

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
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.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WILLIS NORTH AMERICA INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1965</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1965</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1965</u>					
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) <u>WILLIS NORTH AMERICA INC.</u> <u>26 CENTURY BLVD.</u> <u>NASHVILLE, TN 37214-3695</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-5654526</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>615-872-6421</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-5654526</u>	2c Plan Sponsor's telephone number <u>615-872-6421</u>	2d Business code (see instructions) <u>524210</u>	
2b Employer Identification Number (EIN) <u>13-5654526</u>					
2c Plan Sponsor's telephone number <u>615-872-6421</u>					
2d Business code (see instructions) <u>524210</u>					

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.	10/14/2021	JASON TOMANDA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	5042
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)	995
a(2) Total number of active participants at the end of the plan year		6a(2)	909
b Retired or separated participants receiving benefits.....		6b	2142
c Other retired or separated participants entitled to future benefits		6c	1758
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4809
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	193
f Total. Add lines 6d and 6e		6f	5002
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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: 1A 1D 1I 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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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 <u>WILLIS NORTH AMERICA INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WILLIS NORTH AMERICA INC.</u>	D Employer Identification Number (EIN) <u>13-5654526</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>	
2 Assets:	
a Market value	2a <u>793781487</u>
b Actuarial value	2b <u>765098427</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>2143</u> (2) Vested Funding Target <u>468096283</u> (3) Total Funding Target <u>468096283</u>
b For terminated vested participants.....	<u>1904</u> <u>188305146</u> <u>188305146</u>
c For active participants	<u>995</u> <u>116079353</u> <u>119606756</u>
d Total.....	<u>5042</u> <u>772480782</u> <u>776008185</u>
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 <u>5.71</u> %
6 Target normal cost.....	6 <u>4000000</u>

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		<u>09/21/2021</u>
Signature of actuary		Date
<u>MICHAEL F. POLLACK</u>		<u>20-04748</u>
Type or print name of actuary		Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u>		<u>203-326-5469</u>
Firm name		Telephone number (including area code)
<u>3001 SUMMER STREET</u> <u>FLOOR 5</u> <u>STAMFORD, CT 06905</u>		
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 ☐

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

Schedule SB (Form 5500) 2020
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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	16761527
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4100000
9	Amount remaining (line 7 minus line 8)	0	12661527
10	Interest on line 9 using prior year's actual return of <u>19.01</u> %	0	2406956
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		9326507
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 <u>5.51</u> %		287981
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		779410
c	Total available at beginning of current plan year to add to prefunding balance		10393898
d	Portion of (c) to be added to prefunding balance		10340000
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	25408483

Part III		Funding Percentages	
14	Funding target attainment percentage	14	95.31 %
15	Adjusted funding target attainment percentage	15	95.31 %
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	91.01 %
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	
01/07/2021	400000	0	
01/29/2021	16000000	0	
Totals ▶		18(b)	16400000
		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 15448563
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
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.50 %3rd segment:
6.27 %☐ 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** 4000000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 36318241 Installment 3708653**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** 7708653

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	7708653	7708653

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 15448563**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 15448563**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 7708653**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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan WILLIS NORTH AMERICA INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIS NORTH AMERICA INC.	D Employer Identification Number (EIN) 13-5654526	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JP MORGAN CHASE BANK, N.A.
13-4994650

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

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

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

WELLS FARGO BANK N.A.

94-1347393

(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 25 50	NONE	455680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC

20-0292745

(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?
28 51	NONE	170266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INSTITUTIONAL TRUST CO

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	NONE	110194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DELOITTE & TOUCHE

13-3891517

(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 50	NONE	49000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENRL INVSTMNT MGMT AMERICA

20-8058531

(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?
28 51	NONE	46396	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2020</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>WILLIS NORTH AMERICA INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WILLIS NORTH AMERICA INC.</u>	D Employer Identification Number (EIN) <u>13-5654526</u>
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: LEGAL & GENERAL 15 STRIPS CIT FUND

b Name of sponsor of entity listed in (a): LEGAL & GENERAL

c EIN-PN <u>35-7085469-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81264438</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TRSRY US 10YR KY RT NL FD

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

c EIN-PN <u>47-4226866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18134941</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TRSRY US 15YR KY RT NL FD

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

c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18831129</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TRSRY US 20YR KY RT NL FD

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

c EIN-PN <u>45-3856189-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8871535</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TRSRY US 25YR KY RT NL FD

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

c EIN-PN <u>45-3856224-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24827172</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GT LONG CREDIT FUND

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN <u>82-6695738-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43776550</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GT REAL ASSET FUND

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN <u>82-6695738-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>111624886</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTW GT DIVERSIFIED EQUITY FUND**

b Name of sponsor of entity listed in (a): **TOWERS WATSON INVESTMENT SERVICES, INC.**

c EIN-PN 82-6695738-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272428741
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>WILLIS NORTH AMERICA INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WILLIS NORTH AMERICA INC.</u>	D Employer Identification Number (EIN) <u>13-5654526</u>	

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	21800000	555000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17700000	16400000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	32108	794
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9711686	31303018
(2) U.S. Government securities	1c(2)	1189325	0
(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)		
(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)	508904441	579759392
(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)	235383312	266103872

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	794720872	894122076

Liabilities

g Benefit claims payable	1g	190181	132611
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	491910	86076
k Total liabilities (add all amounts in lines 1g through 1j)	1k	682091	218687

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	794038781	893903389
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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)	16400000	
(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)		16400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	136793	
(B) U.S. Government securities	2b(1)(B)	17357	
(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)	2920	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		157070
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3929233	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7548907	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-3619674
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	9469468	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		9469468

