

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>CHUBB US 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>105</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/02/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>105</u>	1c Effective date of plan <u>07/02/1999</u>	
1b Three-digit plan number (PN) ▶	<u>105</u>				
1c Effective date of plan <u>07/02/1999</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.)</u> <u>436 WALNUT STREET</u> <u>WA03N</u> <u>PHILADELPHIA, PA 19106-3703</u> <u>436 WALNUT STREET</u> <u>WA03N</u> <u>PHILADELPHIA, PA 19106-3703</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-2371728</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>908-903-4239</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524290</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-2371728</u>	2c Plan Sponsor's telephone number <u>908-903-4239</u>	2d Business code (see instructions) <u>524290</u>	
2b Employer Identification Number (EIN) <u>95-2371728</u>					
2c Plan Sponsor's telephone number <u>908-903-4239</u>					
2d Business code (see instructions) <u>524290</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2022	JOO YOUNG KANG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	20228
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	15531
a(2) Total number of active participants at the end of the plan year		6a(2)	14977
b Retired or separated participants receiving benefits.....		6b	190
c Other retired or separated participants entitled to future benefits		6c	5408
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	20575
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	86
f Total. Add lines 6d and 6e		6f	20661
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	20098
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	728
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHUBB US 401(K) PLAN	B Three-digit plan number (PN) ▶	105
C Plan sponsor's name as shown on line 2a of Form 5500 CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.)	D Employer Identification Number (EIN) 95-2371728	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HEWITT FINANCIAL SERVICES LLC
36-3943169

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

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

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

FINANCIAL ENGINES

77-0473565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	1155087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORKEEPER	245857	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

MAZARS USA LLP

13-1459550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/A UDITOR	42500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>CHUBB US 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>105</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.)</u>	D Employer Identification Number (EIN) <u>95-2371728</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACE USA COMMON COLLECTIVE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.)</u>		
c EIN-PN <u>31-1814614-110</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2177052151</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACE USA POOLED SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.)</u>		
c EIN-PN <u>31-1814614-110</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>499681324</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHUBB US 401(K) PLAN	B Three-digit plan number (PN) ►	105
C Plan sponsor's name as shown on line 2a of Form 5500 CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.)	D Employer Identification Number (EIN) 95-2371728	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	136289300	133493930
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	41713883	39116866
(9) Value of interest in common/collective trusts	1c(9)	1960017601	2177052151
(10) Value of interest in pooled separate accounts	1c(10)	434533413	499681324
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1408318907	1611839951
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	47708552	61575157

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	4028581656 4522759379
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	356393 243494
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	356393 243494
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4028225263 4522515885

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	132211833
	(B) Participants	2a(1)(B)	130731311
	(C) Others (including rollovers).....	2a(1)(C)	34076227
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	297019371
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	2158014
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2158014
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	5334585
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	5334585

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		513351548
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		817863518
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	322020530	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		322020530
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	85000	
(2) Contract administrator fees.....	2i(2)	764688	
(3) Investment advisory and management fees.....	2i(3)	702678	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1552366
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		323572896
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		494290622
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MAZARS USA LLP

(2) EIN: 13-1459550

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CHUBB US 401(K) PLAN	B Three-digit plan number (PN) ▶ 105
C Plan sponsor's name as shown on line 2a of Form 5500 CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.)	D Employer Identification Number (EIN) 95-2371728

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Chubb US 401(k) Plan

Financial Statements
and Supplemental Schedule
December 31, 2021 and 2020



Mazars USA LLP is an independent member firm of Mazars Group.

Chubb US 401(k) Plan

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Independent Auditors' Report

Tel: 215.259.1000
www.mazars.us

To the Chubb US Retirement Committee Chubb US 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Chubb US 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Chubb US 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.



