

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: CHUBB US 401(K) PLAN
1b Three-digit plan number (PN): 105
1c Effective date of plan: 07/02/1999
2a Plan sponsor's name: CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.)
2b Employer Identification Number (EIN): 95-2371728
2c Plan Sponsor's telephone number: 908-903-2231
2d Business code: 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	21847
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	15396
	<b>6a(2)</b>	15717
	<b>6b</b>	208
	<b>6c</b>	6062
	<b>6d</b>	21987
	<b>6e</b>	91
	<b>6f</b>	22078
	<b>6g(1)</b>	21628
<b>6g(2)</b>	21846	
<b>6h</b>	413	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2R 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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**T. ROWE PRICE**

**52-2269240**

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

**VANGUARD**

**23-1945930**

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

**GOLDMAN SACHS**

**13-5108880**

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

**WELLINGTON ASSET MANAGEMENT**

**04-6700836**

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

PIMCO

33-0629048

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

FIDELITY INVEST. INST. OPER. CO.

04-2647786

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

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**(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	1099045	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 99	RECORDKEEPER	399757	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FORVIS MAZARS

44-0160260

(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	49920	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GROOM LAW GROUP

52-1219029

(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?
29 50	LEGAL	12901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
FINANCIAL ENGINES  77-0473565	(1) .13% FIRST 500M (2) 0.65% NEXT 500M NO ADD \$975000	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
GS INTL SM CP INS I - GOLDMA  13-5108880	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
TRP NEW HORIZONS - T. ROWE P  52-2269240	0.15%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AMG YACHTMAN FD I 600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AMG RIVER ROAD MID CAP VALUE 600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
FIRST FOUNDATION TOTAL RETUR 1 FREEDOM VALLEY DR OAKS, PA 19456	0.12%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
REGAN TOTAL RETURN INC FD IN 8350 N CENTRAL EXPRESSWAY STE G108 DALLAS, TX 75206	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
INVESCO OPPENHEIMER INTL GRO 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AMANA MUTUAL FD TRUST GROWTH 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AMERICAN CENTURY GLOBAL GOLD 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AMERICAN MUTUAL FDCL A 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	\$18.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
ARTISAN DEVELOPING WORLD FD 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
BAIRD SHORT TERM BOND FD INV 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	0.27%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
BARON OPPORTUNITY FD 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
BARON DURABLE ADVANTAGE FD R 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.
BNY MELLON S&P 500 INDEX FD	144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.30%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.
BUFFALO INTERNATIONAL FD	615 E. MICHIGAN ST MILWAUKEE, WI 53202	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.
CALVERT EQUITY FD CL A	4550 MONTGOMERY AVE STE 1000 N BETHESDA, MD 20814	0.40%

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
CALVERT EMERGING MARKETS EQU 4550 MONTGOMERY AVE STE 1000 N BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
CAUSEWAY INTRNL SM CAP INSTI P. O. BOX 1100 OAKS, PA 19456	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
COLUMBIA CONTRARIAN CORE FD 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.10%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MACQUARIE EMERGING MARKETS C 2005 MARKET STREET PHILADELPHIA, PA 19103	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MACQUARIE HEALTH CARE FD CL 2005 MARKET STREET PHILADELPHIA, PA 19103	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
EATON VANCE SHT DUR STRATEGI TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
FIRST EAGLE GLOBAL CL I 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
FROST CREDIT FD INV P.O. BOX 2509 SAN ANTONIO, TX 78299-2509	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
GOLDMAN SACHS GQG PARTNERS I 71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.08%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
GOLDMAN SACHS GQG PART INTER 71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AMERICAN GROWTH FDOF AMERICA 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	\$18.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
GUGGENHEIM MACRO OPPORTUNTIT 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.15%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
OAKMARK FD INVT CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
OAKMARK INTL INVT CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
OAKMARK INTERNAT L SM CAP IN 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
HENNESSY CORNERSTONEGROWTH I 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
HENNESSY CORNERSTONEMID CAP 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
HENNESSY SM CAP FINANCIAL IN 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
IRONCLAD MANAGED RISK FD 2220 E. ROUTE 66 STE 226 GLENORA, CA 91740	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
JPMORGAN INC FDCL I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
JPMORGAN HEDGED EQUITY CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
JANUS HENDERSON RESEARCH T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
JPMORGAN US VALUE CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
JPMORGAN GRWTH ADV FD CL I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
JPMORGAN LRG CAP GROWTH CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
KINETICS PARADIGM FD 470 PARK AVE SOUTH NEW YORK, NY 10016	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
LORD ABBETT SHORT DURATION H 90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	0.37%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MFS INTERNATIONAL DIVERSIFIC 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MFS VALUE FD CL I 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MADISON MID CAP FDCL Y 550 SCIENCE DR MADISON, WI 53711	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MARSICO FOCUS 235 WEST GALENA ST MILWAUKEE, WI 53212	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MARSICO GROWTH FD 235 WEST GALENA ST MILWAUKEE, WI 53212	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MARSICO MIDCAP GROWTH FOCUS 235 WEST GALENA ST MILWAUKEE, WI 53212	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.
MATTHEWS EMERG MRKTSSM COMPA	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.
MATTHEWS INDIA FD	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.
MORGAN STANLEY DISCOVERY POR	522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MORGAN STANLEY INSIGHT A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
MORGAN STANLEY INTL ADVANTAG 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
NEEDHAM AGGRESSIVE GROWTH 445 PARK AVE 15TH FL NEW YORK, NY 10022	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
ADVISORS CAPT ACTIVE ALL CAP 100 SALEM ST SMITHFIELD SMITHFIELD, RI 02917	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
ADVISORS CAPT TACTICAL FX IN 100 SALEM ST SMITHFIELD SMITHFIELD, RI 02917	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
ADVISORS CAPT US DIVIDEND FD 100 SALEM ST SMITHFIELD SMITHFIELD, RI 02917	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AMERICAN NEW WORLD CL F1 3500 WISEMAN BLVD S SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
INVENOMIC INVT CL 211 CONGRESS ST 7TH FL BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
HCM INC PLUS FD INVT 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
HCM DIVIDEND SECTOR PLUS FD 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
HCM TACTICAL GROWTH FD INVT 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PFG MFS AGGRESSIVE GROWTH ST 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PFG JP MORGAN TACTICMODERATE 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PFG ACTIVE CORE BOND STRATEG 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PFG AMERICAN FDS GROWTH STRA 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
NUVEEN PREFERRED SECS AND IN 333 WEST WACKER DR CHICAGO, IL 60606	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PARNASSUS VALUE EQUITY INV 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PARNASSUS MID CAP 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PERMANENT PORTFOLIO 600 MONTGOMERY ST STE 4100 SAN FRANCISCO, CA 94111-2702	0.38%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PIMCO INC FD CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PIONEER STRATEGIC INC CL A 60 STATE ST 17TH FL. BOSTON, MA 02109	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PRIMECAP ODYSSEY GROWTH FD 2020 E. FINANCIAL WAY STE 100 GLENDORA, CA 91741	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AKRE FOCUS FD RETAIL 777 E. WISCONSIN AVE. 4TH FL MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PGIM TOTAL RETURN BOND CL Z 655 BROAD ST NEWARK, NJ 07102	0.15%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
PGIM SHORT TERM CORP BOND CL 655 BROAD ST NEWARK, NJ 07102	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
T ROWE PRICE FINANCIAL SERVI 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
T ROWE PRICE BLUE CHIP GROWT 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
T ROWE PRICE NEW INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
T ROWE PRICE VALUE 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
T ROWE PRICE SM CAP VALUE FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AVE MARIA GROWTH 801 W. ANN ARBOR TRAIL STE 244 PLYMOUTH, MI 48170	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
AVE MARIA RISING DIVIDEND FD 801 W. ANN ARBOR TRAIL STE 244 PLYMOUTH, MI 48170	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
T ROWE PRICE LRG CAP GROWTH 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
THORNBURG LTD TERM INC CL I 2300 NORTH RIDGETOP RD SANTA FE, NM 87506	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
VALUE LINE MID CAP FOCUSED I 7 TIMES SQUARE STE 1606 NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
VALUE LINE LRGR CMPNIES FOCU 7 TIMES SQUARE STE 1606 NEW YORK, NY 10036	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
X 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
VIRTUS DUFF & PHELPS WATER F 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
WEITZ SHORT DURATION INC FD I 1125 SOUTH 103RD ST OMAHA, NE 68124	0.40%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
ALLSPRING SPECIAL MID CAP VL 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		0
(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.	
APPLIED FIN EXPLORERFD INV 8730 STONY POINT PKWY STE 205 RICHMOND, VA 23235	0.40%	
(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.