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		126611540
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		149018404

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	45075212	
(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)		45075212
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)	49000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	326856	
(4) Other.....	2i(4)	3702728	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4078584
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		49153796

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		99864608
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **DELOITTE TOUCHE LLP**

(2) EIN: **13-3891517**

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:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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?	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?		X	
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?	X		266103872
4g	X		266103872
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4308220 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan WILLIS NORTH AMERICA INC. PENSION PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 WILLIS NORTH AMERICA INC.</div>	<div>D Employer Identification Number (EIN) 13-5654526</div>

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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): 41-6257133		
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	4

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
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
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
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: 33.0 % Investment-Grade Debt: 29.0 % High-Yield Debt: 9.0 % Real Estate: 8.0 % Other: 21.0 %

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):

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

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

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

Willis North America Inc. Pension Plan

Employer ID No: 13-5654526

Plan Number: 001

Financial Statements as of and for the Years Ended December 31, 2020 and 2019, Supplemental Schedules as of and for the Year Ended December 31, 2020, and Independent Auditors' Report

Willis North America Inc. Pension Plan

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Willis Towers Watson U.S. Benefit Plans Administration Committee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Willis North America Inc. Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee or custodian of the Plan, as of and for the years ended December 31, 2020 and 2019, and Northern Trust Company, the trustee of the Plan, as of December 31, 2020 and for the period December 1, 2020 through December 31, 2020, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustees or custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustees or custodian, as of December 31, 2020, and 2019, and for the years then ended, that the information provided to the Plan administrator by the trustees or custodian is complete and accurate.

Disclaimer of Opinion

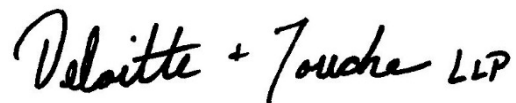
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules listed in the Table of Contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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.

Report on Form and Content in Compliance with Department of Labor 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 trustees or custodian, 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 the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Deloitte + Touche LLP". The signature is written in a cursive, flowing style.

October 11, 2021

WILLIS NORTH AMERICA INC. PENSION PLAN
Statements of Net Assets Available for Benefits
As of December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS:		
Cash	\$ 555,000	\$ 21,800,000
Investments at fair value:		
Short-term securities	31,303,018	9,711,686
Government securities	—	1,189,325
Hedge funds	266,103,872	235,383,312
Commingled trust funds	579,759,392	508,904,441
Total investments - at fair value	<u>877,166,282</u>	<u>755,188,764</u>
Receivables:		
Employer contribution receivable	16,400,000	17,700,000
Variation margin receivable	292	—
Receivable for securities sold	—	3,310
Accrued investment income	<u>502</u>	<u>28,798</u>
Total receivables	16,400,794	17,732,108
Total assets	<u>894,122,076</u>	<u>794,720,872</u>
LIABILITIES:		
Payable for investments purchased	—	491,910
Other payables	<u>86,076</u>	<u>—</u>
Total liabilities	<u>86,076</u>	<u>491,910</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 894,036,000</u></u>	<u><u>\$ 794,228,962</u></u>

See accompanying notes to the financial statements.

WILLIS NORTH AMERICA INC. PENSION PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
EMPLOYER CONTRIBUTIONS	\$ 16,400,000	\$ 17,700,000
INVESTMENT INCOME:		
Dividend income	—	175,130
Interest income	157,070	315,793
Net appreciation in fair value of investments	<u>132,461,334</u>	<u>131,082,370</u>
Total investment income	<u>132,618,404</u>	<u>131,573,293</u>
DEDUCTIONS:		
Benefits paid to participants	45,132,782	45,418,812
Administrative expenses	<u>4,078,584</u>	<u>4,401,869</u>
Total deductions	<u>49,211,366</u>	<u>49,820,681</u>
NET INCREASE	99,807,038	99,452,612
TRANSFERS OUT TO OTHER PLANS	—	(23,167,285)
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	794,228,962	717,943,635
NET ASSETS AVAILABLE FOR BENEFITS — End of year	<u>\$ 894,036,000</u>	<u>\$ 794,228,962</u>

See accompanying notes to the financial statements.

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

1. DESCRIPTION OF THE PLAN

The following description of the Willis North America Inc. Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s information.

General — The Plan is a defined benefit pension plan sponsored by Willis North America Inc. (the “Company” or “Plan Sponsor”), a subsidiary of Willis Towers Watson plc, and covers employees of the Company, including employees of adopting subsidiaries, some of which had predecessor defined benefit retirement plans (the “Predecessor Plans”) which have elected to transfer the net assets of their Predecessor Plans to the Plan. The Benefit Plans Administration Committee of the Company controls and manages the operation and administration of the Plan. Effective December 1, 2020, Northern Trust Company (the “Trustee”) serves as the trustee of the Plan. Wells Fargo Bank, N.A. (the “Predecessor Trustee”) served as the trustee of the Plan through November 30, 2020 and continued to serve only as a custodian of certain investments through April 30, 2021. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective December 1, 2019, 443 retired Plan participants, and assets and accumulated plan benefit obligation of \$23,167,285 and \$16,325,248, respectively, were transferred from the Plan to the Willis Towers Watson Pension Plan for U.S. Employees (“the WTW Plan”).

Contributions and Vesting — Generally, all employees of the Company and its subsidiaries who were at least 21 years old and who were hired by December 31, 2006, and have completed one year of service, were eligible to participate in the Plan. Temporary employees who were at least 21 years old and who had completed 1,000 hours of service prior to January 1, 2007, were also eligible to participate in the Plan.