In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Chubb US 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting in error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Chubb US 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chubb US 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures related to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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



Other Matters

2021 Supplemental Schedules Required by ERISA

The Supplemental Schedule of Assets (Held at End of Year), Schedule H, Line 4(i) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Chubb US 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Mazars USA LLP

September 13, 2022

Chubb US 401(k) Plan

Statements of Net Assets Available for Benefits December 31, 2021 and 2020

	2021	2020
Assets		
Investments		
Mutual funds, collective investment trusts, common collective trusts, separately managed at fair value	\$ 4,288,573,426	\$ 3,802,869,921
Self-directed brokerage accounts	61,575,157	47,708,552
Total investments	4,350,148,583	3,850,578,473
Receivables		
Employer contributions receivable	133,493,930	136,289,300
Notes receivable from participants	39,116,866	41,713,883
Total receivables	172,610,796	178,003,183
Total assets	4,522,759,379	4,028,581,656
Liabilities		
Accrued administrative fees	243,494	356,393
Net assets available for benefits	\$ 4,522,515,885	\$ 4,028,225,263

The accompanying notes are an integral part of these financial statements.

Chubb US 401(k) Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2021 and 2020

	2021	2020
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 513,351,548	\$ 596,644,823
Self-directed brokerage accounts appreciation	5,334,585	6,696,226
Net increase	518,686,133	603,341,049
Interest income on notes receivable from participants	2,158,014	2,269,659
Contributions		
Employer	132,211,833	135,380,060
Participant	130,731,311	126,475,561
Rollovers	34,076,227	20,126,667
Total contributions	297,019,371	281,982,288
Total additions	817,863,518	887,592,996
Deductions from net assets attributed to:		
Benefits paid to participants	322,020,530	218,186,919
Administrative expenses	1,552,366	1,011,135
Total deductions	323,572,896	219,198,054
Net increase	494,290,622	668,394,942
Net assets available for benefits		
Beginning of year	4,028,225,263	3,359,830,321
End of year	\$ 4,522,515,885	\$ 4,028,225,263

The accompanying notes are an integral part of these financial statements.

Chubb US 401(k) Plan

Notes to Financial Statements December 31, 2021 and 2020

1. Plan Description

The following description of the Chubb US 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan was established July 2, 1999, and was restated, effective January 1, 2020. The Plan is a defined contribution retirement plan covering eligible employees of Chubb INA Holdings Inc. and certain related companies (the “Companies”). The Plan is administered by the Chubb US Retirement Committee. The Plan is sponsored by Chubb INA Holdings Inc.

Eligibility

Employees are eligible to participate in the Plan beginning on their first day of work if they are employed by the Companies and working in the U.S. as a full-time or part-time salaried employee. An employee is also eligible if they are a U.S. citizen or green card holder working for a Chubb INA Holdings, Inc. employer outside of the U.S. Eligible part time salaried employees must work at least 24 hours a week. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Contributions

In general, participants are permitted to contribute 1% to 50% of their eligible compensation. Eligible compensation is generally comprised of applicable base salary, any overtime pay, bonuses, and commissions subject to Internal Revenue Services (“IRS”) limitations and plan definitions. Amounts paid to participants attributable to medical loss ratio refunds under The Affordable Care Act shall not be eligible compensation under the plan. Participants age fifty or older are eligible for catch-up contributions subject to IRS limits. Participants may contribute amounts representing qualified rollover distributions from other qualified plans. The plan includes a company matching contribution and certain participants receive a company contribution of 6% of eligible compensation. Effective September 3, 2019, the Plan document was amended to include auto-enrollment.

The following table summarizes the eligible company contribution, employer match and the definition of eligible compensation, by Company and date of service:

Company	Date of Service	Eligible Company Contribution and Employer Match on Eligible Compensation	Eligible Compensation Categories
General, unless specified below	before January 1, 2009	Participants receive a Company contribution of 6%, plus dollar for dollar match up to the first 6% (max of 12%)	Base Salary, bonus, overtime and commissions
General, unless specified below	on or after January 1, 2009	Participants receive a Company contribution of 6%, plus a match of 50 cents on the dollar up to the first 6% (max of 9%)	Base Salary only
Eligible legacy Chubb Corp.	before January 1, 2001	Participants receive dollar for dollar match up to the first 4% (4% max); Effective January 1, 2020, participants receive the same as General, before January 1, 2009	Base Salary, bonus, overtime and commissions
Eligible legacy Chubb Corp.	on or after January 1, 2001	Participants receive dollar for dollar match up to the first 4% (4% max); Effective January 1, 2020, participants receive the same as General, on or after January 1, 2009	Base Salary, bonus, overtime and commissions
ESIS	Not specified	Participants receive dollar for dollar match up to the first 6%, plus are eligible for discretionary performance-based Company contribution	Base Salary, bonus, overtime and commissions