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

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

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

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

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

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

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

<b>a</b> Name:	FORVIS MAZARS, LLP	<b>b</b> EIN:	44-0160260
<b>c</b> Position:	AUDITOR		
<b>d</b> Address:	501 OFFICE CENTER DRIVE SUITE 300 FORT WASHINGTON, PA 19034	<b>e</b> Telephone:	215-259-1000

Explanation: PLAN SPONSOR CHANGED AUDIT FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>CHUBB US 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>105</u>
<b>C</b> 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>	<b>D</b> Employer Identification Number (EIN) <u>95-2371728</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE INTL GROWTH EQUITY TR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>35-6942416-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>277071836</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2005</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>61-6434302-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4219237</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2010</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>32-6199795-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4668328</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2015</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>35-6941654-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25136597</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2020</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>36-7594871-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>86387259</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2025</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>37-6495447-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>254184361</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2030</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>38-7010946-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>365711366</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2035

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 36-7595013-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	329500545
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2040

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 35-6941729-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	278784137
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2045

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 32-6199848-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	233735470
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2050

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 30-6303214-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	173200383
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2055

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 35-6941728-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	140043932
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2060

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 47-1088316-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102049720
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT BALANCED

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 38-7011316-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14885898
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE STABLE VALUE

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 52-1309931-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	152509858
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CHUBB US 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>105</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS INC.)</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2371728</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	153607116	161481895
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	39203780	43171287
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	2201472012	2442088897
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1252988068	1477658783
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	722819222	827354323

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	4370090198	4951755185
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	320379	345851
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	320379	345851
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	4369769819	4951409334

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	158837508	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	165438779	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	39372475	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		363648762
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	6226510	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	75609	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	19991	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	3039362	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		9361472
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	7104	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	6320451	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	62121279	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		68448834
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	219145770	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	209320220	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		9825550
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	122506743	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		247545702
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(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)		146412678
<b>c</b> Other income .....	2c		8662953
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		976412694

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	392898833	
(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)		392898833
<b>f</b> Corrective distributions (see instructions) .....	2f		34502
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		277084
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	8100	
(3) Recordkeeping fees .....	2i(3)	367322	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	1071697	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	115641	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		1562760
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		394773179

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		581639515
<b>l</b> 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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

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

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

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
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**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): 04-6568107

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

# **Chubb US 401(k) Plan**

Financial Statements  
and Supplemental Schedule  
December 31, 2024 and 2023

# Chubb US 401(k) Plan

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# Independent Auditors' Report

To the Plan Administrator of  
Chubb US 401(k) Plan

## ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements***

We have performed an audit of the financial statements of Chubb US 401(k) Plan (the 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, 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Chubb US 401(k) Plan's 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## ***Opinion on the 2024 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the 2024 Audit of the Financial Statements section:

- The amounts and disclosures in the 2024 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 2024 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 2024 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 Auditor's Responsibilities for the Audit of the 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 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 at least one year following 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 2024 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 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 from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating 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 Matter - 2024 Supplemental Schedule Required by ERISA***

The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 its form and content, is presented in conformity with the DOL'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, are presented, in all material respects, in conformity with the DOL'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).

***Other Matter— Auditors' Report on the 2023 Financial Statement***

The financial statements of the Plan as of December 31, 2023, was audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, management, having determined it was permissible in the circumstances, elected to have the audit performed pursuant to ERISA Section 103(a)(3)(C). Accordingly, the audit did 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, as the statements or information regarding assets so held were prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution). The predecessor auditor's report, dated August 28, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America and (b) the information in the accompanying 2023 financial statements related to assets held by and certified to by a qualified institution agreed to, or was 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). Their report also indicated that the form and content of the 2023 supplemental schedule(s), other than the information in the 2022 supplemental schedule(s) that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule(s) 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

Frisco, Texas

**October 10, 2025**

## Chubb US 401(k) Plan

### Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments		
Common collective trusts	\$ 2,442,088,897	\$ 2,201,472,012
Mutual funds	1,477,658,783	1,252,988,068
Separately managed accounts	699,990,449	625,116,181
Self-directed brokerage account	<u>127,363,874</u>	<u>97,703,041</u>
Investments, at fair value	<u>4,747,102,003</u>	<u>4,177,279,302</u>
Receivables		
Employer contributions receivable	161,481,895	153,607,116
Notes receivable from participants	<u>43,171,287</u>	<u>39,203,780</u>
Total receivables	<u>204,653,182</u>	<u>192,810,896</u>
Total assets	4,951,755,185	4,370,090,198
<b>Liabilities</b>		
Accrued administrative fees	<u>345,851</u>	<u>320,379</u>
Net assets available for benefits	<u>\$ 4,951,409,334</u>	<u>\$ 4,369,769,819</u>

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, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment activity		
Net appreciation in fair value of investments	\$ 521,661,347	\$ 617,507,864
Dividend and interest income	69,819,462	45,659,819
Self-directed brokerage account appreciation	18,243,761	13,945,885
	<u>609,724,570</u>	<u>677,113,568</u>
Net investment activity	609,724,570	677,113,568
Interest income on notes receivable from participants	<u>3,039,362</u>	<u>2,265,781</u>
Contributions		
Employer, net	158,837,508	149,257,391
Participant	165,438,779	156,457,981
Rollovers	39,372,475	38,481,555
	<u>363,648,762</u>	<u>344,196,927</u>
Total contributions	363,648,762	344,196,927
Total additions	<u>976,412,694</u>	<u>1,023,576,276</u>
Deductions from net assets attributed to:		
Benefits paid to participants	393,210,419	354,402,173
Administrative expenses, net	1,562,760	1,509,077
	<u>394,773,179</u>	<u>355,911,250</u>
Total deductions	394,773,179	355,911,250
Net increase	581,639,515	667,665,026
Net assets available for benefits		
Beginning of year	<u>4,369,769,819</u>	<u>3,702,104,793</u>
End of year	<u>\$ 4,951,409,334</u>	<u>\$ 4,369,769,819</u>

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

# Chubb US 401(k) Plan

## Notes to Financial Statements December 31, 2024 and 2023

### 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, LLC. and certain related companies (the “Companies” or “Employer”). The Plan is administered by the Chubb US Retirement Committee (the “Plan Administrator”). The Plan is sponsored by Chubb INA Holdings, LLC. Fidelity Management Trust Company (the “Trustee”) has the authority to hold, manage and protect the assets of the Plan in accordance with the provisions of the Plan and the trust agreement.

