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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 13F

OMB APPROVAL

OMB Number: 3235-0006

Expires: July 31, 2015

Estimated average burden

hours per response: 23.8

FORM 13F COVER PAGE

Report for the Calendar Year or Quarter Ended: 12-31-2019

Check here if Amendment: Amendment Number: _____

This Amendment (Check only one.): is a restatement.

adds new holdings entries.

Institutional Investment Manager Filing this Report:

Name: Chubb Ltd

Address: BARENGASSE 32

ZURICH V8 CH-8001

Form 13F File Number: 028-17445

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

Person Signing this Report on Behalf of Reporting Manager:

Name: Philip Bancroft

Title: Chief Financial Officer

Phone: 1-441-298-9444

Signature, Place, and Date of Signing:

/s/ Philip Bancroft Zurich, SWITZERLAND 02-10-2020
[Signature] [City, State] [Date]

Do you wish to provide information pursuant to Special Instruction 5?

Yes No

Report Type (Check only one.):

13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)

13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)

13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)

Form 13F Summary Page

Report Summary:

Number of Other Included Managers:	<u>1</u>
Form 13F Information table Entry Total:	<u>4</u>
Form 13F Information table Value Total:	<u>23,375</u>
	(thousands)

List of Other Included Managers:

Provide a numbered list of the name(s) and Form 13F number(s) of all institutional investment managers with respect to which this report is filed, other than the manager filing this report.

No.	Form 13F File Number	Name	CIK
<u>1</u>	<u>028-2490</u>	<u>Federal Insurance Company</u>	<u></u>

FORM 13F INFORMATION TABLE

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8				
NAME OF ISSUER	TITLE OF CLASS	CUSIP	VALUE (x\$1000)	SHRS OR PRN AMT	SH/ PRN	PUT/ CALL	INVESTMENT DISCRETION	OTHER MANAGER	VOTING AUTHORITY		
									SOLE	SHARED	NONE
NEWTEK BUSINESS SERVICES INC	Com	652526203	392	17,297	SH	-	DFND	1	392	0	0
PTC THERAPEUTICS INC	Com	69366J200	393	8,180	SH	-	DFND	0	393	0	0
SANOFL-AVENTIS	Com	80105N105	7,530	150,000	SH	-	DFND	0	7,530	0	0
SANOFL-AVENTIS	Com	80105N105	15,060	300,000	SH	-	DFND	1	15,060	0	0