Chubb US 401(k) Plan

Combined Insurance Company of America and its subsidiaries ("Combined")*	before January 1, 2009	Participants receive a Company contribution of 3%, plus a match of 50 cents on the dollar up to the first 6% (max of 6%), Eligible participants also receive a service graded employer contribution ranging from 1-2%.	Base Salary, bonus, overtime and commissions
Combined*	on or after January 1, 2009	Participants receive a Company contribution of 3%, plus a match of 50 cents on the dollar up to the first 6% (max of 6%)	Base Salary, bonus, overtime and commissions
ACE Brandywine Holdings Corporation or its subsidiaries	before January 1, 2009 and after August 31, 2012	Participants receive a dollar for dollar match up to the first 6%	Base Salary, bonus, overtime and commissions

*Plan contributions do not begin until one year of credit service. Effective 1/1/2022, there is no longer a one year of credited service waiting period.

The timing and amount of participant contributions, relative to IRS limitations, may result in a lower employer matching contribution for any given Plan year. The contributions by the Companies to the Plan will be made once each year, in January following the end of the Plan year, and only to those employees who were employed on December 31 of the previous Plan year. Participants are eligible to receive employer matching contributions immediately after becoming eligible to enter the Plan, unless determined by credit service as noted above for employees of Combined.

Participants, at their election, invest their contributions in one or more of several investment options. The Companies' contributions are invested as elected by the Participants.

The Plan offers six mutual funds, fourteen collective investment trusts, three separately managed accounts, one common collective trust fund, and a self-directed brokerage account.

The Plan also offers a Roth 401(k) feature. All participating employees are permitted to make contributions to a Roth 401(k) account, instead of (or in combination with) regular 401(k) deferrals. The Plan limits or IRS limits on elective deferrals includes Roth 401(k) contributions as well as 401(k) deferrals. Unlike regular 401(k) deferrals, Roth 401(k) contributions are made on an after-tax basis. That is, the employee's pay has been already subjected to federal income tax before the contribution is made to the 401(k) Plan. However, earnings on these amounts will grow on a tax-free basis. An employee may split contributions between 401(k) deferrals and Roth 401(k) contributions, but only up to the applicable limit.

Participant Accounts

Each participant's account is credited with the participant's contribution and its share of an allocation of the Companies' contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Administrative Expenses

All administrative expenses are paid by the Plan using plan assets.

Vesting

Participants are immediately vested in their contributions and earnings, and most are 100% vested in employer contributions after two years of credited service. Upon acquisition, employees generally retain their credited services from the acquired companies. However, Combined employees are vested in employer contributions evenly over a five-year credited service period. Effective January 1, 2022, Combined employees will vest 100% in employer contributions after two years of credited service.

Chubb US 401(k) Plan

Forfeitures

Amounts that have been forfeited may be used to reduce the Companies' contributions. At December 31, 2021 and 2020, the amount of forfeitures used to reduce the Companies' contributions for the years ended totaled \$1,964,352 and \$1,337,481, respectively. Available forfeitures were \$5,141,237 and \$4,479,345 as of December 31, 2021 and 2020, respectively.