Effective January 1, 2007, no new employees were permitted to participate in the Plan. All Plan participants are now vested. Contributions are based on the actuarially determined amounts required to provide for participants’ benefits under the Plan, after considering earnings of the Plan’s assets. During January 2021, the Company made a contribution of \$16,400,000 for the 2020 plan year; during September 2020, the Company made a contribution of \$17,700,000 for the 2019 plan year. These amounts have been reflected as receivables to the Plan at December 31, 2020 and 2019.

Normal retirement age under the Plan is 65, with early retirement permitted if the participant is 55 and has 10 years of vesting service. If participants were hired before January 1, 2005, retirement benefits are calculated as a percentage of compensation for the average of the five consecutive calendar years during the last 15 years of employment which produce the highest average. If participants were hired on or after January 1, 2005, retirement benefits are calculated at 1.75% of eligible compensation for all periods in which benefit service is earned. Participants in the Plan may elect to receive the value of their Plan benefits in the form of one of several annuity methods.

Effective May 15, 2009, the Plan was amended to freeze participants’ plan benefits. As a result, the total benefits for each employee will only reflect benefit service and compensation each employee earned through May 15, 2009. The employees’ service subsequent to this date will continue to count for the purpose of determining the employees’ vested status, eligibility for early retirement, and eligibility for certain death benefits under the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from these estimates.

Risks and Uncertainties — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, 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. The Plan invests in certain commingled trust funds and hedge funds whose respective fair values at December 31, 2020 and 2019 are in excess of 10% of the Plan's respective net assets available for benefits at December 31, 2020 and 2019.

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 assumption 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.

Although the outbreak of the novel coronavirus ("COVID-19") has adversely affected, and may continue to affect, the global financial markets and economy, COVID-19 has not had any significant impact on the Plan's net assets available for benefits and changes in net assets available. As the outbreak of COVID-19 is still on-going, the Company continues to monitor the potential of its impact on the Plan's net assets available for benefits.

Investment Valuation and Income Recognition — Investments are stated at fair value. The Plan follows the guidance of Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* ("ASC 820"), which establishes a framework for measuring fair value. Fair value 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. Refer to Note 5 for a discussion of fair value measurements.

Investment transactions 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) includes net gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits — Benefit payments to participants are recorded upon distribution.

Contributions Receivable — Contributions receivable are amounts due from the Company as of the date of the financial statements, including legal and contractual obligations or obligations resulting from a formal commitment.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan as provided in the Plan document. The Plan Sponsor provides accounting and other administrative services to the Plan.

Recent Accounting Pronouncements — In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Disclosure Framework — Changes to the Disclosure Requirements for Fair Value Measurement* ("ASU No. 2018-13"), which amends certain disclosure requirements of ASC 820, including the removal of the requirement to disclose the amount of and reasons for transfers of assets between level 1 and level 2 of the fair value hierarchy, as well as the policy for timing of transfers between levels. ASU No. 2018-13 also modifies the disclosure for investments in certain entities that calculate the net asset value to disclose the timing and liquidation of an investee's assets and the date when restrictions from redemption might lapse only if the investee has communicated the timing to the Plan or announced the timing publicly. Additionally, ASU No. 2018-13 clarifies the measurement uncertainty disclosure to communicate information about the uncertainty in measurement as of the reporting date. This ASU became effective for the Plan on January 1, 2020, at which time it adopted it. Certain provisions of the ASU were required to be adopted retrospectively, while others were required to be adopted prospectively. This ASU did not have a material impact on the Plan's financial statements.

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

3. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the employees' compensation and services employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the 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 following presents the significant actuarial assumptions used in the valuation of the Plan's accumulated plan benefits as of December 31, 2019 and 2018. The actuarial present value of accumulated plan benefits at December 31, 2019 and 2018 are presented using a beginning of year benefit information date. The actuarial present value of accumulated plan benefits below is measured as of January 1, which is a proxy for December 31 for each respective year presented. The effect of Plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. There were no amendments effective January 1 recognized in the actuarial present value of accumulated plan benefits included below. The transfer related to the WTW Plan (see Note 1) became effective on December 1, 2019 and resulted in a decrease to the accumulated plan benefit obligation of \$16,325,248.

	December 31, 2019	December 31, 2018
Mortality	RP-2014 Mortality Table ⁽¹⁾	RP-2014 Mortality Table ⁽¹⁾
Interest discount assumptions	7.25%	7.25%
Average retirement age	62	62

⁽¹⁾ The special disability mortality tables specified in Internal Revenue Service ("IRS") Revenue Ruling 96-7 were used for disabled participants.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. 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.

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

The actuarial present value of accumulated plan benefits as of December 31, 2019 is summarized as follows:

Actuarial present value of accumulated plan benefits -	
Vested benefits:	
Participants currently receiving payments	\$ 409,636,743
Other participants	<u>249,226,299</u>
Total vested accumulated benefits:	658,863,042
Nonvested benefits ⁽¹⁾	<u>3,129,057</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 661,992,099</u></u>

⁽¹⁾Nonvested benefits includes the following: (a) early retirement benefits and supplements in excess of standard termination benefits for participants who have not yet satisfied the eligibility requirements for such benefits, and (b) death benefits in excess of the Plan's qualified pre-retirement survivor annuity.

A summary of the change in the accumulated plan benefits for the year ended December 31, 2019, is as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2018	\$ 675,427,666
Changes during the year due to:	
Actuarial gains	986,463
Increase for interest due to the decrease in the discount period	47,322,030
Benefits paid	(45,418,812)
Plan amendment ⁽¹⁾	<u>(16,325,248)</u>
Net decrease	<u>(13,435,567)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2019	<u><u>\$ 661,992,099</u></u>

⁽¹⁾ Pertains to the transfer of 443 retired Plan participants to the WTW Plan (see Note 1), which became effective on December 1, 2019.

