#### MARCHIO MICHAEL J

Form 4

November 09, 2005

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

3235-0287 Number: January 31, Expires:

2005

0.5

**OMB APPROVAL** 

Section 16. Form 4 or Form 5

obligations

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Estimated average burden hours per response...

See Instruction

may continue. 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* MARCHIO MICHAEL J

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

below)

Symbol

CHUBB CORP [CB]

(Check all applicable)

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

15 MOUNTAIN VIEW ROAD, P.O. 11/07/2005

Director 10% Owner \_X\_\_ Officer (give title Other (specify

6. Individual or Joint/Group Filing(Check

**BOX 1615** 

**Executive Vice President** 

Applicable Line)

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

> \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

WARREN, NJ 070611615

(City)	(State) (Zi	Table 1	I - Non-De	rivative S	ecurit	ies Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	Cransaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
COMMON	11/07/2005		M	3,477		\$ 70.85	20,287	D	
COMMON	11/07/2005			2,586				D	
COMMON	11/07/2005			388				D	
COMMON	11/07/2005		M	1,411	A	\$ 70.85	18,724	D	
COMMON	11/07/2005		F	1,049	D	\$ 95.26	17,675	D	

COMMON 3,233.13 I By ESOP

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.

SEC 1474 (9-02)

# 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. Transaction Code (Instr. 8)	5. Numb orDerivativ Securitie Acquired Disposed (Instr. 3, 5)	ve s l (A) or l of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Shar
STOCK OPTION	\$ 70.85	11/07/2005		C		1,411	03/01/2002	03/01/2011	COMMON	1,4
STOCK OPTION	\$ 70.85	11/07/2005		C		1,033	03/01/2002	03/01/2011	COMMON	1,0
STOCK OPTION	\$ 70.85	11/07/2005		C		2,444	03/01/2003	03/01/2011	COMMON	2,4
STOCK OPTION	\$ 95.26	11/07/2005		A	2,974		11/07/2005	03/01/2011	COMMON	2,9
STOCK OPTION	\$ 95.26	11/07/2005		A	1,049		11/07/2005	03/01/2011	COMMON	1,0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MARCHIO MICHAEL J 15 MOUNTAIN VIEW ROAD P.O. BOX 1615 WARREN, NJ 070611615			Executive Vice President				

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## **Signatures**

By: Nancy J.
Obremski, POA

\*\*Signature of Reporting Person

## **Explanation of Responses:**

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

Date

- \*\* 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.

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