Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LUXOTTICA GROUP PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/11/1952

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

LUXOTTICA U.S. HOLDINGS CORP.

ATTN SCOTT HAKES

12 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050-4686

2b Employer Identification Number (EIN) 11-3491054

2c Plan Sponsor's telephone number 516-484-3800

2d Business code (see instructions) 446130

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	SCOTT HAKES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	VITO GIANNOLA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

LUXOTTICA GROUP ERISA PLANS COMPLIANCE & INVESTMENT COMMITTEE

12 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050

3b Administrator's EIN: 36-4300417

3c Administrator's telephone number: 516-484-3800

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	33488
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	14387
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	12047
b	Retired or separated participants receiving benefits	**6b**	3154
c	Other retired or separated participants entitled to future benefits	**6c**	15356
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	30557
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1074
f	Total. Add lines **6d** and **6e**.	**6f**	31631
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	857
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1C 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

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

a Pension Schedules

- **(1)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ ___ **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
LUXOTTICA GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LUXOTTICA U.S. HOLDINGS CORP.

D Employer Identification Number (EIN)
11-3491054

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	775697205
b Actuarial value	**2b**	816632358

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3520	74828438	74828438
b For terminated vested participants	15581	287564287	287564287
c For active participants	14387	281606962	293700716
d Total	33488	643999687	656093441

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.12 %
6 Target normal cost	**6**	28004877

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/06/2017
Date

LORI A. DEVORE
Type or print name of actuary

17-05257
Most recent enrollment number

AON CONSULTING, INC.
Firm name

614-436-8100
Telephone number (including area code)

445 HUTCHINSON AVE., SUITE 900
COLUMBUS, OH 43235-8619
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	163234031
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	21271901
9	Amount remaining (line 7 minus line 8)	0	141962130
10	Interest on line 9 using prior year's actual return of -1.12%	0	-1589976
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		27040101
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.34 %		365704
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-238245
c	Total available at beginning of current plan year to add to prefunding balance		27167560
d	Portion of (c) to be added to prefunding balance		27167560
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	167539714

Part III Funding Percentages

14	Funding target attainment percentage	14	98.93%
15	Adjusted funding target attainment percentage	15	124.46%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.11%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/11/2016	9700000	0			
01/13/2017	7300000	0			
04/17/2017	8800000	0			
07/17/2017	8800000	0			
09/15/2017	8800000	0			
			Totals ► 18(b)	43400000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	40265029

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	28004877
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	7000797	1823548
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	29828425

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	14352931	14352931

36 Additional cash requirement (line 34 minus line 35)	**36**	15475494
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	40265029
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	24789535
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	14352931
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
LUXOTTICA GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LUXOTTICA U.S. HOLDINGS CORP.

D Employer Identification Number (EIN)
11-3491054

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).. . . . . [X] 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

STATE STREET GLOBAL ADVISORS
ONE LINCOLN STREET
STATE STREET FINANCIAL CENTER
BOSTON, MA 02111

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

AON HEWITT GROUP TRUST

27-2436452

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

PNC BANK

25-1211909

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

BLACKROCK

94-3112180

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

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

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

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

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

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

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

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

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)

AON CONSULTING

44 HUTCHINSON AVE
SUITE 900
COLUMBUS, OH 43235

(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?
11 15 70	ACTUARY	346525	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PNC TRUST

25-1211909

(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?
18 19 21	TRUSTEE	363675	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

AON HEWITT INVESTMENT CONSULTING

100 HALF DAY ROAD
LINCOLNSHIRE, IL 60089

(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	INVESTMENT CONSULTING	310634	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

KEATING MUETHING & KLEKAMP

31-0570030

(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	LEGAL	90092	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PLANTE MORAN

38-1357951

(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	AUDITOR	21900	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

BLACKROCK

94-3112180

(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?
21 24 28 50 51	INVESTMENT MANAGER	12450	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
LUXOTTICA GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LUXOTTICA U.S. HOLDINGS CORP.

D Employer Identification Number (EIN)
11-3491054

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET GLOBAL EQUITY INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-205	C	122212642

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET GLOBAL EQUITY EX US IN

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-241	C	178843794

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL ALL CAP

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-232	C	179055337

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-005	C	49292525

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-007	C	70445123

a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG FIXED ACTIVE CREDIT FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-007	C	71517476

a Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CREDIT FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-013	C	142874112

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
LUXOTTICA GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LUXOTTICA U.S. HOLDINGS CORP.

D Employer Identification Number (EIN)
11-3491054

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	38350000	33700000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1511	860
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7415383	2287412
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	43596	34697
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	730823065	814241009
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	776633555	850263978
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	438920	277834
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	438920	277834
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	776194635	849986144

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.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	43400000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		43400000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8190	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	98	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8288
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	25853	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		25853
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	57035344	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		57035344

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3829953
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		122897
(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)		
c Other income	2c		11548
d Total income. Add all **income** amounts in column (b) and enter total	2d		104433883
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26722324	
(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)		26722324
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	3920050	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3920050
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30642374
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		73791509
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC **(2)** EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		50000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X	
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o		X	

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

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

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

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

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
LUXOTTICA GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LUXOTTICA U.S. HOLDINGS CORP.

D Employer Identification Number (EIN)
11-3491054

Part I Distributions

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

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

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): 25-1211909

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** | 1050

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 65.0 % Investment-Grade Debt: 35.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

Financial Statements and Independent Auditor's Report

Luxottica Group Pension Plan

December 31, 2016 and 2015

Contents

	Page
Independent Auditor's Report	3
Financial Statements:	
Statements of Net Assets Available for Plan Benefits	5
Statements of Changes in Net Assets Available for Plan Benefits	6
Notes to Financial Statements	7
Supplemental Schedules:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4j – Schedule of Reportable Transactions	17

plante moran

Plante & Moran, PLLC
Suite 200
537 E. Pete Rose Way
Cincinnati, OH 45202-3578
Tel: 513.595.8800
Fax: 513.595.8806
plantemoran.com

Independent Auditor's Report

To the Luxottica Group ERISA Plans
Compliance and Investment Committee
Luxottica Group Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Luxottica Group Pension Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2016 and 2015 and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by PNC Bank, N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2016 and 2015 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2016 and reportable transactions for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