Effective May 15, 2009, an amendment was passed which froze the Plan. At the time of the amendment, the projected benefit obligation became equal to the accumulated benefit obligation and will remain so in future years. Another by-product of the freeze on net benefit cost is that gains and losses are now amortized over the expected future lifetime of Plan participants, rather than over expected future service of active participants.

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

4. INFORMATION CERTIFIED BY THE TRUSTEE

The Company, acting in its capacity as the Plan administrator, has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following is a summary of the unaudited information regarding the Plan as of and for the years ended December 31, 2020 and 2019, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by the Trustee or Predecessor Trustee and furnished to the Company. The Company has obtained certifications from the Trustee as of December 31, 2020 and for the period December 1, 2020 through December 31, 2020, and from the Predecessor Trustee as of and for the years ended December 31, 2020 and 2019, that such information is complete and accurate. The hedge funds of \$266,103,872 and \$235,383,312 (and \$20,800,000 of related cash in 2019), the Willis Towers Watson Group Trust Diversified Equity Fund of \$272,428,741 and \$218,292,714, the Willis Towers Watson Group Trust Long Credit Fund of \$43,776,550 and \$42,847,312, and the Willis Towers Watson Group Trust Real Asset Fund of \$111,624,886 and \$97,628,021, at December 31, 2020 and 2019, respectively, and any related investment income, are not certified.

	<u>2020</u>	<u>2019</u>
Statements of net assets available for benefits		
Investments at fair value:		
Short-term securities ⁽¹⁾	\$ 31,303,018	\$ 9,711,686
Government securities	—	1,189,325
Commingled trust funds	151,929,215	150,136,394
	<u>183,232,233</u>	<u>161,037,405</u>
Cash	555,000	1,000,000
Receivable for securities sold	—	3,310
Variation margin receivable	292	—
Accrued investment income	502	28,798
Payable for securities purchased	—	491,910
Statements of changes in net assets available for benefits		
Dividend income	—	175,130
Interest income	157,070	315,793
Net appreciation in fair value of investments	56,374,146	89,785,095

⁽¹⁾For the short-term securities balance at December 31, 2020, \$25,103,499 is certified by the Trustee and \$6,199,519 is certified by the Predecessor Trustee.

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

- Supplemental schedule of assets (held at end of year), as of December 31, 2020, except for the hedge funds and the Willis Towers Watson Group Trust Diversified Equity Fund, Willis Towers Watson Group Trust Long Credit Fund, and Willis Towers Watson Group Trust Real Asset Fund investments.
- Supplemental schedule of reportable transactions for the year ended December 31, 2020, except for the Willis Towers Watson Group Trust Diversified Equity Fund transactions.
- All investment balances and investment information, except for investment leveling in Note 5, Note 8, the hedge funds, Willis Towers Watson Group Trust Diversified Equity Fund, Willis Towers Watson Group Trust Long Credit Fund, and Willis Towers Watson Group Trust Real Asset Fund investments.

5. FAIR VALUE MEASUREMENTS

The Plan follows the guidance of ASC 820, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 — Inputs to the valuation methodology include:

- a) Quoted prices for similar assets or liabilities in active markets;
- b) Quoted prices for identical or similar assets or liabilities in inactive markets;
- c) Inputs other than quoted prices that are observable for the asset or liability; and
- d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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 maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020.

Short-term Securities — Consists of short-term investment funds which are not exchange-traded funds, however, the prices per unit are published and represent the actual price at which the units held in the fund can be bought or sold.

Government Securities — Valued at the closing price reported in the active market in which the individual security is traded.

Hedge Funds — The fair values of these investments are estimated based on the net asset value at year end as provided by the funds' investment managers, as a practical expedient.

Commingled Trust Funds — Valued at the net asset value of shares held by the Plan at year end as a practical expedient. The respective investment manager determines the net asset values of shares by reference to the quoted closing market prices of the underlying investments held in the portfolio.

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

The following table set forth by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value at December 31, 2020:

	Assets at Fair Value at December 31, 2020			
	Level 1	Level 2	Level 3	Total
Short-term securities	\$ —	\$ 31,303,018	\$ —	\$ 31,303,018
Hedge funds	—	—	—	266,103,872
Commingled trust funds	—	—	—	579,759,392
Total assets measured at fair value	<u>\$ —</u>	<u>\$ 31,303,018</u>	<u>\$ —</u>	<u>\$ 877,166,282</u>

Commingled trust funds - This category is composed of eight funds. Fair value is based on the calculated net asset value of shares held by the Plan as reported by the manager of the funds. Each of the funds are direct filing entities whose investment strategies have been omitted from disclosure in accordance with the adoption of ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960)* ("ASU 2015-12"). Other required information is presented below.

Blackrock Treasury U.S. 10 Yr Key Rate Duration NL Fund: (\$18,134,941) Redemptions of shares can be paid in-kind. There are no unfunded commitments to this fund.

Blackrock Treasury U.S. 15 Yr Key Rate Duration NL Fund: (\$18,831,129) Redemptions of shares can be paid in-kind. There are no unfunded commitments to this fund.

Blackrock Treasury U.S. 20 Yr Key Rate Duration NL Fund: (\$8,871,535) Redemptions of shares can be paid in-kind. There are no unfunded commitments to this fund.

Blackrock Treasury U.S. 25 Yr Key Rate Duration NL Fund: (\$24,827,172) Redemptions of shares can be paid in-kind. There are no unfunded commitments to this fund.