#### 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 United States (“U.S.”) as a full-time or part-time salaried employee. Employees are also eligible if they are a U.S. citizen or green card holder working for a Chubb INA Holdings, LLC. 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”).

Employees who are not eligible to participate are those covered under a collective bargaining agreement, leased employees, and employees classified as hourly.

#### 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 Service (“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 an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have a deferral rate set at 6% of eligible compensation. Contributions are invested in the default target retirement date investment option, based on the participant’s age, until changed by the participant.

In general, participants who are actively employed anytime during the Plan year and remain employed at December 31 will receive an employer contribution credited to their account. This contribution is a non-elective contribution and is not tied to an employees’ deferral election. Additionally, depending on date of service and Company, participants may also receive a matching contribution based on their deferral elections during the Plan year. The following table summarizes the eligible employer contribution, employer match and the definition of eligible compensation, by company and date of service:

Company	Date of Service	Eligible Employer 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

## Chubb US 401(k) Plan

Eligible legacy Chubb Corp.	before January 1, 2001	Participants receive a company contribution of 6%, plus dollar for dollar employer match up to the first 6% (max of 12%)	Base Salary, bonus, overtime and commissions
Eligible legacy Chubb Corp.	on or after January 1, 2001	Participants receive a company contribution of 6%, plus an employer match of 50 cents on the dollar up to the first 6% (max of 9%)	Base Salary only
ESIS	Not specified	Participants receive a dollar for dollar match up to the first 6%, plus are eligible for discretionary performance-based company contribution	Base Salary, bonus, overtime and commissions
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

Employer contributions are subject to all applicable IRS limitations. The Companies' contributions will be made once each year, in January following the end of the Plan year. Participants are eligible to receive Employer matching contributions immediately after becoming eligible to enter the Plan.

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 seven mutual funds, fifteen collective investment trusts, three separately managed accounts, and a self-directed brokerage account.

The Plan also offers a Roth 401(k) feature. All participating employees are permitted to make Roth 401(k) contributions instead of (or in combination with) regular 401(k) contributions. The Plan limits or IRS limits on elective contributions apply to Roth 401(k) contributions as well as regular 401(k) contributions. Unlike regular 401(k) contributions, 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 Roth 401(k) contribution is remitted to the Plan. However, earnings on these amounts will grow on a tax-free basis.

### 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 by the Plan. The benefit to which a participant is entitled is dependent on vesting.

### Revenue Sharing Credits

Certain investments within the Plan offer revenue sharing credits, which are allocated to participant accounts on a quarterly basis. Revenue sharing credits available and allocated were \$704,365 and \$639,411 as of December 31, 2024 and 2023, respectively. Administrative expenses as reported on the Statements of Changes in Net Assets Available for Benefits are net of revenue sharing credits.

## Chubb US 401(k) Plan

### **Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Participant accounts are charged administrative and record keeping fees, which are determined based on expenses that are paid by the Plan. Fees related to the administration of notes receivable from participants are charged directly to the participant's account. Investment related expenses are included in net appreciation in fair value of investments.

### **Vesting**

Participants are immediately vested in their contributions and earnings and are 100% vested in Employer contributions after two years of credited service. Upon acquisition, employees generally retain their credited services from the acquired companies.

### **Forfeitures**

Amounts that have been forfeited may be used to reduce the Companies' contributions. Forfeitures used to reduce the Companies' contributions were \$3,280,246 and \$2,649,318 for the years ended December 31, 2024 and 2023, respectively. Available forfeitures were \$3,335,518 and \$2,696,761 as of December 31, 2024 and 2023, respectively.

### **Notes Receivable from Participants**

Participants may borrow from their account a minimum of \$1,000 up to the IRS loan maximum which is the lesser of (1) \$50,000 minus the highest outstanding loan balance during the prior 12 months or (2) 50% of the participant's vested account balance not to exceed \$50,000.

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, 2024 and 2023, interest rates on outstanding loans ranged from 4.25% to 9.50%, maturing 2025 through 2034, and 4.25% to 9.50%, maturing 2024 through 2033, 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.

### **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. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. If a terminated participant's vested balance is less than \$5,000, the amount may be automatically distributed in the form of lump sum cash payment or individual retirement account ("IRA"), depending on if a participant elects to receive a distribution. In addition, the Plan allows for in-service and hardship distributions, if certain criteria are met.

## **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.

### **Investment Valuation and Income Recognition**

The Plan's investments, which are comprised of mutual funds, CCTs, separately managed accounts, and a self-directed brokerage account, are stated at fair value. Investments in CCTs and one separately managed account (PIMCO) are stated at the unit value of the portfolio which is based on the fair value of the underlying securities, as a practical expedient.

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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.

### Contributions

Contributions from plan participants are recorded in the year in which the participant contributions are withheld from compensation. Employer contributions are paid in January of the following year, but are recorded on an accrual basis in the year service is rendered.

### 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 net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

### Presentation Reclassification

Certain amounts in 2023 have been reclassified to conform with the 2024 presentation.

## 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, the Trustee of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefit as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity and interest income on notes receivable from participants reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

	2024	2023
Statements of Net Assets Available for Benefits:		
Investments at fair value	\$ 4,747,102,003	\$ 4,177,279,302
Notes receivable from participants	43,171,287	39,203,780
Total net assets available for benefits, certified	<u>\$ 4,790,273,290</u>	<u>\$ 4,216,483,082</u>
Statements of Changes in Net Assets Available for Benefits:		
Interest income on notes receivable from participants	\$ 3,039,362	\$ 2,265,781
Net appreciation in fair value of investments	539,905,108	631,453,749
Dividend and interest income	69,819,462	45,659,819
Total changes in net assets available for benefits, certified	<u>\$ 612,763,932</u>	<u>\$ 679,379,349</u>

## 4. Fair Value Measurements

The Plan values its investment assets in accordance with the Financial Accounting Standards Board ("FASB") fair value measurements guidance. Fair value is defined as the price that would be received to sell an asset

## Chubb US 401(k) Plan

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:

**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 expectations about the assumptions that 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 management's understanding of the market.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**Common collective trusts:** Consist primarily of target date and stable value funds. Common collective trusts held by the Plan are valued at net asset value ("NAV"), which is based on the fair value of the underlying investments held by the fund less its liabilities. Investments measured at NAV as a practical expedient are excluded from the fair value hierarchy table below, as there are no significant restriction on redemptions.

**Mutual funds:** Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and classified within Level 1 of the valuation hierarchy.

**Separately managed accounts:** Consists primarily of common stock, interest bearing cash account and interest in common collective trusts. Valuation methodologies are described below.

**Self-directed brokerage accounts:** Consists primarily of mutual funds, common stock, preferred stock and money market funds. Valuation methodologies are described below.

