		ег черозк	ones III w	men the		·					
safety deposit b Name of Bank,	Depository, et	ains funds.	<u> </u>	ler depositi	ones in w		1 1				1 1		
safety deposit b	Depository, et	ains funds.	<u> </u>		Unes III W								
safety deposit b Name of Bank,	Depository, et	ains funds.	<u> </u>		Unes III W			l l l		33622-			
safety deposit b Name of Bank,	Depository, et	America PO Box 251	<u> </u>		Unes III W						-5118		
safety deposit b Name of Bank,	oxes or maint Depository, et Bank of	America PO Box 251 Tampa	<u> </u>	CITY	Unes III W			l l l			-5118		
safety deposit b Name of Bank, Mailing Address	Depository, et	America PO Box 251 Tampa	18	CITY				FL STATE		33622	-5118 -ZIP		
safety deposit b Name of Bank, Mailing Address	Depository, et	America PO Box 251 Tampa Tampa	18	CITY				FL STATE		33622	-5118 -ZIP		
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, et	America PO Box 251 Tampa Tampa	18	CITY				FL STATE		33622	-5118 -ZIP		
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, et	America PO Box 251 Tampa Tampa	18	CITY				FL STATE		33622	-5118 -ZIP		

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 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