Legal and General Treasury 15+ Strips CIT Fund: (\$81,264,438) There are no substantial redemption restrictions for this fund, however redemption typically requires a 1-day notice. There are no unfunded commitments to this fund.

Willis Towers Watson Group Trust Diversified Equity Fund: (\$272,428,741) Redemptions of shares require a minimum 1-day notice. There are no unfunded commitments to this fund.

Willis Towers Watson Group Trust Long Credit Fund: (\$43,776,550) Redemptions of shares require a minimum 1-day notice. There are no unfunded commitments to this fund.

Willis Towers Watson Group Trust Real Asset Fund: (\$111,624,886) Redemptions of shares require a minimum 1-day notice. There are no unfunded commitments to this fund.

Hedge funds - This category is comprised of investments in three Willis Towers Watson sponsored hedge funds: the Towers Watson Alternative Credit Z Shares Unhedged Fund (\$112,601,325), the Towers Watson Diversifying Strategy Fund (\$53,623,951), and the Towers Watson Hedge Advantage Fund (\$99,878,596). This class consists of multi-strategy hedge fund of funds, which invest in a diversified array of funds across a multitude of strategies. The redemption period is generally quarterly, however the Alternative Credit Z Shares Unhedged Fund has an initial lock-up period of one year and requires a 50-day notice, the Diversifying Strategy Fund requires a 50-day notice, and the Hedge Advantage Fund has an initial lock-up period of one year and requires a 185-day notice. There are no unfunded commitments for any of the three funds.

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

The following table set forth by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value at December 31, 2019:

	Assets at Fair Value at December 31, 2019			
	Level 1	Level 2	Level 3	Total
Short-term securities	\$ —	\$ 9,711,686	\$ —	\$ 9,711,686
Government securities	1,189,325	—	—	1,189,325
Hedge funds	—	—	—	235,383,312
Commingled trust funds	—	—	—	508,904,441
Total assets measured at fair value	<u>\$ 1,189,325</u>	<u>\$ 9,711,686</u>	<u>\$ —</u>	<u>\$ 755,188,764</u>

Commingled trust funds - This category is composed of eight funds. Fair value is based on the calculated net asset value of shares held by the Plan as reported by the manager of the funds. Each of the funds are direct filing entities whose investment strategies have been omitted from disclosure in accordance with the adoption of ASU 2015-12. Other required information is presented below.

Blackrock Treasury U.S. 10 Yr Key Rate Duration NL Fund: (\$20,752,522) Redemptions of shares can be paid in-kind. There are no unfunded commitments to this fund.

Blackrock Treasury U.S. 15 Yr Key Rate Duration NL Fund: (\$21,634,004) Redemptions of shares can be paid in-kind. There are no unfunded commitments to this fund.

Blackrock Treasury U.S. 20 Yr Key Rate Duration NL Fund: (\$14,280,448) Redemptions of shares can be paid in-kind. There are no unfunded commitments to this fund.

Blackrock Treasury U.S. 25 Yr Key Rate Duration NL Fund: (\$39,606,680) Redemptions of shares can be paid in-kind. There are no unfunded commitments to this fund.

Legal and General Treasury 15+ Strips CIT Fund: (\$53,862,740) There are no substantial redemption restrictions for this fund, however redemption typically requires a 1-day notice. There are no unfunded commitments to this fund.

Willis Towers Watson Group Trust Diversified Equity Fund: (\$218,292,714) Redemptions of shares require a minimum 1-day notice. There are no unfunded commitments to this fund.

Willis Towers Watson Group Trust Long Credit Fund: (\$42,847,312) Redemptions of shares require a minimum 1-day notice. There are no unfunded commitments to this fund.

Willis Towers Watson Group Trust Real Asset Fund: (\$97,628,021) Redemptions of shares require a minimum 1-day notice. There are no unfunded commitments to this fund.

Hedge funds - This category is comprised of investments in three Willis Towers Watson sponsored hedge funds: the Towers Watson Alternative Credit Z Shares Unhedged Fund (\$90,950,506), the Towers Watson Diversifying Strategy Fund (\$56,019,580), and the Towers Watson Hedge Advantage Fund (\$88,413,226). This class consists of multi-strategy hedge fund of funds, which invest in a diversified array of funds across a multitude of strategies. The redemption period is generally quarterly, however the Alternative Credit Z Shares Unhedged Fund has an initial lock-up period of one year and requires a 50-day notice, the Diversifying Strategy Fund requires a 50-day notice, and the Hedge Advantage Fund has an initial lock-up period of one year and requires a 185-day notice. There are no unfunded commitments for any of the three funds.

6. INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated December 4, 2017, that the Plan and related trust are designed in accordance with applicable regulations of the Internal Revenue Code ("IRC"). In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually and requires plans to be amended for each item on the list, as applicable, to retain its tax-exempt status. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is currently being operated in compliance with the applicable requirements of

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

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.

7. DERIVATIVE INSTRUMENTS

Derivative instruments as of December 31, 2020 consist of exchange-traded futures contracts.

Accounting for Exchange-Traded Futures Contracts — Generally, upon entering into such a contract, the Plan is required to pledge to the broker an amount of cash or securities equal to the minimum “initial margin” requirements of the exchange. Pursuant to the contract, the Plan agrees to receive from or pay to the broker an amount of cash equal to the daily fluctuation in value of the contract. Such receipts or payments are known as “variation margin” and are recorded by the Plan as unrealized appreciation or depreciation. When the contract is closed the Plan records a realized gain or loss equal to the difference between the value of the contract at the time it was opened and the value at the time it was closed.

The following table presents the notional values of the outstanding futures contracts and the unrealized appreciation/(depreciation) of futures recorded in the statements of net assets available for benefits as of December 31, 2020.