**Money market funds** Valued at a cost of \$1 per unit, which represents the NAV. Classified within Level 1 of the valuation hierarchy.

**Common and preferred stock:** Valued at the closing price reported on the active market on which the individual securities are traded. Classified within Level 1 of the valuation hierarchy.

The following tables set forth by level within the fair value hierarchy the Plan's investment assets at fair value as of December 31, 2024 and 2023. There were no assets included in Level 2 or Level 3 as of December 31, 2024 and 2023.

## Chubb US 401(k) Plan

	Level 1	Level 2	Level 3	Total
<u>December 31, 2024</u>				
Mutual funds	\$ 1,477,658,783	-	-	1,477,658,783
Separately managed accounts:				
Separately managed holdings: common stock	538,916,926	-	-	538,916,926
Separately managed holdings: cash	5,755,659	-	-	5,755,659
Separately managed accounts total	544,672,585	-	-	544,672,585
Self-directed brokerage account	127,363,874	-	-	127,363,874
Total investments in the fair value hierarchy	<u>\$ 2,149,695,242</u>	<u>-</u>	<u>-</u>	<u>2,149,695,242</u>
Investments measured at net asset value:				
Common collective trusts (a):				2,442,088,897
Separately managed account (a):				
Separately managed holdings: interest in common collective trust				155,032,280
Separately managed holdings: cash				285,584
Separately managed account total				<u>155,317,864</u>
Total investments at fair value				<u>\$ 4,747,102,003</u>
	Level 1	Level 2	Level 3	Total
<u>December 31, 2023</u>				
Mutual funds	\$ 1,252,988,068	-	-	1,252,988,068
Separately managed accounts:				
Separately managed holdings: common stock	448,351,000			448,351,000
Separately managed holdings: cash	2,100,491			2,100,491
Separately managed accounts total	450,451,491	-	-	450,451,491
Self-directed brokerage account	97,703,041	-	-	97,703,041
Total investments in the fair value hierarchy	<u>\$ 1,801,142,600</u>	<u>-</u>	<u>-</u>	<u>1,801,142,600</u>
Investments measured at net asset value:				
Common collective trusts (a):				2,201,472,012
Separately managed account (a):				
Separately managed holdings: interest in common collective trust				174,629,440
Separately managed holdings: cash				35,250
Separately managed account total				<u>174,664,690</u>
Total investments at fair value				<u>\$ 4,177,279,302</u>

(a) In accordance with Accounting Standards Codification Subtopic 820-10, certain investments that were measured at NAV 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 levels during the years ended December 31, 2024 and 2023. 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 NAV per share as of December 31, 2024 and 2023.

## Chubb US 401(k) Plan

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trust: target date	\$ 2,289,579,039	n/a	Daily	Daily
Common collective trust: stable value	152,509,858	n/a	Daily	Daily
Separately managed account: fixed income	155,317,864	n/a	Daily	Daily

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trust: target date	\$ 2,034,157,349	n/a	Daily	Daily
Common collective trust: stable value	167,314,663	n/a	Daily	Daily
Separately managed account: fixed income	174,664,690	n/a	Daily	Daily

### 5. Tax Status

On December 15, 2014, the IRS determined and informed the Companies by letter that the Plan is qualified under IRS 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 2021.

### 6. Related Party Transactions

Participants have the ability to select investment options managed by the Trustee or an affiliate of the Trustee through the self-directed brokerage investment account. Transactions with investment options managed by the Trustee qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA. The Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as exempt party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan.

### 7. Risk and Uncertainties

The Plan provides various investment options to participants. The investments are exposed to various risks, such as interest rate, market, concentration, 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.

The Plan had investments of \$837,895,343 and \$662,677,129 in the Vanguard Institutional Index fund as of December 31, 2024 and 2023, respectively. This fund represents a holding of over 10% of total Net Assets Available for Benefits within the Plan.

## Chubb US 401(k) Plan

### 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 October 10, 2025, the date the financial statements were available to be issued. No material subsequent events have occurred since December 31, 2024, that would require recognition or disclosure in the financial statements.

# 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, 2024

[See pages 16 - 19]

(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
<u>Common collective trusts</u>				
	T. Rowe Price	T. Rowe Price Retirement 2030 Fund	(1)	\$ 365,711,366
	T. Rowe Price	T. Rowe Price Retirement 2035 Fund	(1)	329,500,545
	T. Rowe Price	T. Rowe Price Retirement 2040 Fund	(1)	278,784,137
	T. Rowe Price	T. Rowe Price International Growth Equity Fund	(1)	277,071,836
	T. Rowe Price	T. Rowe Price Retirement 2025 Fund	(1)	254,184,361
	T. Rowe Price	T. Rowe Price Retirement 2045 Fund	(1)	233,735,470
	T. Rowe Price	T. Rowe Price Retirement 2050 Fund	(1)	173,200,383
	T. Rowe Price	T. Rowe Price Stable Value Common Trust Fund	(1)	152,509,858
	T. Rowe Price	T. Rowe Price Retirement 2055 Fund	(1)	140,043,932
	T. Rowe Price	T. Rowe Price Retirement 2060 Fund	(1)	102,049,720
	T. Rowe Price	T. Rowe Price Retirement 2020 Fund	(1)	86,387,259
	T. Rowe Price	T. Rowe Price Retirement 2015 Fund	(1)	25,136,567
	T. Rowe Price	T. Rowe Price Retirement Balanced Fund	(1)	14,885,898
	T. Rowe Price	T. Rowe Price Retirement 2010 Fund	(1)	4,668,328
	T. Rowe Price	T. Rowe Price Retirement 2005 Fund	(1)	4,219,237
	<b>Common collective trusts total</b>			<b>2,442,088,897</b>
<u>Mutual funds</u>				
	Vanguard	Vanguard Institutional Index Fund	(1)	\$ 837,895,343
	T. Rowe Price	T. Rowe Price Inst'l Mid-Cap Equity Growth Fund	(1)	203,374,659
	T. Rowe Price	T. Rowe Price New Horizons Fund	(1)	177,479,677
	Vanguard	Vanguard Treasury Money Market Fund	(1)	102,188,955
	Vanguard	Vanguard Total Bond Market Index Fund	(1)	80,283,433
	Vanguard	Vanguard Inflation-Protected Securities Fund Institutional Shares	(1)	64,661,448
	Goldman Sachs	Goldman Sachs International Small Cap Insights Fund	(1)	11,775,268
	<b>Mutual funds total</b>			<b>1,477,658,783</b>
<u>Separately managed accounts</u>				
	T. Rowe Price	NVIDIA CORP	(1)	\$ 52,576,146
	T. Rowe Price	MICROSOFT CORP	(1)	50,349,861
	PIMCO	PIMCO INV GRD CORP PORT (UNLISTED)	(1)	41,026,920
	T. Rowe Price	APPLE INC	(1)	40,807,942
	PIMCO	PIMCO ASSET BACK SECS PORT-UNL	(1)	38,803,942
	T. Rowe Price	AMAZON.COM INC	(1)	37,561,543
	T. Rowe Price	ALPHABET INC CL C	(1)	26,916,599
	T. Rowe Price	META PLATFORMS INC CL A	(1)	26,897,744
	PIMCO	PIMCO US GOVT SECTOR PORT INST	(1)	20,631,888
	PIMCO	PIMCO MTG PORT INSTL CL (UNLISTED)	(1)	20,027,303
	T. Rowe Price	TESLA INC	(1)	13,847,270
	T. Rowe Price	ELI LILLY & CO	(1)	12,738,000
	T. Rowe Price	VISA INC CL A	(1)	12,301,541
	PIMCO	PIMCO INTL PORT FUND (UNLISTED)	(1)	10,137,046
	T. Rowe Price	MASTERCARD INC CL A	(1)	10,098,033
	T. Rowe Price	SERVICENOW INC	(1)	9,989,511
	T. Rowe Price	NETFLIX INC	(1)	8,903,395
	T. Rowe Price	BROADCOM INC	(1)	8,276,688
	PIMCO	PIMCO REAL RETRN BD FD INST CL	(1)	8,236,007
	T. Rowe Price	CARVANA CO CL A	(1)	7,401,694
	PIMCO	PIMCO EMMERG MKTS FD INST CL	(1)	7,219,602
	T. Rowe Price	INTUITIVE SURGICAL INC	(1)	6,946,766
	T. Rowe Price	UNITEDHEALTH GROUP INC	(1)	5,806,261
	T. Rowe Price	ALPHABET INC CL A	(1)	5,689,412
	PIMCO	PIMCO SHORT TM FLT NAV PORT II	(1)	5,245,396
	Wellington	Interest Bearing Cash and Other	(1)	5,152,729
	Wellington	JPMORGAN CHASE & CO	(1)	4,796,357
	T. Rowe Price	T-MOBILE US INC	(1)	4,336,903