To the Luxottica Group ERISA Plans
Compliance and Investment Committee
Luxottica Group Pension Plan

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

September 21, 2017
Cincinnati, Ohio

LUXOTTICA GROUP PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2016 and 2015

ASSETS	**2016**	**2015**
Cash	$ -	$ 15,392
Investments:		
Common collective trust funds	814,241,009	730,823,065
Limited partnerships	34,697	43,596
Money market funds	2,287,412	7,399,991
Total investments	816,563,118	738,266,652
Receivables:		
Accrued investment income	860	1,511
Employer contribution receivable	33,700,000	38,350,000
Total receivables	33,700,860	38,351,511
Total assets	850,263,978	776,633,555
LIABILITIES		
Accrued administrative expenses and other liabilities	277,834	438,920
Net assets available for plan benefits	**$ 849,986,144**	**$ 776,194,635**

The accompanying notes are an integral part of these statements.

LUXOTTICA GROUP PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Years ended December 31, 2016 and 2015

	2016	2015
Employer contributions	$ 43,400,000	$ 38,350,000
Investment income:		
Interest and dividend income	34,141	8,633,047
Net appreciation (depreciation) in fair value of investments	60,999,742	(16,758,226)
Net investment income (loss)	61,033,883	(8,125,179)
Benefits paid directly to participants	(26,722,324)	(26,395,730)
Administrative expenses	(3,920,050)	(3,423,520)
Net increase in net assets	73,791,509	405,571
Net assets available for plan benefits:		
Beginning of year	776,194,635	775,789,064
End of year	**$ 849,986,144**	**$ 776,194,635**

The accompanying notes are an integral part of these statements.

LUXOTTICA GROUP PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

NOTE A - PLAN DESCRIPTION

The following description of the Luxottica Group Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

1. General

The Plan is a noncontributory defined benefit retirement income plan which provides for pension benefits to all non-union employees of the Luxottica U.S. Holdings Corp. and associates in Puerto Rico (the "Company"). The Luxottica Group ERISA Plans Compliance and Investment Committee (the "Plan Administrator") controls and manages the operation and administration of the Plan. PNC Bank, N.A. (the "Trustee") serves as the Trustee of the Plan, and together with several investment managers, manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. In 2013, the Plan Administrator amended the Plan to disallow new entrants to the Plan effective December 31, 2013. All new associates and rehires whose first day of employment with the Company was on or after January 1, 2014 are not eligible to receive pension credits within the Plan.

2. Pension Benefits

Participants with three years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement. Employees are credited with one year of vesting service for each calendar year they complete at least 1,000 hours of service. Pension benefits are provided to participants based upon years of vesting service and compensation. Retirement benefits are paid to pensioners or beneficiaries in various forms, including single life annuities, joint and survivor annuities and a lump-sum payment option.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

The accompanying financial statements have been prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

2. Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the amounts reported of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits, and the changes therein, at the date of the financial statements. Actual results could differ from those estimates.

NOTE B - SUMMARY OF ACCOUNTING POLICIES (continued)

3. Risks and Uncertainties

The Plan utilizes various investment securities including collective trusts, money market funds and partnerships. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

4. Investment Valuation and Income Recognition

Investments are reported at fair value which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

5. Expenses

Administrative expenses are paid by the Plan or the Company, as provided in the Plan Document. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge.

6. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

7. Subsequent Events

The Plan Administrator has evaluated subsequent events through September 21, 2017, the date the financial statements were available to be issued. The Plan Administrator is not aware of any subsequent events that would require recognition or disclosure in the Plan financial statements.

8. New Accounting Pronouncements

During 2016, the Plan adopted Accounting Standards Update (ASU) No. 2016-01, *Financial Instruments - Overall Recognition and Measurement of Financial Assets and Financial Liabilities*. ASU No. 2016-01 amended ASC 825, *Financial Instruments*, and eliminated the requirement to disclose the fair value of financial instruments not recorded at fair value required under Accounting Standards Codification 825. This standard was applied retrospectively and had no impact on the Plan's net assets or changes in net assets.

NOTE C - FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in accordance with amounts determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2016 and 2015. The latest actuarial valuation was prepared as of January 1, 2017.

NOTE D - ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments and lump-sum distributions that are attributable, under the Plan's provisions, to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired participants currently receiving benefits, (2) terminated vested participants, and (3) vested active participants, and in all cases, payment of the above listed benefits to beneficiaries of employees who have died. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present values of accumulated plan benefits as of January 1 are as follows:

	2017	**2016**
Vested benefits:		
Retired participants including beneficiaries currently receiving payments	$69,685,276	$69,009,330
Other participants	543,801,050	491,879,749
Total vested benefits	613,486,326	560,889,079
Nonvested benefits	12,615,663	12,298,818
Total actuarial present value of accumulated plan benefits	**$626,101,989**	**$573,187,897**

The changes in the actuarial present value of the Plan's accumulated plan benefits for the years beginning January 1 are as follows:

	2017	**2016**
Actuarial present value of accumulated plan benefits at beginning of year	$573,187,897	$535,306,839
Increase (decrease) due to:		
Benefits accumulated – net	24,721,574	26,723,912
Benefits paid	(26,722,324)	(26,395,730)
Interest due to the decrease in the discount period	42,005,121	39,176,068
Changes in actuarial assumptions	12,909,721	(1,623,192)
Actuarial present value of accumulated plan benefits at end of year	**$626,101,989**	**$573,187,897**

NOTE D - ACCUMULATED PLAN BENEFITS (continued)

The significant actuarial assumptions used in the January 1, 2017 and 2016 valuations were:

- Actuarial cost method: Standard unit credit
- Mortality: Blue Collar 2014 RP-2014 Annuitant/Non-Annuitant Mortality Table. For 2017, the mortality rates were projected back to 2006 using the Scale MP-2014 and then projected forward using scale MP-2016. For 2016, the mortality rates were projected back to 2006 using the Scale MP-2014 and then projected forward using scale MP-2015.
- Weighted average retirement age: 62
- Investment return: 7.25% (2017) and 7.50% (2016)
- Interest crediting rate: 4.01%
- Retirement: Various retirement ages are assumed ranging between 55 and 73

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The changes in actuarial assumptions used in the January 1, 2017 valuation were the result of changes in the interest rate assumptions, changes in mortality assumptions, and changes in the expected return on assets. The changes in actuarial assumptions used in the January 1, 2016 valuation were the result of changes in the interest rate assumptions, changes in mortality assumptions, changes in the salary increase assumption, and changes in the cash balance annuity conversion rate.