	December 31, 2020	
	Contract Notional Par Long (Short)	Unrealized Appreciation (Depreciation) *
Exchange-Traded Futures:		
MSCI EAFE Index Future Mar 21	\$ 650	\$ 21,512
MSCI Emerging Markets Index Future Mar 21	\$ 550	\$ 19,132
S&P/TSX 60 Index Future Mar 21	\$ 200	\$ (293)
S&P 500 E-mini Future Mar 21	\$ 1,050	\$ 73,188
US Long-Term Treasury Bond Future Mar 21	\$ 2,000,000	\$ (34,375)
US Treasury Note Future 5 year	\$ 1,800,000	\$ 2,391
US Treasury Note Future 10 year	\$ 1,100,000	\$ (1,031)
US Ultra Treasury Bond Future Mar 21	\$ 2,200,000	\$ (54,313)

* The unrealized appreciation (depreciation) presented in the tables above represents the variation margin for the last day of the reporting period. It is considered unrealized because each day's cash settlement will be completed on the following day. These amounts are classified within either the receivable for investments sold or payable for investments purchased on the statements of net assets available for benefits.

The gains and losses of exchange-traded futures are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits. The net depreciation in exchange-traded futures for the years ended December 31, 2020 and 2019 is summarized as follows:

Primary Underlying Risk	Location on Statements of Changes in Net Assets Available for Benefits	(Loss)/gain for the year ended December 31,	
		2020	2019
Exchange-Traded Futures	Net appreciation in fair value of investments	\$ (4,108,623)	\$ —
Total depreciation of derivatives		\$ (4,108,623)	\$ —

8. 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

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

forth in ERISA. In the event 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. 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.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Transactions with parties-in-interest include various funds managed by the Trustee or Predecessor Trustee. Therefore, these transactions qualify as party-in-interest transactions. There were no fees paid to the Trustee during 2020; fees paid by the Plan to the Predecessor Trustee and for investment management services were \$782,536 and \$950,773 for the years ended December 31, 2020 and 2019, respectively. These amounts are included as part of administrative expenses on the statements of changes in net assets available for benefits. Furthermore, the Plan is invested in certain Willis Towers Watson-sponsored funds. The fair value and related appreciation/(depreciation) of these investments as of and for the years ended December 31, 2020 and 2019 are detailed in the table below:

	Fair Value at		Net Appreciation/(Depreciation)	
	December 31,		in Fair Value of Investments	
	2020	2019	For the Year Ended	December 31,
			2020	2019
Towers Watson Alternative Credit Z Shares Unhedged Fund	\$ 112,601,325	\$ 90,950,506	\$ 3,250,819	\$ 7,116,071
Towers Watson Diversifying Strategy Fund	53,623,951	56,019,580	(2,395,629)	650,817
Towers Watson Hedge Advantage Fund	99,878,596	88,413,226	9,065,370	3,263,320
Willis Towers Watson Group Trust Diversified Equity Fund	272,428,741	218,292,714	52,740,526	42,218,257
Willis Towers Watson Group Trust Long Credit Fund	43,776,550	42,847,312	5,929,237	9,699,159
Willis Towers Watson Group Trust Real Asset Fund	111,624,886	97,628,021	7,496,865	7,219,594
Total	<u>\$ 693,934,049</u>	<u>\$ 594,151,359</u>	<u>\$ 76,087,188</u>	<u>\$ 70,167,218</u>

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31,	
	2020	2019
Net assets available for benefits per the financial statements	\$ 894,036,000	\$ 794,228,962
Benefits payable	(132,611)	(190,181)
Net assets available for benefits per Form 5500	<u>\$ 893,903,389</u>	<u>\$ 794,038,781</u>

WILLIS NORTH AMERICA INC. PENSION PLAN
Notes to the Financial Statements
As of and for the Years Ended December 31, 2020 and 2019

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 for the years ended December 31, 2020 and 2019:

Benefits paid per the financial statements - year ended December 31, 2020	\$ 45,132,782
Add: benefits payable at December 31, 2020	132,611
Less: benefits payable at December 31, 2019	<u>(190,181)</u>
Benefits paid per Form 5500 - year ended December 31, 2020	<u>\$ 45,075,212</u>
 Benefits paid per the financial statements - year ended December 31, 2019	 \$ 45,418,812
Add: benefits payable at December 31, 2019	190,181
Less: benefits payable at December 31, 2018	<u>(95,368)</u>
Benefits paid per Form 5500 - year ended December 31, 2019	<u>\$ 45,513,625</u>

11. SUBSEQUENT EVENTS

For the year ended December 31, 2020, subsequent events were evaluated through October 11, 2021, the date the financial statements were available to be issued. Except as disclosed in Note 1, no significant events occurred that require adjustment to or disclosure in the Plan's financial statements.

On March 11, 2021, the American Rescue Plan ("ARP") Act was signed into law to provide further funding relief for single-employer pension plans in the form of interest rate stabilization and lengthen the period for amortizing funding shortfalls. The extension of the amortization period applies to all plan years beginning after December 31, 2021, while allowing for plan sponsors to elect to have this relief applied retroactively, starting for plan years beginning after December 31, 2018. The Plan Sponsor is currently evaluating the relief provided by the ARP Act and whether to elect to redesignate contributions originally designated for the 2020 and 2019 plan years, respectively. Accordingly, contributions and contributions receivable presented in accordance with GAAP in the financial statements may differ from contributions and contributions receivable presented on Schedule H of respective Form 5500s.