(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
	T. Rowe Price	THE BOOKING HOLDINGS INC	(1)	\$ 4,108,883
	T. Rowe Price	CHIPOTLE MEXICAN GRILL INC	(1)	3,887,481
	Wellington	CONOCOPHILLIPS	(1)	3,661,555
	T. Rowe Price	SYNOPSIS INC	(1)	3,476,634
	T. Rowe Price	ASML HLDG NV (NY REG SHS) NEW YORK REGIS ES	(1)	3,366,290
	Wellington	JOHNSON & JOHNSON	(1)	3,257,276
	Wellington	PFIZER INC	(1)	3,208,034
	Wellington	UNITEDHEALTH GROUP INC	(1)	3,188,941
	T. Rowe Price	SHOPIFY INC CL A	(1)	3,101,859
	T. Rowe Price	MARSH & MCLENNAN COS INC	(1)	3,015,797
	Wellington	GILEAD SCIENCES INC	(1)	2,993,896
	T. Rowe Price	CONSTELLATION ENERGY CORP	(1)	2,988,094
	T. Rowe Price	DANAHER CORP	(1)	2,874,196
	T. Rowe Price	INTUIT INC	(1)	2,720,148
	T. Rowe Price	GE AEROSPACE	(1)	2,718,677
	T. Rowe Price	THERMO FISHER SCIENTIFIC INC	(1)	2,677,624
	T. Rowe Price	TRAVELERS COMPANIES INC	(1)	2,669,543
	Wellington	MERCK & CO INC NEW	(1)	2,512,964
	Wellington	CISCO SYSTEMS INC	(1)	2,496,760
	Wellington	AMERICAN INTERNATIONAL GROUP	(1)	2,252,359
	T. Rowe Price	ROPER TECHNOLOGIES INC	(1)	2,201,045
	T. Rowe Price	STRYKER CORP	(1)	2,199,906
	Wellington	GAMING AND LEISURE PROPERTIES INC	(1)	2,119,570
	Wellington	COTERRA ENERGY INC	(1)	2,091,930
	Wellington	MORGAN STANLEY	(1)	2,016,800
	Wellington	SEMPRA	(1)	2,009,051
	T. Rowe Price	ROSS STORES INC	(1)	2,000,394
	Wellington	PACCAR INC	(1)	1,956,824
	T. Rowe Price	TAIWAN SEMIC MFG CO LTD SP ADR	(1)	1,955,743
	T. Rowe Price	MORGAN STANLEY	(1)	1,950,169
	PIMCO	PIMCO MUNI SECTR PORT INSTL CL	(1)	1,888,663
	Wellington	KEURIG DR PEPPER INC	(1)	1,877,960
	T. Rowe Price	GOLDMAN SACHS GROUP INC	(1)	1,866,741
	Wellington	BANK OF AMERICA CORPORATION	(1)	1,820,057
	T. Rowe Price	TJX COMPANIES INC NEW	(1)	1,817,224
	PIMCO	HIGH YIELD PORTFOLIO INSTL CL	(1)	1,815,514
	Wellington	EQT CORPORATION	(1)	1,811,247
	Wellington	EMERSON ELECTRIC CO	(1)	1,798,596
	Wellington	CROWN CASTLE INC	(1)	1,786,520
	Wellington	ELEVANCE HEALTH INC	(1)	1,781,418
	Wellington	PPL CORPORATION	(1)	1,765,142
	Wellington	L3HARRIS TECHNOLOGIES INC	(1)	1,757,731
	T. Rowe Price	S&P GLOBAL INC	(1)	1,745,097
	T. Rowe Price	MONOLITHIC POWER SYS INC	(1)	1,679,245
	T. Rowe Price	DOORDASH INC	(1)	1,653,847
	Wellington	PERNOD-RICARD	(1)	1,609,386
	Wellington	ARES MANAGEMENT CORP CL A	(1)	1,600,705
	Wellington	AMDOCS LTD	(1)	1,594,842
	T. Rowe Price	TE CONNECTIVITY PLC	(1)	1,592,400
	Wellington	ARCHER DANIELS MIDLAND CO	(1)	1,583,398
	Wellington	TE CONNECTIVITY PLC	(1)	1,551,082
	Wellington	T-MOBILE US INC	(1)	1,545,772
	T. Rowe Price	SHERWIN WILLIAMS CO	(1)	1,544,982
	T. Rowe Price	LINDE PLC	(1)	1,527,727
	Wellington	WEYERHAEUSER CO	(1)	1,517,004
	Wellington	METLIFE INC	(1)	1,512,078
	Wellington	NXP SEMICONDUCTORS NV	(1)	1,499,846
	Wellington	RAYMOND JAMES FINANCIAL INC	(1)	1,495,051
	T. Rowe Price	COLGATE-PALMOLIVE CO	(1)	1,490,924
	Wellington	PHILIP MORRIS INTL INC	(1)	1,486,202
	Wellington	UNILEVER PLC SPONS ADR	(1)	1,485,483
	Wellington	AMERICAN ELECTRIC POWER CO INC	(1)	1,458,710
	T. Rowe Price	SEA LTD ADR	(1)	1,452,827
	Wellington	LAMAR ADVERTISING CO CL A	(1)	1,446,271