NOTE E - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Trustee holds the Plan's investments and executes all related transactions. The investment balances and related income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information provided by the Trustee.

NOTE F - FAIR VALUE MEASUREMENTS

The authoritative guidance establishes a framework for measuring fair value that provides a hierarchy that prioritizes into three levels the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under U.S. GAAP guidance are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets and liabilities that the Plan has the ability to access at the measurement date.

Level 2 Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;

NOTE F - FAIR VALUE MEASUREMENTS (continued)

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for the Plan's assets measured at fair value.

Common collective trust funds: Valued at the closing net asset value ("NAV") of the units held by the Plan at year end based on information reported by the Trustee. There are no redemption restrictions or unfunded commitments on these investments.

Limited partnerships: Valued at the Plan's share of the total partnerships' capital as of the most recent audited financial statements at the Plan's year end.

Money market funds: Valued at a NAV of $1 per share, as reported by the Trustee.

The preceding methods described may produce a fair value that may not be indicative of net realizable value reflective of future fair values. Furthermore, although the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table summarizes the Plan's investments by level within the fair value hierarchy as of December 31, 2016 and December 31, 2015

	Investments (at fair value)	Level 1	Level 2	Level 3
December 31, 2016				
Limited partnerships	$ 34,697	$ -	$ -	$ 34,697
Investments measured at NAV:				
Common collective trust funds	814,241,009			
Money market funds	2,287,412			
Total Investments	$ 816,563,118			

NOTE F - FAIR VALUE MEASUREMENTS (continued)

	Investments (at fair value)	Level 1	Level 2	Level 3
December 31, 2015				
Limited partnerships	$ 43,596	$ -	$ -	$ 43,596
Investments measured at NAV:				
Common collective trust funds	730,823,065			
Money market funds	7,399,991			
Total Investments	$ 738,266,652			

Investments valued at NAV at December 31, 2016 that are not considered Direct Filing Entities consisted of the Fidelity Government MM Institutional Class Fund and the PNC Government Money Market Fund. Investments valued at NAV at December 31, 2015 that are not considered Direct Filing Entities consisted of the Blackrock Liquidity Funds Temp Fund and the Merrill Lynch FFI Institutional Fund (collectively "MMF"). The MMF Strategy is to maintain a stable $1 unit price, but in cannot guarantee that it will be able to do so. The yield of the MMF will fluctuate.

The MMF invests in high-quality, short term money market securities to obtain as high a level of current income as is consistent with the preservation of capital and liquidity.

The NAV of the MMF is determined using the market value or fair value if market data is unavailable, of the underlying securities. The funds allow for daily liquidity with 3-5 days' notice required for redemption.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no significant transfers between levels of the fair value hierarchy during 2016 and 2015.

The following table reconciles the beginning and ending fair value of the Plan's Level 3 investment for the years ended December 31, 2016 and December 31, 2015.

NOTE F - FAIR VALUE MEASUREMENTS (continued)

	Partnership	
	2016	**2015**
Balance, beginning of year	$43,596	$52,156
Unrealized gains/(losses)	(463)	3,690
Purchases, sales, issuances, and settlements, net		
Settlements	(8,436)	(12,250)
Balance, end of year	**$34,697**	**$43,596**

NOTE G - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Company also pays for various administrative fees on behalf of the Plan. Certain plan assets are in investment funds managed by AON Hewitt and PNC Bank, N.A. or their affiliates. PNC Bank, N.A performs record-keeping services for the Plan. AON Hewitt acts as the Plan's actuary, a strategic investment advisor, and ERISA Investment Manager of the Plan. Therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

NOTE H - FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated December 17, 2015, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE I - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

NOTE I - PLAN TERMINATION (continued)

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

SUPPLEMENTAL SCHEDULES

LUXOTTICA GROUP PENSION PLAN
Form 5500 E.I.N. 11-3491054 Plan No. 002
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2016

(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
Limited partnership	Shares			
CHL MEDICAL PARTNERS LP	0.419	156,226		3,892
CHL MEDICAL PARTNERS II LP	0.146	171,510		30,805
		327,736		34,697
Money market funds				
FIDELITY GOVERNMENT MM INSTITUTIONAL CLASS FD #057	2,278,827	2,278,827	#	2,278,827
*PNC GOVT. MONEY MARKET FUND #405	8,585	8,585		8,585
		2,287,412		2,287,412
Common collective trust funds				
SSGA GLOBAL EQUITY INDEX NON-LENDING SERIES FUND CLASS A FD #CMER1	6,173,603	115,070,918		122,212,642
SSGA GLOBAL EQUITY EX U.S. INDEX NON-LENDING SERIES FUND CLASS A FD #ZVCQ1	11,893,582	174,620,303		178,843,794
SSGA RUSSELL ALL CAP INDEX NON-LENDING SERIES FUND CLASS A FD #CMCW1	5,446,053	162,010,516		179,055,337
*AHGT GLOBAL REAL ESTATE FUND	2,724,280	45,557,476		49,292,525
*AHGT INTERMEDIATE CREDIT BOND FUND	5,491,498	67,649,212		70,445,123
*AHGT US LONG FIXED ACTIVE CREDIT FUND	4,313,738	70,650,000		71,517,476
*AHGT MID DURATION LONG CREDIT FUND	13,168,415	131,846,699		142,874,112
		767,405,125		814,241,009
		$ **770,020,273**	$	**816,563,118**

* Denotes a party-in-interest
Note - The information in this schedule was certified by the trustee of the Plan as complete and accurate.

