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CHUBB COR	Р										
Form 4											
February 23, 2	007										
FORM	4	р статро	CECUDI	TIEC AN	ID EVC	TT A N		OMMISSION		PROVAL	
	UNITE	DSIAIES		nington, I			GE CO	JIVIIVIISSIUN	OMB Number:	3235-0287	
Check this if no longer						~			Expires:	January 31, 2005	
subject to Section 16. Form 4 or				SES IN B		CIAI	2 OWN	ERSHIP OF	Estimated average burden hours per response		
Form 5 obligations may continu <i>See</i> Instruct 1(b).	ue. Section 1	7(a) of the		lity Holdi	ng Com	pany	Act of	Act of 1934, 1935 or Section)	l		
(Print or Type Res	sponses)										
1. Name and Add OREILLY MI		ng Person <u>*</u>	2. Issuer M Symbol CHUBB	Name and T		rading	2	5. Relationship of I Issuer			
(Last)	(First)	(Middle)	3. Date of H	Earliest Tra	nsaction			(Check	k all applicable)		
(Month/Da 15 MOUNTAIN VIEW ROAD, P.O. 02/22/20 BOX 1615				ay/Year)				Director 10% Owner XOfficer (give title Other (specify below) Vice Chairman			
	(Street)		4. If Ameno Filed(Month		e Original			6. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Pe	rson	
WARREN, N	J 070611615						Ī	Form filed by Me Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Amount	(D)	Price \$				
COMMON	02/22/2007			М	2,822	А	35.43	198,528	D		
COMMON	02/22/2007			F	1,874	D	\$ 53.35	196,654	D		
COMMON	02/22/2007			М	6,252	А	\$ 23.98	202,906	D		
COMMON	02/22/2007			F	2,810	D	\$ 53 35	200,096	D		

M 2,532 A ^{\$} 39.48 202,628

COMMON 02/22/2007

D

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COMMON	02/22/2007	F	1,874	D	\$ 53.35	200,754	D
COMMON	02/22/2007	М	3,344	А	\$ 29.89	204,098	D
COMMON	02/22/2007	F	1,873	D	\$ 53.35	202,225	D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Numb orDerivativ Securitie Acquired Disposed (Instr. 3, 5)	ve es d (A) or d of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Shar
STOCK OPTION	\$ 39.48	02/22/2007		М		2,532	03/05/2000	03/04/2008	COMMON	2,5
STOCK OPTION	\$ 29.89	02/22/2007		М		3,344	03/11/2001	03/10/2009	COMMON	3,3
STOCK OPTION (1)	\$ 23.98	02/22/2007		М		6,252	03/02/2002	03/02/2010	COMMON	6,2
STOCK OPTION (1)	\$ 53.35	02/22/2007		А	2,810		02/22/2007	03/02/2010	COMMON	2,8
STOCK OPTION (1)	\$ 35.43	02/22/2007		М		2,822	03/01/2003	03/01/2011	COMMON	2,8
STOCK OPTION	\$ 53.35	02/22/2007		А	1,874		02/22/2007	03/01/2011	COMMON	1,8

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
OREILLY MICHAEL 15 MOUNTAIN VIEW ROAD P.O. BOX 1615 WARREN, NJ 070611615			Vice Chairman					
Signatures								
By: Patricia S. Tomczyk, POA	02/23	/2007						
**Signature of Reporting Person	Da	te						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) All Stock Options are granted in tandem with tax withholding rights.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.