(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
	Wellington	RIO TINTO PLC SPON ADR	(1)	\$ 1,445,726
	Wellington	JOHNSON CONTROLS INTL PLC	(1)	1,437,000
	Wellington	PPG INDUSTRIES INC	(1)	1,426,950
	Wellington	ROCHE HOLDINGS AG	(1)	1,416,082
	Wellington	BAE SYSTEMS PLC	(1)	1,393,781
	Wellington	KENVUE INC	(1)	1,385,978
	Wellington	HONEYWELL INTL INC	(1)	1,383,350
	Wellington	UNITED PARCEL SERVICE INC CL B	(1)	1,351,792
	T. Rowe Price	SCHWAB CHARLES CORP	(1)	1,315,010
	Wellington	DARDEN RESTAURANTS INC	(1)	1,299,922
	Wellington	ASTRAZENECA PLC SPONS ADR	(1)	1,298,934
	Wellington	WEC ENERGY GROUP INC	(1)	1,288,348
	Wellington	REGIONS FINANCIAL CORP	(1)	1,278,030
	Wellington	CORNING INC	(1)	1,259,232
	Wellington	ACCENTURE PLC CL A	(1)	1,249,206
	Wellington	TRACTOR SUPPLY CO.	(1)	1,248,237
	Wellington	DOMINION ENERGY INC	(1)	1,246,697
	T. Rowe Price	PROCTER & GAMBLE CO	(1)	1,240,610
	Wellington	TOTALENERGIES SE	(1)	1,222,204
	T. Rowe Price	CROWDSTRIKE HOLDINGS INC	(1)	1,149,658
	Wellington	EVERSOURCE ENERGY	(1)	1,143,431
	T. Rowe Price	TRANSDIGM GROUP INC	(1)	1,140,552
	Wellington	BROADCOM INC	(1)	1,136,016
	T. Rowe Price	OLD DOMINION FREIGHT LINES INC	(1)	1,129,666
	Wellington	M&T BANK CORP	(1)	1,128,060
	T. Rowe Price	GE VERNOVA INC	(1)	1,093,692
	Wellington	ROYAL BANK OF CANADA	(1)	1,091,562
	Wellington	TPG INC	(1)	1,091,342
	Wellington	INDITEX SA UNSPN ADR	(1)	1,090,144
	Wellington	SIEMENS AG SPON ADR	(1)	1,071,311
	T. Rowe Price	FISERV INC	(1)	1,068,184
	T. Rowe Price	HUMANA INC	(1)	1,064,060
	T. Rowe Price	ELEVANCE HEALTH INC	(1)	1,019,640
	Wellington	BARRICK GOLD CORP	(1)	1,006,694
	Wellington	LYONDELLBASELL INDS CLASS A	(1)	898,444
	Wellington	GENERAL DYNAMICS CORPORATION	(1)	866,619
	Wellington	DEERE & CO	(1)	866,467
	T. Rowe Price	SCHLUMBERGER LTD	(1)	858,816
	T. Rowe Price	CINTAS CORP	(1)	843,343
	T. Rowe Price	LULULEMON ATHLETICA INC	(1)	820,269
	Wellington	QUALCOMM INC	(1)	809,885
	T. Rowe Price	ADYEN BV ADR	(1)	776,320
	Wellington	MARATHON PETROLEUM CORP	(1)	767,250
	Wellington	OMNICOM GROUP INC	(1)	762,400
	T. Rowe Price	BILL HOLDINGS	(1)	730,793
	T. Rowe Price	DATADOG INC CL A	(1)	726,167
	Wellington	NIKE INC CL B	(1)	701,612
	Wellington	CANADIAN NATL RAILWAY CO	(1)	700,985
	Wellington	STARBUCKS CORP	(1)	690,306
	T. Rowe Price	MONDELEZ INTL INC	(1)	678,354
	Wellington	ATMOS ENERGY CORP	(1)	620,726
	Wellington	NORTHROP GRUMMAN CORP	(1)	605,853
	T. Rowe Price	Interest Bearing Cash and Other	(1)	602,930
	T. Rowe Price	TEXAS INSTRUMENTS INC	(1)	578,843
	T. Rowe Price	MONGODB INC CL A	(1)	378,083
	T. Rowe Price	CONFLUENT INC	(1)	358,447
	Wellington	CAPITAL ONE FINANCIAL CORP	(1)	350,042
	PIMCO	Non-Interest Bearing Cash and Other	(1)	285,584
	T. Rowe Price	VERALTO CORP	(1)	284,874
	T. Rowe Price	ATLASSIAN CORP PLC CLS A	(1)	253,845

(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
	T. Rowe Price	ASTRAZENECA PLC SPONS ADR	(1)	\$ 229,320
	T. Rowe Price	LAM RESEARCH CORP	(1)	161,073
	T. Rowe Price	ADVANCED MICRO DEVICES INC	(1)	146,035
	T. Rowe Price	MSCI INC	(1)	124,202
	T. Rowe Price	DOLLAR GENERAL CORP	(1)	124,193
	T. Rowe Price	SNOWFLAKE INC CL A	(1)	107,161
	T. Rowe Price	NIKE INC CL B	(1)	90,350
	T. Rowe Price	SHOPIFY INC CL A	(1)	86,210
	T. Rowe Price	FORTINET INC	(1)	82,198
	T. Rowe Price	ZOETIS INC CL A	(1)	76,088
	Wellington	PHILLIPS 66	(1)	74,624
	<b>Separately managed accounts total</b>			<b>699,990,449</b>
*	Notes receivable from participants	4.25% - 9.50% maturing 2025 through 2034	-0-	43,171,287
	<u>Self-Directed Brokerage Account</u>			
*	Brokeragelink External Fund	Self-directed brokerage account	(1)	\$ 127,363,874
	<b>Self-directed brokerage account total</b>			<b>127,363,874</b>
				<u>\$ 4,790,273,290</u>

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

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

(1) Cost has been omitted as all investments are participant-directed.

**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, 2024**

[See pages 16 - 19]