LUXOTTICA GROUP PENSION PLAN
Form 5500 E.I.N. 11-3491054 Plan No. 002

Schedule H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of Transactions with Same Security Exceeding 5% of Value						
AHGT INTERMEDIATE CREDIT BOND FUND	Common collective trust funds					
	Purchases - 2	$ 7,750,000	$ -	$ 7,750,000	$ 7,750,000	$ -
	Sales - 3	-	67,150,000	64,816,040	64,816,040	2,333,960
MERRILL LYNCH FFI INSTITUTIONAL FUND FD #258	Money market fund					
	Purchases - 71	53,904,568	-	53,904,568	53,904,568	-
	Sales - 42	-	61,106,877	61,106,877	61,106,877	-
AHGT US LONG FIXED ACTIVE CREDIT FUND	Common collective trust funds					
	Purchases - 2	70,650,000	-	70,650,000	70,650,000	-
	Sales - 0	-	-	-	-	-
Single Transactions Exceeding 5% of Value						
AHGT US LONG FIXED ACTIVE CREDIT FUND	Common collective trust funds	40,650,000	-	40,650,000	40,650,000	-

Note - The unaudited information in this schedule was certified by the Trustee of the Plan as complete and accurate.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

(1) Original Effective Date: November 11, 1952

(2) Effective Date of Last Amendment: January 1, 2014

(3) Plan Year: January 1 to December 31

(4) Employer Fiscal Year: January 1 to December 31

(5) Employer ID Number: 11-3491054

(6) Plan Administrator's ID Number: 36-4300417

(7) Plan Number: 002

(8) Plan Administrator: Luxottica Group ERISA Plans Compliance & Investment Committee

Eligibility

All employees of the Employer are eligible to participate in the Plan on the first day of the month following completion of one year of service, but after attainment of age 21. As of January 1, 1998, employees of Avant-Garde Optics, Inc. were eligible to participate in the Plan. As of June 25, 1999, employees of Ray-Ban Sun Optics, Inc. and REVCO, Inc., divisions of Bausch & Lomb, were eligible to participate in the Plan. As of January 1, 2002, employees of SunGlass Hut, Inc. were eligible to participate in the Plan. As of January 1, 2007, employees of Cole National Group, Inc. were eligible to participate in the Plan. Employees of Cole National Group, Inc. must have met the age condition and had worked 1,000 or more hours in 2006 in order to enter on January 1, 2007. Employees hired after December 31, 2013 will not enter the plan.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each year in which an employee works 1,000 hours. A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the Employer in such year. Service will not be interrupted by:

(1) A leave of absence granted by the Employer,

(2) A period of service in the Armed Forces of the United States under which employment rights are granted,

(3) A period of disability during which the participant is being paid directly or indirectly by the Employer,

(4) Transfer of employment from one participating Employer to another.

An employee will be given credit for his pre-break service if either of the following occurs:

(1) The employee had a vested interest in his Accrued Benefit at the time of his break in service, or

(2) The employee's period of absence was less than his pre-break service or five years, whichever is greater.

Creditable service means the total number of plan years during which an employee worked at least 1,000 hours of service.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following attainment of age 65 and the fifth anniversary of participation in the Plan. Effective January 1, 2008, the fifth anniversary of participation is replaced with the third anniversary.

Normal Retirement Benefit

The benefit to be paid in a lump sum amount, which is equal to the value of the employee's cash balance. The cash balance account increases with the interest adjustment and contributions.

The interest adjustment equals the greater of 1) one percent over the twelve-month average of the 90-day U.S. Treasury Bill established on the first business day of each month from the previous calendar year or 2) 4.01% per annum, and is applied at the end of each calendar-year quarter to the retirement account balance.

For employees hired before January 1, 2006, the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Vesting Service	Percent of Pay
Less than 5	5.50%
5 but less than 15	7.25%
15 or more	10.00%

For employees hired (or rehired) after January 1, 2006 or employed by Cole National Group, Inc., the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Vesting Service	Percent of Pay
Less than 5	4.00%
5 but less than 10	5.00%
10 but less than 15	6.00%
15 but less than 20	8.00%
20 or more	10.00%

For Cole National Group, Inc. employees, only vesting service earned after January 1, 2006 is considered for purposes of determining the Percent of Pay credit.

Employees rehired after December 31, 2013 will not earn pay credits after their rehire date.

The distributable lump sum amount cannot be less than the present value of the participant's 1994 accrued benefit.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement or death the cash balance as of the Delayed Retirement date based on interest and contributions at that date.

Compensation

Compensation equals total cash remuneration (excluding any deferred compensation) plus differentials and commissions. Effective April 1, 2012, compensation attributable to exercised stock options will not be included as pensionable compensation.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date is an amount equal to the vested portion of his cash balance account.

Early Retirement Benefits

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life equal the actuarial equivalent of his cash balance account as of his Early Retirement Date.

Any participant with an annuity benefit from the Cole National plan is eligible to retire, in regard to their total plan benefit, upon the completion of 5 years of service and the attainment of age 55.

Death Benefit

In the event of a vested participant's death, the benefit payable to the spouse or domestic partner, if living, will be a monthly benefit payable for the life of the surviving spouse or domestic partner, actuarially equivalent to the participant's cash balance as of his date of death, or the spouse or domestic partner may receive a one-time payment equal to the participant's cash balance account. If no surviving spouse or domestic partner exists, a single lump sum payment equal to the participant's cash balance account will be payable to the participant's estate.

Severance Benefits

Upon the termination of employment after 3 or more years of service, a participant shall be vested in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Vesting Service	Vested Percentage
Less than 3 years	0%
3 or more	100%

In the event that the participant had met the Service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Employees who do not work on or after January 1, 2008 are subject to a 5 year vesting schedule.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

(1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to a spouse or domestic partner after death.

(2) A reduced benefit to be paid during the participant's lifetime with three-quarters of the reduced benefit to be continued to a spouse or domestic partner after death.

(3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to a spouse or domestic partner after death.

(4) A reduced benefit to be paid for 120 months certain and thereafter for life.

(5) A lump sum settlement if retirement eligible. If not eligible for retirement, lump sums are only payable if less than $5,000.

Participants with a Cole prior plan benefit may also receive a benefit to be paid during the participant's lifetime with two-thirds of the reduced benefit to be continued to a spouse or domestic partner after death.