Participant Loans

Participants may borrow from their account a minimum of \$1,000 up to a maximum of the lesser of \$50,000, reduced by the excess, if any, of: the highest outstanding balance of loans to the participant during the one-year period ending on the day immediately before the date on which the loan is made; over the outstanding balance of loans from the Plan to the participant on the date on which such loan is made; or one-half of the total vested balance of the participant's accounts under the Plan as of the date of the loan is made. Loans have terms from one to five years (with certain exceptions, such as for the purchase of a primary residence as defined by the Plan document) and generally bear interest at a rate of prime plus 1% (which represents a commercially reasonable rate). As of December 31, 2021 and 2020, interest rates on outstanding loans ranged from 4.25% to 6.50%, maturing 2022 through 2031 and 3.25% to 6.50%, maturing 2021 through 2030, respectively. Loans are repaid through automatic payroll deductions but may be repaid in full at any time without penalty. Upon termination of employment, participants may continue to make loan payments directly to the Trustee. Loans are secured by a participant's vested interest in the Plan.

On March 27, 2020, the "Coronavirus Aid, Relief, and Economic Security (CARES) Act" was signed into law. The CARES Act includes several relief provisions available to the Plan and its participants. The Plan Administrator has evaluated and adopted several provisions available under the Act. Adopted provisions include (i) availability of coronavirus-related distributions in 2020, where impacted participants had the option to take a distribution of up to \$100,000 if certain criteria were met, (ii) waiver of 2020 required minimum distributions, and (iii) loan deferment and enablement, where participants had the option to borrow the lesser of 100% of their vested balance or \$100,000.

Payment of Benefits

On termination of service due to death, disability or retirement, participants or beneficiaries may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a period of not more than the participant's or beneficiaries' assumed life expectancy.

2. Summary of Significant Accounting Policies

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management who is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America ("GAAP") and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The Plan's financial statements have been prepared using the accrual method of accounting.

As described in the Financial Accounting Standards Board ("FASB") guidance for accounting for defined contribution plans, investment contracts held by a defined-contribution plan are required to be reported at fair value. This applies even when contracts are not held directly by the plan but are underlying assets in common collective trust ("CCT") and collective investment trust ("CIT") investments held by the Plan.

Investment Valuation and Income Recognition

The Plan's investments, which are comprised of mutual funds, CITs, CCTs, separately managed accounts, and self-directed brokerage accounts, are stated at fair value. Investments in CCTs and CITs are stated at the unit value of the portfolio which is based on the fair value of the underlying securities.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Capital gains distributions are included in dividend income.

Net appreciation in the fair value of investments presented in the Statements of Changes in Net Assets Available for Benefits consists of realized gains and losses and unrealized appreciation and depreciation on investments.

Chubb US 401(k) Plan

Benefits Paid

Benefit payments to participants are recorded when paid.

Notes Receivable

Loans to participants are reported as notes receivable from participants and valued at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of plan income and expenses during the period. Actual results could differ from those estimates.

3. Information Certified by the Plan's Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the Plan administrator instructed the Plan's auditors not to perform auditing procedures with respect to information certified by Fidelity Management Trust Company ("Fidelity") as of December 31, 2021 and 2020 and for the years then ended.

The following table presents information related to the Statements of Net Assets Available for Benefits certified by the trustee as of December 31, 2021 and 2020 and information related to the Statements of Changes in Net Assets Available for Benefits certified by the trustee for the years ended December 31, 2021 and 2020.

	2021	2020
Statements of Net Assets Available for Benefits:		
Investments at fair value	\$ 4,350,148,583	\$ 3,850,578,473
Notes receivable from participants	39,116,866	41,713,883
Total net assets available for benefits, certified	<u>\$ 4,389,265,449</u>	<u>\$ 3,892,292,356</u>
Statements of Changes in Net Assets Available for Benefits:		
Interest income on notes receivable from participants	\$ 2,158,014	\$ 2,269,659
Net appreciation in fair value of investments	411,414,124	536,976,455
Dividend and interest income	107,272,009	66,364,594
Total changes in net assets available for benefits, certified	<u>\$ 520,844,147</u>	<u>\$ 605,610,708</u>

4. Fair Value Measurements

The Plan values its investment assets in accordance with the FASB's fair value measurements guidance. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurement is based on assumptions that market participants would make in pricing an asset or liability. This statement prioritizes the inputs to valuation techniques used to measure fair value by establishing a three-level fair value hierarchy.