# 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, 2024

(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
<u>Common collective trusts</u>				
	T. Rowe Price	T. Rowe Price Retirement 2030 Fund	(1)	\$ 365,711,366
	T. Rowe Price	T. Rowe Price Retirement 2035 Fund	(1)	329,500,545
	T. Rowe Price	T. Rowe Price Retirement 2040 Fund	(1)	278,784,137
	T. Rowe Price	T. Rowe Price International Growth Equity Fund	(1)	277,071,836
	T. Rowe Price	T. Rowe Price Retirement 2025 Fund	(1)	254,184,361
	T. Rowe Price	T. Rowe Price Retirement 2045 Fund	(1)	233,735,470
	T. Rowe Price	T. Rowe Price Retirement 2050 Fund	(1)	173,200,383
	T. Rowe Price	T. Rowe Price Stable Value Common Trust Fund	(1)	152,509,858
	T. Rowe Price	T. Rowe Price Retirement 2055 Fund	(1)	140,043,932
	T. Rowe Price	T. Rowe Price Retirement 2060 Fund	(1)	102,049,720
	T. Rowe Price	T. Rowe Price Retirement 2020 Fund	(1)	86,387,259
	T. Rowe Price	T. Rowe Price Retirement 2015 Fund	(1)	25,136,567
	T. Rowe Price	T. Rowe Price Retirement Balanced Fund	(1)	14,885,898
	T. Rowe Price	T. Rowe Price Retirement 2010 Fund	(1)	4,668,328
	T. Rowe Price	T. Rowe Price Retirement 2005 Fund	(1)	4,219,237
	<b>Common collective trusts total</b>			<b>2,442,088,897</b>
<u>Mutual funds</u>				
	Vanguard	Vanguard Institutional Index Fund	(1)	\$ 837,895,343
	T. Rowe Price	T. Rowe Price Inst'l Mid-Cap Equity Growth Fund	(1)	203,374,659
	T. Rowe Price	T. Rowe Price New Horizons Fund	(1)	177,479,677
	Vanguard	Vanguard Treasury Money Market Fund	(1)	102,188,955
	Vanguard	Vanguard Total Bond Market Index Fund	(1)	80,283,433
	Vanguard	Vanguard Inflation-Protected Securities Fund Institutional Shares	(1)	64,661,448
	Goldman Sachs	Goldman Sachs International Small Cap Insights Fund	(1)	11,775,268
	<b>Mutual funds total</b>			<b>1,477,658,783</b>
<u>Separately managed accounts</u>				
	T. Rowe Price	NVIDIA CORP	(1)	\$ 52,576,146
	T. Rowe Price	MICROSOFT CORP	(1)	50,349,861
	PIMCO	PIMCO INV GRD CORP PORT (UNLISTED)	(1)	41,026,920
	T. Rowe Price	APPLE INC	(1)	40,807,942
	PIMCO	PIMCO ASSET BACK SECS PORT-UNL	(1)	38,803,942
	T. Rowe Price	AMAZON.COM INC	(1)	37,561,543
	T. Rowe Price	ALPHABET INC CL C	(1)	26,916,599
	T. Rowe Price	META PLATFORMS INC CL A	(1)	26,897,744
	PIMCO	PIMCO US GOVT SECTOR PORT INST	(1)	20,631,888
	PIMCO	PIMCO MTG PORT INSTL CL (UNLISTED)	(1)	20,027,303
	T. Rowe Price	TESLA INC	(1)	13,847,270
	T. Rowe Price	ELI LILLY & CO	(1)	12,738,000
	T. Rowe Price	VISA INC CL A	(1)	12,301,541
	PIMCO	PIMCO INTL PORT FUND (UNLISTED)	(1)	10,137,046
	T. Rowe Price	MASTERCARD INC CL A	(1)	10,098,033
	T. Rowe Price	SERVICENOW INC	(1)	9,989,511
	T. Rowe Price	NETFLIX INC	(1)	8,903,395
	T. Rowe Price	BROADCOM INC	(1)	8,276,688
	PIMCO	PIMCO REAL RETRN BD FD INST CL	(1)	8,236,007
	T. Rowe Price	CARVANA CO CL A	(1)	7,401,694
	PIMCO	PIMCO EMMERG MKTS FD INST CL	(1)	7,219,602
	T. Rowe Price	INTUITIVE SURGICAL INC	(1)	6,946,766
	T. Rowe Price	UNITEDHEALTH GROUP INC	(1)	5,806,261
	T. Rowe Price	ALPHABET INC CL A	(1)	5,689,412
	PIMCO	PIMCO SHORT TM FLT NAV PORT II	(1)	5,245,396
	Wellington	Interest Bearing Cash and Other	(1)	5,152,729
	Wellington	JPMORGAN CHASE & CO	(1)	4,796,357
	T. Rowe Price	T-MOBILE US INC	(1)	4,336,903

# 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, 2024

(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
	T. Rowe Price	THE BOOKING HOLDINGS INC	(1)	\$ 4,108,883
	T. Rowe Price	CHIPOTLE MEXICAN GRILL INC	(1)	3,887,481
	Wellington	CONOCOPHILLIPS	(1)	3,661,555
	T. Rowe Price	SYNOPSIS INC	(1)	3,476,634
	T. Rowe Price	ASML HLDG NV (NY REG SHS) NEW YORK REGIS ES	(1)	3,366,290
	Wellington	JOHNSON & JOHNSON	(1)	3,257,276
	Wellington	PFIZER INC	(1)	3,208,034
	Wellington	UNITEDHEALTH GROUP INC	(1)	3,188,941
	T. Rowe Price	SHOPIFY INC CL A	(1)	3,101,859
	T. Rowe Price	MARSH & MCLENNAN COS INC	(1)	3,015,797
	Wellington	GILEAD SCIENCES INC	(1)	2,993,896
	T. Rowe Price	CONSTELLATION ENERGY CORP	(1)	2,988,094
	T. Rowe Price	DANAHER CORP	(1)	2,874,196
	T. Rowe Price	INTUIT INC	(1)	2,720,148
	T. Rowe Price	GE AEROSPACE	(1)	2,718,677
	T. Rowe Price	THERMO FISHER SCIENTIFIC INC	(1)	2,677,624
	T. Rowe Price	TRAVELERS COMPANIES INC	(1)	2,669,543
	Wellington	MERCK & CO INC NEW	(1)	2,512,964
	Wellington	CISCO SYSTEMS INC	(1)	2,496,760
	Wellington	AMERICAN INTERNATIONAL GROUP	(1)	2,252,359
	T. Rowe Price	ROPER TECHNOLOGIES INC	(1)	2,201,045
	T. Rowe Price	STRYKER CORP	(1)	2,199,906
	Wellington	GAMING AND LEISURE PROPERTIES INC	(1)	2,119,570
	Wellington	COTERRA ENERGY INC	(1)	2,091,930
	Wellington	MORGAN STANLEY	(1)	2,016,800
	Wellington	SEMPRA	(1)	2,009,051
	T. Rowe Price	ROSS STORES INC	(1)	2,000,394
	Wellington	PACCAR INC	(1)	1,956,824
	T. Rowe Price	TAIWAN SEMIC MFG CO LTD SP ADR	(1)	1,955,743
	T. Rowe Price	MORGAN STANLEY	(1)	1,950,169
	PIMCO	PIMCO MUNI SECTR PORT INSTL CL	(1)	1,888,663
	Wellington	KEURIG DR PEPPER INC	(1)	1,877,960
	T. Rowe Price	GOLDMAN SACHS GROUP INC	(1)	1,866,741
	Wellington	BANK OF AMERICA CORPORATION	(1)	1,820,057
	T. Rowe Price	TJX COMPANIES INC NEW	(1)	1,817,224
	PIMCO	HIGH YIELD PORTFOLIO INSTL CL	(1)	1,815,514
	Wellington	EQT CORPORATION	(1)	1,811,247
	Wellington	EMERSON ELECTRIC CO	(1)	1,798,596
	Wellington	CROWN CASTLE INC	(1)	1,786,520
	Wellington	ELEVANCE HEALTH INC	(1)	1,781,418
	Wellington	PPL CORPORATION	(1)	1,765,142
	Wellington	L3HARRIS TECHNOLOGIES INC	(1)	1,757,731
	T. Rowe Price	S&P GLOBAL INC	(1)	1,745,097
	T. Rowe Price	MONOLITHIC POWER SYS INC	(1)	1,679,245
	T. Rowe Price	DOORDASH INC	(1)	1,653,847
	Wellington	PERNOD-RICARD	(1)	1,609,386
	Wellington	ARES MANAGEMENT CORP CL A	(1)	1,600,705
	Wellington	AMDOCS LTD	(1)	1,594,842
	T. Rowe Price	TE CONNECTIVITY PLC	(1)	1,592,400
	Wellington	ARCHER DANIELS MIDLAND CO	(1)	1,583,398
	Wellington	TE CONNECTIVITY PLC	(1)	1,551,082
	Wellington	T-MOBILE US INC	(1)	1,545,772
	T. Rowe Price	SHERWIN WILLIAMS CO	(1)	1,544,982
	T. Rowe Price	LINDE PLC	(1)	1,527,727
	Wellington	WEYERHAEUSER CO	(1)	1,517,004
	Wellington	METLIFE INC	(1)	1,512,078
	Wellington	NXP SEMICONDUCTORS NV	(1)	1,499,846
	Wellington	RAYMOND JAMES FINANCIAL INC	(1)	1,495,051
	T. Rowe Price	COLGATE-PALMOLIVE CO	(1)	1,490,924
	Wellington	PHILIP MORRIS INTL INC	(1)	1,486,202
	Wellington	UNILEVER PLC SPONS ADR	(1)	1,485,483
	Wellington	AMERICAN ELECTRIC POWER CO INC	(1)	1,458,710
	T. Rowe Price	SEA LTD ADR	(1)	1,452,827
	Wellington	LAMAR ADVERTISING CO CL A	(1)	1,446,271