Lump sums for non-cash balance benefits are based on the applicable mortality table and interest rates for the November preceding the Valuation Date. All other Optional Forms of Settlement are actuarially equivalent to the normal form of payment based on the 1971 Group Annuity Mortality Tables blended for 85% males and 15% females and the PBGC lump sum rate published on January 1 of the plan year containing the distribution.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
LUXOTTICA GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LUXOTTICA U.S. HOLDINGS CORP.

D Employer Identification Number (EIN)
11-3491054

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	775,697,205
b Actuarial value	**2b**	816,632,358

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,520	74,828,438	74,828,438
b For terminated vested participants	15,581	287,564,287	287,564,287
c For active participants	14,387	281,606,962	293,700,716
d Total	33,488	643,999,687	656,093,441

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.12%
6 Target normal cost	**6**	28,004,877

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

LAD
Signature of actuary

10/06/2017
Date

LORI A. DEVORE
Type or print name of actuary

1705257
Most recent enrollment number

AON CONSULTING, INC.
Firm name

614-436-8100
Telephone number (including area code)

445 HUTCHINSON AVE., SUITE 900

COLUMBUS OH 43235-8619
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	163,234,031
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	21,271,901
9	Amount remaining (line 7 minus line 8)	0	141,962,130
10	Interest on line 9 using prior year's actual return of -1.12%	0	-1,589,976
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		27,040,101
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.34%		365,704
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-238,245
	c Total available at beginning of current plan year to add to prefunding balance		27,167,560
	d Portion of (c) to be added to prefunding balance		27,167,560
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	167,539,714

Part III Funding Percentages

14	Funding target attainment percentage	14	98.93%
15	Adjusted funding target attainment percentage	15	124.46%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.11%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/11/2016	9,700,000	0			
01/13/2017	7,300,000	0			
04/17/2017	8,800,000	0			
07/17/2017	8,800,000	0			
09/15/2017	8,800,000	0			
			Totals ► 18(b)	43,400,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	40,265,029

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.43 %	5.91 %	6.65%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	28,004,877
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	7,000,797	1,823,548
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	29,828,425

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	14,352,931	14,352,931

36 Additional cash requirement (line 34 minus line 35)	**36**	15,475,494
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	40,265,029

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	24,789,535
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	14,352,931
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.12%	Interest Adjusted Contribution
October 11, 2016	$ 9,700,000	284	$ 9,263,054
January 13, 2017	7,300,000	378	6,865,621
April 17, 2017	8,800,000	472	8,151,060
July 17, 2017	8,800,000	563	8,031,562
September 15, 2017	8,800,000	623	7,953,732
Total Contribution	$ 43,400,000		$ 40,265,029

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	7.50%	1.0000	4.13
56	7.50%	0.9250	3.89
57	7.50%	0.8556	3.66
58	7.50%	0.7915	3.44
59	7.50%	0.7321	3.24
60	10.00%	0.6772	4.06
61	15.00%	0.6095	5.58
62	15.00%	0.5180	4.82
63	20.00%	0.4403	5.55
64	20.00%	0.3523	4.51
65	20.00%	0.2818	3.66
66	20.00%	0.2255	2.98
67	20.00%	0.1804	2.42
68	20.00%	0.1443	1.96
69	20.00%	0.1154	1.59
70	20.00%	0.0923	1.29
71	20.00%	0.0739	1.05
72	20.00%	0.0591	0.85
73	100.00%	0.0473	3.45
		Weighted Average	62.13

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	Plan PBGC Rate as of January 1, 2016
Optional Payment Form Election Percentage	10% life annuity 90% lump sum
Retirement Age	
Active Participants	See Table 2
Inactive Cash Balance Participants	Age 58 if eligible, age 65 otherwise
Inactive Annuity Participants	Age 65
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Beginning of year decrements

Surviving Spouse Benefit	For Luxottica associates, 100% are assumed to be married. For Cole associates, it is assumed that 85% of males and 50% of females have an eligible spouse and that males are three years older than their spouses.
Valuation Compensation	2015 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $210,000 and the 401(a)(17) compensation limit of $265,000.
Future Service	Employees are assumed to work the same number of hours as worked in the preceding plan year for all future years.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2014 Plan Year	7.50%, limited to 6.99%
2015 Plan Year	7.50%, limited to 6.81%
Trust Expenses Included in Target Normal Cost	The plan expenses anticipated to be paid from the trust are reflected in the Target Normal Cost. This amount is based on prior year expenses adjusted for the anticipated change in PBGC premiums from the prior year.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Table 1
Salary Scale

Age	Rate
34 and younger	7.00%
35 - 54	4.00%
55 and older	3.00%

Table 2
Retirement Rates

Age	Rate
55	7.50%
56	7.50%
57	7.50%
58	7.50%
59	7.50%
60	10.00%
61	15.00%
62	15.00%
63	20.00%
64	20.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	20.00%
73+	100.00%

Table 3—Page 1 of 2
Withdrawal Rates

	Years of Service						
Age	**0**	**1**	**2**	**3**	**4**	**5**	**6+**
20	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	22.734%
21	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	21.926%
22	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	21.157%
23	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	20.416%
24	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	19.694%
25	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	19.000%
26	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	18.335%
27	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	17.689%
28	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	17.043%
29	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	16.388%
30	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	15.789%
31	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	15.504%
32	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	14.782%
33	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	14.260%
34	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	13.756%
35	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	13.272%
36	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	12.806%
37	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	12.360%
38	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	11.923%
39	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	11.505%
40	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	11.096%
41	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	10.707%
42	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	10.327%
43	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	9.966%
44	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	9.614%
45	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	9.272%
46	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	8.949%
47	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	8.636%
48	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	8.332%
49	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	8.037%

Table 3—Page 2 of 2
Withdrawal Rates

	Years of Service						
Age	**0**	**1**	**2**	**3**	**4**	**5**	**6+**
50	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	7.752%
51	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	7.486%
52	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	7.220%
53	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	6.964%
54	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	6.717%
55	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	6.479%
56	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	6.251%
57	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	6.023%
58	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.814%
59	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.605%
60	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.406%
61	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.216%
62	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.035%
63+	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	0.000%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