The fair value hierarchy gives the highest priority to quoted prices in active markets and the lowest priority to prices derived from unobservable inputs. An asset or liability's classification within the fair value hierarchy is based on the lowest level of significant input to its fair value measurement. The Plan has categorized its assets into the three-level fair value hierarchy based upon the priority of the inputs. The following summarizes the three levels of the fair value hierarchy:

Chubb US 401(k) Plan

Level 1: Fair value is based on unadjusted quoted market prices in active markets for identical assets or liabilities that are accessible at the measurement date. These generally provide the most reliable evidence and are used to measure fair value whenever available. Active markets are defined as having the following for the measured asset/liability: i) many transactions, ii) current prices, iii) price quotes not varying substantially among market makers. iv) narrow bid/ask spreads and v) most information publicly available. Prices are obtained from readily available sources for market transactions involving identical assets or liabilities.

Level 2: Fair value is based on significant inputs, other than quoted prices included in Level 1, that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability through corroboration with observable market data. In circumstances where prices from pricing services are reviewed for reasonability but cannot be validated to observable market data as noted above, these security values are recorded in Level 3 in our fair value hierarchy.

Level 3: Fair value is based on significant inputs that are unobservable for the asset or liability. These inputs reflect the Plan management's assumptions about the assumptions market participants would use in pricing the asset or liability. These are typically less liquid fixed maturity securities with very limited trading activity. Prices are determined using valuation methodologies such as option pricing models, discounted cash flow models and other similar techniques. Prices may also be based upon non-binding quotes from brokers or other market makers that are reviewed for reasonableness, based on the Plan's understanding of the market.

The following tables set forth by level within the fair value hierarchy the Plan's investment assets at fair value as of December 31, 2021 and 2020. There were no assets included in Level 2 or Level 3 as of December 31, 2021 and 2020.

	Level 1	Level 2	Level 3	Total
<u>December 31, 2021</u>				
Mutual Funds	\$ 1,320,717,037	\$ -	\$ -	\$ 1,320,717,037
Separately managed accounts	687,770,813	-	-	687,770,813
	<u>2,008,487,850</u>	<u>-</u>	<u>-</u>	<u>2,008,487,850</u>
Self-directed brokerage accounts	61,575,157	-	-	61,575,157
Total investments in the fair value hierarchy	<u>\$ 2,070,063,007</u>	<u>\$ -</u>	<u>\$ -</u>	<u>2,070,063,007</u>
Investments measured at net asset value:				
Collective investment trusts (a):				2,057,977,621
Common collective trusts (a):				222,107,955
Total investments at fair value				<u>\$ 4,350,148,583</u>

Chubb US 401(k) Plan

	Level 1	Level 2	Level 3	Total
<u>December 31, 2020</u>				
Mutual Funds	\$ 1,128,785,722	\$ -	\$ -	\$ 1,128,785,722
Separately managed accounts	638,861,755	-	-	638,861,755
	<u>1,767,647,477</u>	<u>-</u>	<u>-</u>	<u>1,767,647,477</u>
Self-directed brokerage accounts	47,708,552	-	-	47,708,552
Total investments in the fair value hierarchy	<u>\$ 1,815,356,029</u>	<u>\$ -</u>	<u>\$ -</u>	1,815,356,029
Investments measured at net asset value:				
Collective investment trusts (a):				1,788,263,900
Common collective trusts (a):				246,958,544
Total investments at fair value				<u>\$ 3,850,578,473</u>

Level 1 assets consist of investments in mutual funds, separately managed accounts, and self-directed brokerage accounts. Mutual fund assets are valued at the daily closing price as reported by the fund and are deemed to be actively traded. Separately managed accounts consist primarily of U.S. common stock traded on active markets and cash and cash equivalents. Self-directed brokerage accounts primarily consist of mutual funds, common stock, preferred stock and money market funds that are valued on the basis of readily determinable market prices.

- (a) In accordance with Accounting Standards Codification Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient to fair value have not been classified in the fair value hierarchy. The fair value amounts presented in the above tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

There were no significant gross transfers between Level 1 and Level 2 during the years ended December 31, 2021 and 2020. Transfers between levels are recorded at the end of the reporting period.