# 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, 2024

(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
	Wellington	RIO TINTO PLC SPON ADR	(1)	\$ 1,445,726
	Wellington	JOHNSON CONTROLS INTL PLC	(1)	1,437,000
	Wellington	PPG INDUSTRIES INC	(1)	1,426,950
	Wellington	ROCHE HOLDINGS AG	(1)	1,416,082
	Wellington	BAE SYSTEMS PLC	(1)	1,393,781
	Wellington	KENVUE INC	(1)	1,385,978
	Wellington	HONEYWELL INTL INC	(1)	1,383,350
	Wellington	UNITED PARCEL SERVICE INC CL B	(1)	1,351,792
	T. Rowe Price	SCHWAB CHARLES CORP	(1)	1,315,010
	Wellington	DARDEN RESTAURANTS INC	(1)	1,299,922
	Wellington	ASTRAZENECA PLC SPONS ADR	(1)	1,298,934
	Wellington	WEC ENERGY GROUP INC	(1)	1,288,348
	Wellington	REGIONS FINANCIAL CORP	(1)	1,278,030
	Wellington	CORNING INC	(1)	1,259,232
	Wellington	ACCENTURE PLC CL A	(1)	1,249,206
	Wellington	TRACTOR SUPPLY CO.	(1)	1,248,237
	Wellington	DOMINION ENERGY INC	(1)	1,246,697
	T. Rowe Price	PROCTER & GAMBLE CO	(1)	1,240,610
	Wellington	TOTALENERGIES SE	(1)	1,222,204
	T. Rowe Price	CROWDSTRIKE HOLDINGS INC	(1)	1,149,658
	Wellington	EVERSOURCE ENERGY	(1)	1,143,431
	T. Rowe Price	TRANSDIGM GROUP INC	(1)	1,140,552
	Wellington	BROADCOM INC	(1)	1,136,016
	T. Rowe Price	OLD DOMINION FREIGHT LINES INC	(1)	1,129,666
	Wellington	M&T BANK CORP	(1)	1,128,060
	T. Rowe Price	GE VERNOVA INC	(1)	1,093,692
	Wellington	ROYAL BANK OF CANADA	(1)	1,091,562
	Wellington	TPG INC	(1)	1,091,342
	Wellington	INDITEX SA UNSPN ADR	(1)	1,090,144
	Wellington	SIEMENS AG SPON ADR	(1)	1,071,311
	T. Rowe Price	FISERV INC	(1)	1,068,184
	T. Rowe Price	HUMANA INC	(1)	1,064,060
	T. Rowe Price	ELEVANCE HEALTH INC	(1)	1,019,640
	Wellington	BARRICK GOLD CORP	(1)	1,006,694
	Wellington	LYONDELLBASELL INDS CLASS A	(1)	898,444
	Wellington	GENERAL DYNAMICS CORPORATION	(1)	866,619
	Wellington	DEERE & CO	(1)	866,467
	T. Rowe Price	SCHLUMBERGER LTD	(1)	858,816
	T. Rowe Price	CINTAS CORP	(1)	843,343
	T. Rowe Price	LULULEMON ATHLETICA INC	(1)	820,269
	Wellington	QUALCOMM INC	(1)	809,885
	T. Rowe Price	ADYEN BV ADR	(1)	776,320
	Wellington	MARATHON PETROLEUM CORP	(1)	767,250
	Wellington	OMNICOM GROUP INC	(1)	762,400
	T. Rowe Price	BILL HOLDINGS	(1)	730,793
	T. Rowe Price	DATADOG INC CL A	(1)	726,167
	Wellington	NIKE INC CL B	(1)	701,612
	Wellington	CANADIAN NATL RAILWAY CO	(1)	700,985
	Wellington	STARBUCKS CORP	(1)	690,306
	T. Rowe Price	MONDELEZ INTL INC	(1)	678,354
	Wellington	ATMOS ENERGY CORP	(1)	620,726
	Wellington	NORTHROP GRUMMAN CORP	(1)	605,853
	T. Rowe Price	Interest Bearing Cash and Other	(1)	602,930
	T. Rowe Price	TEXAS INSTRUMENTS INC	(1)	578,843
	T. Rowe Price	MONGODB INC CL A	(1)	378,083
	T. Rowe Price	CONFLUENT INC	(1)	358,447
	Wellington	CAPITAL ONE FINANCIAL CORP	(1)	350,042
	PIMCO	Non-Interest Bearing Cash and Other	(1)	285,584
	T. Rowe Price	VERALTO CORP	(1)	284,874
	T. Rowe Price	ATLASSIAN CORP PLC CLS A	(1)	253,845

## Chubb US 401(k) Plan

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Plan ID 95-2371728, Plan No: 105

December 31, 2024

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	T. Rowe Price	ADVANCED MICRO DEVICES INC	(1)	146,035
	T. Rowe Price	MSCI INC	(1)	124,202
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	T. Rowe Price	ZOETIS INC CL A	(1)	76,088
	Wellington	PHILLIPS 66	(1)	74,624
	<b>Separately managed accounts total</b>			<b>699,990,449</b>
*	Notes receivable from participants	4.25% - 9.50% maturing 2025 through 2034	-0-	43,171,287
	<u>Self-Directed Brokerage Account</u>			
*	Brokeragelink External Fund	Self-directed brokerage account	(1)	\$ 127,363,874
	<b>Self-directed brokerage account total</b>			<b>127,363,874</b>
				<u>\$ 4,790,273,290</u>

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

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

(1) Cost has been omitted as all investments are participant-directed.

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. 1510 - 0110  
1510 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan... [ ] the first return/report [ ] an amended return/report... [ ] a DFE (specify) [ ] the final return/report [ ] a short plan year return/report...
B This return/report is: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension...
C If the plan is a collectively-bargained plan, check here [ ]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension...
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
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): CHUBB INA HOLDINGS INC. (FORMERLY ACE INA HOLDINGS)
2b Employer Identification Number (EIN): 95-2371728
2c Plan Sponsor's telephone number: 908-903-4239 908-903-2231
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Carolyn Kennedy, 10/7/25, CAROLYN KENNEDY. Row 2: Carolyn Kennedy, 10/7/25, CAROLYN KENNEDY.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
--	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	21,847
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	15,396
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	15,717
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	208
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	6,062
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	21,987
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	91
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	22,078
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	21,628
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	21,846
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	413
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**2E 2F 2G 2J 2R 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:

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

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

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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