(1) Original Effective Date: November 11, 1952

(2) Effective Date of Last Amendment: January 1, 2014

(3) Plan Year: January 1 to December 31

(4) Employer Fiscal Year: January 1 to December 31

(5) Employer ID Number: 11-3491054

(6) Plan Administrator's ID Number: 36-4300417

(7) Plan Number: 002

(8) Plan Administrator: Luxottica Group ERISA Plans Compliance & Investment Committee

Eligibility

All employees of the Employer are eligible to participate in the Plan on the first day of the month following completion of one year of service, but after attainment of age 21. As of January 1, 1998, employees of Avant-Garde Optics, Inc. were eligible to participate in the Plan. As of June 25, 1999, employees of Ray-Ban Sun Optics, Inc. and REVCO, Inc., divisions of Bausch & Lomb, were eligible to participate in the Plan. As of January 1, 2002, employees of SunGlass Hut, Inc. were eligible to participate in the Plan. As of January 1, 2007, employees of Cole National Group, Inc. were eligible to participate in the Plan. Employees of Cole National Group, Inc. must have met the age condition and had worked 1,000 or more hours in 2006 in order to enter on January 1, 2007. Employees hired after December 31, 2013 will not enter the plan.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each year in which an employee works 1,000 hours. A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the Employer in such year. Service will not be interrupted by:

(1) A leave of absence granted by the Employer,

(2) A period of service in the Armed Forces of the United States under which employment rights are granted,

(3) A period of disability during which the participant is being paid directly or indirectly by the Employer,

(4) Transfer of employment from one participating Employer to another.

An employee will be given credit for his pre-break service if either of the following occurs:

(1) The employee had a vested interest in his Accrued Benefit at the time of his break in service, or

(2) The employee's period of absence was less than his pre-break service or five years, whichever is greater.

Creditable service means the total number of plan years during which an employee worked at least 1,000 hours of service.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following attainment of age 65 and the fifth anniversary of participation in the Plan. Effective January 1, 2008, the fifth anniversary of participation is replaced with the third anniversary.

Normal Retirement Benefit

The benefit to be paid in a lump sum amount, which is equal to the value of the employee's cash balance. The cash balance account increases with the interest adjustment and contributions.

The interest adjustment equals the greater of 1) one percent over the twelve-month average of the 90-day U.S. Treasury Bill established on the first business day of each month from the previous calendar year or 2) 4.01% per annum, and is applied at the end of each calendar-year quarter to the retirement account balance.

For employees hired before January 1, 2006, the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Vesting Service	Percent of Pay
Less than 5	5.50%
5 but less than 15	7.25%
15 or more	10.00%

For employees hired (or rehired) after January 1, 2006 or employed by Cole National Group, Inc., the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Vesting Service	Percent of Pay
Less than 5	4.00%
5 but less than 10	5.00%
10 but less than 15	6.00%
15 but less than 20	8.00%
20 or more	10.00%

For Cole National Group, Inc. employees, only vesting service earned after January 1, 2006 is considered for purposes of determining the Percent of Pay credit.

Employees rehired after December 31, 2013 will not earn pay credits after their rehire date.

The distributable lump sum amount cannot be less than the present value of the participant's 1994 accrued benefit.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement or death the cash balance as of the Delayed Retirement date based on interest and contributions at that date.

Compensation

Compensation equals total cash remuneration (excluding any deferred compensation) plus differentials and commissions. Effective April 1, 2012, compensation attributable to exercised stock options will not be included as pensionable compensation.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date is an amount equal to the vested portion of his cash balance account.

Early Retirement Benefits

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life equal the actuarial equivalent of his cash balance account as of his Early Retirement Date.

Any participant with an annuity benefit from the Cole National plan is eligible to retire, in regard to their total plan benefit, upon the completion of 5 years of service and the attainment of age 55.

Death Benefit

In the event of a vested participant's death, the benefit payable to the spouse or domestic partner, if living, will be a monthly benefit payable for the life of the surviving spouse or domestic partner, actuarially equivalent to the participant's cash balance as of his date of death, or the spouse or domestic partner may receive a one-time payment equal to the participant's cash balance account. If no surviving spouse or domestic partner exists, a single lump sum payment equal to the participant's cash balance account will be payable to the participant's estate.

Severance Benefits

Upon the termination of employment after 3 or more years of service, a participant shall be vested in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Vesting Service	Vested Percentage
Less than 3 years	0%
3 or more	100%

In the event that the participant had met the Service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Employees who do not work on or after January 1, 2008 are subject to a 5 year vesting schedule.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

(1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to a spouse or domestic partner after death.

(2) A reduced benefit to be paid during the participant's lifetime with three-quarters of the reduced benefit to be continued to a spouse or domestic partner after death.

(3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to a spouse or domestic partner after death.

(4) A reduced benefit to be paid for 120 months certain and thereafter for life.

(5) A lump sum settlement if retirement eligible. If not eligible for retirement, lump sums are only payable if less than $5,000.

Participants with a Cole prior plan benefit may also receive a benefit to be paid during the participant's lifetime with two-thirds of the reduced benefit to be continued to a spouse or domestic partner after death.

Lump sums for non-cash balance benefits are based on the applicable mortality table and interest rates for the November preceding the Valuation Date. All other Optional Forms of Settlement are actuarially equivalent to the normal form of payment based on the 1971 Group Annuity Mortality Tables blended for 85% males and 15% females and the PBGC lump sum rate published on January 1 of the plan year containing the distribution.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change which was made to better anticipate future experience:

- A change in the salary increase assumption for ages less than 35 from 6.00% to 7.00%.