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on Net Asset Value (NAV) per share as of December 31, 2021 and 2020.

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective investment trusts	\$ 2,057,977,621	n/a	Valuation date only	30 days
Common collective trusts	222,107,955	n/a	Daily	12 or 30 months

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective investment trusts	\$ 1,788,263,900	n/a	Valuation date only	30 days
Common collective trusts	246,958,544	n/a	Daily	12 or 30 months

Chubb US 401(k) Plan

5. Tax Status

On December 15, 2014, the Internal Revenue Service determined and informed the Company by letter that the Plan is qualified under Internal Revenue Code (IRC) Section 401(a). The purpose of this determination letter is to confirm with the IRS that the Plan is designed in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving this determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2018.

6. Related Party Transactions

Participants have the ability to select investment options managed by Fidelity, trustee and record keeper, through the self-directed brokerage investment account. Transactions with investment options managed by Fidelity qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

7. Risk and Uncertainties

The Plan provides various investment options to participants. The investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to the changes in the value of certain investments, it is at least reasonably possible that changes in the values of the investment options could occur. Such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

8. Termination of Plan

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, each participant would become fully vested in their employer contributions.

9. Subsequent Events

Management evaluated subsequent events for the Plan through September 13, 2022, the date the financial statements were available to be issued.

Chubb US 401(k) Plan

Supplemental Schedule of Assets (Held at End of Year), Schedule H, Line 4(i) Plan ID 95-2371728, Plan No: 105 December 31, 2021

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	VANG INST INDEX PLUS	Mutual Fund	(1)	\$ 637,129,121
	TRP US LG CAP GR EQ	Separately Managed	(1)	365,742,101
	TRP RETIRE 2030 C	Collective Investment Trust	(1)	330,799,507
	TRP RETIRE 2025 C	Collective Investment Trust	(1)	324,651,135
	TRP NEW HORIZONS	Mutual Fund	(1)	299,447,309
	TRP INTL GR EQ C	Collective Investment Trust	(1)	291,122,914
	TRP RETIRE 2035 C	Collective Investment Trust	(1)	279,227,244
	TRP STABLE VALUE F	Common Collective Trust	(1)	222,107,955
	TRP RETIRE 2040 C	Collective Investment Trust	(1)	220,263,860
	TRP IS MID CP EQ GR	Mutual Fund	(1)	213,383,074
	PIMCO TOTAL RETURN	Separately Managed	(1)	188,089,489
	TRP RETIRE 2045 C	Collective Investment Trust	(1)	167,955,764
	TRP RETIRE 2020 C	Collective Investment Trust	(1)	137,735,461
	WELLINGTON EQ INC	Separately Managed	(1)	133,939,222
	TRP RETIRE 2050 C	Collective Investment Trust	(1)	112,067,267
	VANG INFL PROT INST	Mutual Fund	(1)	105,631,906
	TRP RETIRE 2055 C	Collective Investment Trust	(1)	82,258,203
	VANG TREASURY MM	Mutual Fund	(1)	56,449,541
	TRP RETIRE 2015 C	Collective Investment Trust	(1)	42,778,401
	TRP RETIRE 2060 C	Collective Investment Trust	(1)	37,328,697
	TRP RETIRE BAL C	Collective Investment Trust	(1)	15,719,509
	TRP RETIRE 2010 C	Collective Investment Trust	(1)	8,947,545
	GS INTL SM CP INS I	Mutual Fund	(1)	8,676,086
	TRP RETIRE 2005 C	Collective Investment Trust	(1)	7,122,115
				<u>\$ 4,288,573,426</u>
*	Notes Receivable From Participants	4.25% - 6.50% maturing 2022 through 2031	-0-	<u>\$ 39,116,866</u>
*	Self-directed brokerage accounts	Self-directed brokerage accounts	(1)	<u>\$ 61,575,157</u>

This schedule was prepared from data certified by the Trustee as complete and accurate.

* Denotes Party-in-interest to the Plan as defined by ERISA.

(1) Cost information is not required for participant-directed investments and therefore has been omitted.