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2016

Luxottica Retail
Luxottica Group Pension Plan
Active Employees

EIN: 11-3491054 PN: 002

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
	120	1,013	50	-	-	-	-	-	-	-
	$6,207	$20,578	$34,295							
<25	$0	$1,135	$4,550							
	98	1,585	642	22	-	-	-	-	-	-
	$5,651	$26,737	$38,061	$42,600						
25-29	$0	$2,234	$8,203	$18,649						
	44	996	805	308	33	-	-	-	-	-
	$3,766	$38,047	$46,484	$48,894	$58,177					
30-34	$0	$3,726	$11,934	$28,999	$47,310					
	33	599	597	410	230	10	-	-	-	-
	$4,458	$48,032	$54,911	$51,297	$57,331					
35-39	$0	$4,511	$14,722	$33,302	$57,532					
	21	458	410	314	276	130	11	-	-	-
	$6,754	$55,948	$61,405	$57,379	$62,487	$63,022				
40-44	$0	$5,597	$17,849	$37,990	$65,990	$96,567				
	22	351	362	289	258	135	73	9	-	-
	$17,594	$56,872	$65,451	$61,082	$65,489	$68,482	$71,092			
45-49	$0	$6,206	$18,603	$39,019	$69,905	$110,540	$133,252			
	15	285	326	291	206	139	111	35	-	-
		$58,899	$57,743	$54,548	$69,775	$78,165	$72,706	$84,447		
50-54		$6,413	$17,182	$33,470	$71,379	$114,685	$143,480	$184,332		
	18	220	260	238	194	104	105	38	2	-
		$43,636	$52,286	$56,730	$57,947	$64,588	$71,756	$72,397		
55-59		$5,361	$15,189	$34,255	$59,753	$112,556	$149,450	$163,013		
	9	114	155	150	152	74	52	19	4	2
		$42,213	$46,698	$48,434	$51,741	$56,227	$65,966			
60-64		$5,711	$14,232	$29,980	$54,300	$86,194	$147,934			
	5	41	48	52	60	23	11	6	-	-
		$31,822	$50,732	$38,957	$40,671	$49,408				
65-69		$4,594	$17,621	$30,749	$52,908	$79,541				
	2	23	28	17	23	10	2	3	1	-
		$36,490	$31,054		$28,220					
70+		$3,614	$17,546		$49,408					

N-14,387

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	$ 14,837,410.00	January 1, 2014	5	$ 3,230,152.00
Shortfall	$ (5,103,765.00)	January 1, 2015	6	$ (955,073.00)
Shortfall	$ (2,732,848.00)	January 1, 2016	7	$ (451,531.00)

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	Plan PBGC Rate as of January 1, 2016
Optional Payment Form Election Percentage	10% life annuity 90% lump sum
Retirement Age	
Active Participants	See Table 2
Inactive Cash Balance Participants	Age 58 if eligible, age 65 otherwise
Inactive Annuity Participants	Age 65
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Beginning of year decrements

Surviving Spouse Benefit	For Luxottica associates, 100% are assumed to be married. For Cole associates, it is assumed that 85% of males and 50% of females have an eligible spouse and that males are three years older than their spouses.
Valuation Compensation	2015 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $210,000 and the 401(a)(17) compensation limit of $265,000.
Future Service	Employees are assumed to work the same number of hours as worked in the preceding plan year for all future years.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2014 Plan Year	7.50%, limited to 6.99%
2015 Plan Year	7.50%, limited to 6.81%
Trust Expenses Included in Target Normal Cost	The plan expenses anticipated to be paid from the trust are reflected in the Target Normal Cost. This amount is based on prior year expenses adjusted for the anticipated change in PBGC premiums from the prior year.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Table 1
Salary Scale

Age	Rate
34 and younger	7.00%
35 - 54	4.00%
55 and older	3.00%

Table 2
Retirement Rates

Age	Rate
55	7.50%
56	7.50%
57	7.50%
58	7.50%
59	7.50%
60	10.00%
61	15.00%
62	15.00%
63	20.00%
64	20.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	20.00%
73+	100.00%

Table 3—Page 1 of 2
Withdrawal Rates

	Years of Service						
Age	**0**	**1**	**2**	**3**	**4**	**5**	**6+**
20	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	22.734%
21	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	21.926%
22	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	21.157%
23	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	20.416%
24	35.000%	30.000%	30.000%	25.000%	25.000%	25.000%	19.694%
25	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	19.000%
26	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	18.335%
27	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	17.689%
28	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	17.043%
29	35.000%	30.000%	30.000%	25.000%	25.000%	22.500%	16.388%
30	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	15.789%
31	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	15.504%
32	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	14.782%
33	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	14.260%
34	30.000%	30.000%	25.000%	22.500%	22.500%	20.000%	13.756%
35	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	13.272%
36	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	12.806%
37	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	12.360%
38	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	11.923%
39	30.000%	25.000%	25.000%	20.000%	20.000%	17.500%	11.505%
40	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	11.096%
41	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	10.707%
42	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	10.327%
43	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	9.966%
44	30.000%	25.000%	20.000%	20.000%	17.500%	15.000%	9.614%
45	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	9.272%
46	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	8.949%
47	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	8.636%
48	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	8.332%
49	25.000%	25.000%	20.000%	17.500%	17.500%	15.000%	8.037%

Table 3—Page 2 of 2
Withdrawal Rates

	Years of Service						
Age	**0**	**1**	**2**	**3**	**4**	**5**	**6+**
50	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	7.752%
51	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	7.486%
52	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	7.220%
53	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	6.964%
54	25.000%	25.000%	20.000%	17.500%	17.500%	12.500%	6.717%
55	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	6.479%
56	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	6.251%
57	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	6.023%
58	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.814%
59	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.605%
60	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.406%
61	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.216%
62	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	5.035%
63+	25.000%	20.000%	17.500%	15.000%	15.000%	12.500%	0.000%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	$ 14,837,410.00	January 1, 2014	5	$ 3,230,152.00
Shortfall	$ (5,103,765.00)	January 1, 2015	6	$ (955,073.00)
Shortfall	$ (2,732,848.00)	January 1, 2016	7	$ (451,531.00)