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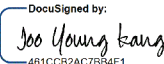
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan CHUBB US 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">105</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/02/1999</td> </tr> </table>	1b Three-digit plan number (PN) ►	105	1c Effective date of plan 07/02/1999	
1b Three-digit plan number (PN) ►	105				
1c Effective date of plan 07/02/1999					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.) 436 WALNUT STREET WA03N PHILADELPHIA, PA 19106-3703	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 95-2371728</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (908) 903-4239</td> </tr> <tr> <td>2d Business code (see instructions) 524290</td> </tr> </table>	2b Employer Identification Number (EIN) 95-2371728	2c Plan Sponsor's telephone number (908) 903-4239	2d Business code (see instructions) 524290	
2b Employer Identification Number (EIN) 95-2371728					
2c Plan Sponsor's telephone number (908) 903-4239					
2d Business code (see instructions) 524290					

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

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

SIGN HERE	DocuSigned by:  481CCB2AC78B4F1...	9/28/2022	JOO YOUNG KANG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2021)
v. 210624**

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	20228
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	15531
a(2) Total number of active participants at the end of the plan year		6a(2)	14977
b Retired or separated participants receiving benefits.....		6b	190
c Other retired or separated participants entitled to future benefits		6c	5408
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	20575
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	86
f Total. Add lines 6d and 6e		6f	20661
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	20098
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	728
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Chubb US 401(k) Plan

Supplemental Schedule of Assets (Held at End of Year), Schedule H, Line 4(i) Plan ID 95-2371728, Plan No: 105 December 31, 2021

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	VANG INST INDEX PLUS	Mutual Fund	(1)	\$ 637,129,121
	TRP US LG CAP GR EQ	Separately Managed	(1)	365,742,101
	TRP RETIRE 2030 C	Collective Investment Trust	(1)	330,799,507
	TRP RETIRE 2025 C	Collective Investment Trust	(1)	324,651,135
	TRP NEW HORIZONS	Mutual Fund	(1)	299,447,309
	TRP INTL GR EQ C	Collective Investment Trust	(1)	291,122,914
	TRP RETIRE 2035 C	Collective Investment Trust	(1)	279,227,244
	TRP STABLE VALUE F	Common Collective Trust	(1)	222,107,955
	TRP RETIRE 2040 C	Collective Investment Trust	(1)	220,263,860
	TRP IS MID CP EQ GR	Mutual Fund	(1)	213,383,074
	PIMCO TOTAL RETURN	Separately Managed	(1)	188,089,489
	TRP RETIRE 2045 C	Collective Investment Trust	(1)	167,955,764
	TRP RETIRE 2020 C	Collective Investment Trust	(1)	137,735,461
	WELLINGTON EQ INC	Separately Managed	(1)	133,939,222
	TRP RETIRE 2050 C	Collective Investment Trust	(1)	112,067,267
	VANG INFL PROT INST	Mutual Fund	(1)	105,631,906
	TRP RETIRE 2055 C	Collective Investment Trust	(1)	82,258,203
	VANG TREASURY MM	Mutual Fund	(1)	56,449,541
	TRP RETIRE 2015 C	Collective Investment Trust	(1)	42,778,401
	TRP RETIRE 2060 C	Collective Investment Trust	(1)	37,328,697
	TRP RETIRE BAL C	Collective Investment Trust	(1)	15,719,509
	TRP RETIRE 2010 C	Collective Investment Trust	(1)	8,947,545
	GS INTL SM CP INS I	Mutual Fund	(1)	8,676,086
	TRP RETIRE 2005 C	Collective Investment Trust	(1)	7,122,115
				<u>\$ 4,288,573,426</u>
*	Notes Receivable From Participants	4.25% - 6.50% maturing 2022 through 2031	-0-	<u>\$ 39,116,866</u>
*	Self-directed brokerage accounts	Self-directed brokerage accounts	(1)	<u>\$ 61,575,157</u>

This schedule was prepared from data certified by the Trustee as complete and accurate.

* Denotes Party-in-interest to the Plan as defined by ERISA.

(1) Cost information is not required for participant-directed investments and therefore has been omitted.