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2016

Luxottica Retail
Luxottica Group Pension Plan
Active Employees

EIN: 11-3491054 PN: 002

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
	120	1,013	50	-	-	-	-	-	-	-
	$6,207	$20,578	$34,295							
<25	$0	$1,135	$4,550							
	98	1,585	642	22	-	-	-	-	-	-
	$5,651	$26,737	$38,061	$42,600						
25-29	$0	$2,234	$8,203	$18,649						
	44	996	805	308	33	-	-	-	-	-
	$3,766	$38,047	$46,484	$48,894	$58,177					
30-34	$0	$3,726	$11,934	$28,999	$47,310					
	33	599	597	410	230	10	-	-	-	-
	$4,458	$48,032	$54,911	$51,297	$57,331					
35-39	$0	$4,511	$14,722	$33,302	$57,532					
	21	458	410	314	276	130	11	-	-	-
	$6,754	$55,948	$61,405	$57,379	$62,487	$63,022				
40-44	$0	$5,597	$17,849	$37,990	$65,990	$96,567				
	22	351	362	289	258	135	73	9	-	-
	$17,594	$56,872	$65,451	$61,082	$65,489	$68,482	$71,092			
45-49	$0	$6,206	$18,603	$39,019	$69,905	$110,540	$133,252			
	15	285	326	291	206	139	111	35	-	-
		$58,899	$57,743	$54,548	$69,775	$78,165	$72,706	$84,447		
50-54		$6,413	$17,182	$33,470	$71,379	$114,685	$143,480	$184,332		
	18	220	260	238	194	104	105	38	2	-
		$43,636	$52,286	$56,730	$57,947	$64,588	$71,756	$72,397		
55-59		$5,361	$15,189	$34,255	$59,753	$112,556	$149,450	$163,013		
	9	114	155	150	152	74	52	19	4	2
		$42,213	$46,698	$48,434	$51,741	$56,227	$65,966			
60-64		$5,711	$14,232	$29,980	$54,300	$86,194	$147,934			
	5	41	48	52	60	23	11	6	-	-
		$31,822	$50,732	$38,957	$40,671	$49,408				
65-69		$4,594	$17,621	$30,749	$52,908	$79,541				
	2	23	28	17	23	10	2	3	1	-
		$36,490	$31,054		$28,220					
70+		$3,614	$17,546		$49,408					

N-14,387

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change which was made to better anticipate future experience:

- A change in the salary increase assumption for ages less than 35 from 6.00% to 7.00%.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	7.50%	1.0000	4.13
56	7.50%	0.9250	3.89
57	7.50%	0.8556	3.66
58	7.50%	0.7915	3.44
59	7.50%	0.7321	3.24
60	10.00%	0.6772	4.06
61	15.00%	0.6095	5.58
62	15.00%	0.5180	4.82
63	20.00%	0.4403	5.55
64	20.00%	0.3523	4.51
65	20.00%	0.2818	3.66
66	20.00%	0.2255	2.98
67	20.00%	0.1804	2.42
68	20.00%	0.1443	1.96
69	20.00%	0.1154	1.59
70	20.00%	0.0923	1.29
71	20.00%	0.0739	1.05
72	20.00%	0.0591	0.85
73	100.00%	0.0473	3.45
		Weighted Average	62.13

Schedule SB Attachment (Form 5500)—2016 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.12%	Interest Adjusted Contribution
October 11, 2016	$ 9,700,000	284	$ 9,263,054
January 13, 2017	7,300,000	378	6,865,621
April 17, 2017	8,800,000	472	8,151,060
July 17, 2017	8,800,000	563	8,031,562
September 15, 2017	8,800,000	623	7,953,732
Total Contribution	$ 43,400,000		$ 40,265,029

LUXOTTICA GROUP PENSION PLAN
Form 5500 E.I.N. 11-3491054 Plan No. 002
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2016

(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
Limited partnership	Shares			
CHL MEDICAL PARTNERS LP	0.419	156,226		3,892
CHL MEDICAL PARTNERS II LP	0.146	171,510		30,805
		327,736		34,697
Money market funds				
FIDELITY GOVERNMENT MM INSTITUTIONAL CLASS FD #057	2,278,827	2,278,827	#	2,278,827
*PNC GOVT. MONEY MARKET FUND #405	8,585	8,585		8,585
		2,287,412		2,287,412
Common collective trust funds				
SSGA GLOBAL EQUITY INDEX NON-LENDING SERIES FUND CLASS A FD #CMER1	6,173,603	115,070,918		122,212,642
SSGA GLOBAL EQUITY EX U.S. INDEX NON-LENDING SERIES FUND CLASS A FD #ZVCQ1	11,893,582	174,620,303		178,843,794
SSGA RUSSELL ALL CAP INDEX NON-LENDING SERIES FUND CLASS A FD #CMCW1	5,446,053	162,010,516		179,055,337
*AHGT GLOBAL REAL ESTATE FUND	2,724,280	45,557,476		49,292,525
*AHGT INTERMEDIATE CREDIT BOND FUND	5,491,498	67,649,212		70,445,123
*AHGT US LONG FIXED ACTIVE CREDIT FUND	4,313,738	70,650,000		71,517,476
*AHGT MID DURATION LONG CREDIT FUND	13,168,415	131,846,699		142,874,112
		767,405,125		814,241,009
		$ **770,020,273**	$	**816,563,118**

* Denotes a party-in-interest
Note - The information in this schedule was certified by the trustee of the Plan as complete and accurate.

LUXOTTICA GROUP PENSION PLAN
Form 5500 E.I.N. 11-3491054 Plan No. 002

Schedule H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of Transactions with Same Security Exceeding 5% of Value						
AHGT INTERMEDIATE CREDIT BOND FUND	Common collective trust funds					
	Purchases - 2	$ 7,750,000	$ -	$ 7,750,000	$ 7,750,000	$ -
	Sales - 3	-	67,150,000	64,816,040	64,816,040	2,333,960
MERRILL LYNCH FFI INSTITUTIONAL FUND FD #258	Money market fund					
	Purchases - 71	53,904,568	-	53,904,568	53,904,568	-
	Sales - 42	-	61,106,877	61,106,877	61,106,877	-
AHGT US LONG FIXED ACTIVE CREDIT FUND	Common collective trust funds					
	Purchases - 2	70,650,000	-	70,650,000	70,650,000	-
	Sales - 0	-	-	-	-	-
Single Transactions Exceeding 5% of Value						
AHGT US LONG FIXED ACTIVE CREDIT FUND	Common collective trust funds	40,650,000	-	40,650,000	40,650,000	-

Note - The unaudited information in this schedule was certified by the Trustee of the Plan as complete and accurate.