SUPPLEMENTAL SCHEDULES

WILLIS NORTH AMERICA INC. PENSION PLAN
EIN: 13-5654526
Plan Number: 001
FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	USD	NON-INTEREST-BEARING CASH:	\$ 555,000	\$ 555,000
		Total Cash	\$ 555,000	\$ 555,000
		SHORT-TERM SECURITIES:		
*	195998BD0	NTGI COLLECTIV GOVRNMNT SHORT-TERM INVESTMENT FD	\$ 25,103,499	\$ 25,103,499
*	PF9980004	WELLS FARGO/BLACKROCK ST INVESTMENT FUND	6,199,519	6,199,519
		Total Short-term Securities	\$ 31,303,018	\$ 31,303,018
		HEDGE FUNDS:		
*	999953060	TOWERS WATSON ALTERNATIVE CREDIT Z SHARES UNHEDGED FUND	\$ 103,400,000	\$ 112,601,325
*	997867403	TOWERS WATSON DIVERSIFYING STRATEGY FUND	54,949,399	53,623,951
*	994983187	TOWERS WATSON HEDGE ADVANTAGE FUND	91,990,987	99,878,596
		Total Hedge Funds	\$ 250,340,386	\$ 266,103,872
		COMMINGLED TRUST FUNDS:		
	54999HSY9	BLACKROCK TREAS U.S. 10 YR KEY RATE DURATION NL FD	\$ 13,031,342	\$ 18,134,941
	8EN99Y2V5	BLACKROCK TREAS U.S. 15 YR KEY RATE DURATION NL FD	11,059,125	18,831,129
	8EN99Y2W3	BLACKROCK TREAS U.S. 20 YR KEY RATE DURATION NL FD	5,295,756	8,871,535
	47999BHO0	BLACKROCK TREAS U.S. 25 YR KEY RATE DURATION NL FD	16,235,192	24,827,172
	998625826	LEGAL AND GENERAL TREASURY 15+ STRIPS CIT FUND	65,631,683	81,264,438

(Continued)

WILLIS NORTH AMERICA INC. PENSION PLAN**EIN: 13-5654526****Plan Number: 001****FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020**

(b) Identity of Issue, Borrower, Lessor or Similar Party		(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
COMMINGLED TRUST FUNDS:				
*	994036770	WILLIS TOWERS WATSON GROUP TRUST DIVRSFIED EQTY FD	\$ 203,174,475	\$ 272,428,741
*	992002907	WILLIS TOWERS WATSON GROUP TRUST LONG CREDIT FUND	30,969,348	43,776,550
*	996449435	WILLIS TOWERS WATSON GROUP TRUST REAL ASSET FUND	97,500,000	111,624,886
Total Commingled Trust Funds			<u>\$ 442,896,921</u>	<u>\$ 579,759,392</u>
TOTAL			<u>\$ 725,095,325</u>	<u>\$ 877,721,282</u>

* Denotes party-in-interest

See accompanying Independent Auditors' Report

WILLIS NORTH AMERICA INC. PENSION PLAN**Employer ID No: 13-5654526****Plan Number: 001****FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2020**

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS:									
Wells Fargo Bank, N.A.*	Wells Fargo/Blackrock ST Investment Fund	\$ 45,000,000	\$ —	\$ —	1	\$ —	\$ 45,000,000	\$ 45,000,000	\$ —
Wells Fargo Bank, N.A.*	Wells Fargo/Blackrock ST Investment Fund	—	45,000,000	—	1	—	45,000,000	45,000,000	—

* Denotes party-in-interest

See accompanying Independent Auditors' Report

WILLIS NORTH AMERICA INC. PENSION PLAN**Employer ID No: 13-5654526****Plan Number: 001****FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS****FOR THE YEAR ENDED DECEMBER 31, 2020**

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SERIES TRANSACTIONS:									
539991356	Legal and General Treasury 15+ Strips CIT Fund	\$ 45,168,375	\$ —	\$ —	3	\$ —	\$ 45,168,375	\$ 45,168,375	\$ —
539991356	Legal and General Treasury 15+ Strips CIT Fund		24,507,937	—	7	—	24,507,937	30,210,272	5,702,335
Wells Fargo Bank, N.A.*	Wells Fargo/Blackrock ST Investment Fund	313,252,889	—	—	252	—	313,252,889	313,252,889	—
Wells Fargo Bank, N.A.*	Wells Fargo/Blackrock ST Investment Fund	—	316,765,053	—	245	—	316,765,053	316,765,053	—
994036770*	Willis Towers Watson Group Trust Diversified Equity Fund	45,000,000	—	—	2	—	45,000,000	45,000,000	—
994036770*	Willis Towers Watson Group Trust Diversified Equity Fund	—	39,625,525	—	5	—	39,625,525	43,604,499	3,978,974

* Denotes party-in-interest

See accompanying Independent Auditors' Report

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2020

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	2	28	8	0	0	0	0	0	0	0	38
	-	2,880	-	-	-	-	-	-	-	-	3,196
40-44	0	48	32	6	0	0	0	0	0	0	86
	-	5,091	7,087	-	-	-	-	-	-	-	6,124
45-49	2	63	52	15	6	1	0	0	0	0	139
	-	6,730	10,145	-	-	-	-	-	-	-	8,794
50-54	5	75	62	29	20	4	0	0	0	0	195
	-	7,612	15,843	16,787	25,753	-	-	-	-	-	13,695
55-59	3	64	78	37	30	22	5	0	0	0	239
	-	7,494	15,544	16,580	33,720	26,544	-	-	-	-	17,367
60-64	3	59	68	28	29	15	9	2	0	0	213
	-	6,944	15,212	32,377	33,154	-	-	-	-	-	20,432
65-69	1	8	28	8	11	6	3	2	0	0	67
	-	-	13,446	-	-	-	-	-	-	-	25,851
70 & over	0	6	1	4	4	2	1	0	0	0	18
	-	-	-	-	-	-	-	-	-	-	-
Total	16	351	329	127	100	50	18	4	0	0	995
	-	6,686	13,380	20,281	34,093	32,863	-	-	-	-	15,486

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Willis Noth America Inc. Pension Plan

EIN / PN: 13-5654526/001

Plan Sponsor: Willis North America Inc.

Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September 2019 (based on yields through August 2019)
- Yield curve basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.75%	2.79%
■ Second segment rate	5.50%	3.92%
■ Third segment rate	6.27%	4.38%
■ Effective interest rate	5.71%	4.04%

Annual rates of increase:

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant. Plan eligibility is frozen so no new hires may become eligible for the plan.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018 and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018.

Plan Name: Willis Noth America Inc. Pension Plan
EIN / PN: 13-5654526/001
Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age

Representative Termination Rates

Representative Termination Rates	
Age	
30	11.30%
40	9.63%
45	9.20%
50	8.77%
54	8.63%

Disability

None assumed

Retirement

Rates varying by age, average age 62 for current employees.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	
55	10.0%
56	7.5%
57	7.5%
58	7.5%
59	7.5%
60	10.0%
61	12.5%
62	15.0%
63	15.0%
64	25.0%
65-79	30.0%
80	100.0%

Plan Name: Willis Noth America Inc. Pension Plan
EIN / PN: 13-5654526/001
Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Benefit commencement timing:

Benefit	Timing
Retirement Benefit	Immediate
Deferred Vested Benefit for Current Employees	Age 56 20.0% Age 62 12.5% Age 65 67.5%
Deferred Vested Benefit for Current Terminated Participants	Age 56 20.0% Age 62 12.5% Age 65-70 100.0%
Preretirement Death Benefit (Eligible to retire)	Immediate
Preretirement Death Benefit (Not Eligible to retire)	Earliest Retirement Date (Age 55 with 10 years of service or Age 65)

Payment form:

Payment Form	Frequency
Life annuity	35%
5-year certain and life annuity	15%
100% joint and survivor annuity	50%

Percent married

70%

Spouse age

Wife three years younger than husband

Administrative expenses

Expected PBGC premium plus other actuarial administrative expenses from the prior year.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Willis Noth America Inc. Pension Plan
EIN / PN: 13-5654526/001
Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year, as required by regulations under IRC §430.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation and the dates that are 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.25% (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2019 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Willis Noth America Inc. Pension Plan
EIN / PN:	13-5654526/001
Plan Sponsor:	Willis North America Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative expenses	Administrative expenses are estimated by using average historical actual expenses paid from the trust the preceding year plus the expected change in the PBGC premium from the prior year.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Retirement and Termination	<p>Retirement and termination rates were based on an experience study conducted in 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed retirement and termination rates differ by age because of observed differences in retirement and termination rates by age.</p>
Form of payment and timing	The timing and form of payment assumptions were based on an experience study conducted in 2019.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Change in Assumptions and Methods

Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The required mortality tables used to calculate the funding target and target normal cost were updated to include one additional year of projected mortality improvements, as required by IRC §430.</p>
Change in methods since prior valuation	None.

Plan Name:	Willis Noth America Inc. Pension Plan
EIN / PN:	13-5654526/001
Plan Sponsor:	Willis North America Inc.
Valuation Date:	January 1, 2020

Plan Name	Willis Towers Watson Pension Plan for U.S. Employees
Plan Sponsor EIN	13-5654526
ERISA Plan #	001
Plan Year Ending	12/31/2020

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA)

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
► 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 WILLIS NORTH AMERICA INC. PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WILLIS NORTH AMERICA INC.	D Employer Identification Number (EIN) 13-5654526
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2020</u>		
2 Assets:		2a	793,781,487
a Market value		2b	765,098,427
b Actuarial value			
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	2,143	468,096,283	468,096,283
b For terminated vested participants	1,904	188,305,146	188,305,146
c For active participants	995	116,079,353	119,606,756
d Total	5,042	772,480,782	776,008,185
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	5.71%	
6 Target normal cost	6	4,000,000	

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	<div style="text-align: center;"> Michael F. Pollack Signature of actuary </div>	<div style="text-align: center;"> <u>9/21/21</u> Date 2004748 Most recent enrollment number 203-326-5469 Telephone number (including area code) </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Michael F. Pollack Type or print name of actuary Willis Towers Watson US LLC Firm name 3001 Summer Street Floor 5 Stamford CT 06905 Address of the firm </div> <div style="width: 35%;"></div> </div>		

Part II	Beginning of Year Carryover and Prefunding Balances
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	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16,761,527
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,100,000
9 Amount remaining (line 7 minus line 8)	0	12,661,527
10 Interest on line 9 using prior year's actual return of <u>19.01%</u>	0	2,406,956
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		9,326,507
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 <u>5.51%</u>		287,981
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		779,410
c Total available at beginning of current plan year to add to prefunding balance.....		10,393,898
d Portion of (c) to be added to prefunding balance		10,340,000
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	25,408,483

Part III	Funding Percentages
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14	Funding target attainment percentage	14	95.31%
15	Adjusted funding target attainment percentage	15	95.31%
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	91.01%
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:

Amount paid by employer(s) and employee(s)					
(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
01/07/2021	400,000	0			
01/29/2021	16,000,000	0			
			Totals ►	18(b)	16,400,000 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	15,448,563

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

Equity Statement 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: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	☐ 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	4,000,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	36,318,241		3,708,653
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	7,708,653	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	7,708,653	7,708,653
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	15,448,563	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	15,448,563	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	7,708,653	
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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Willis North America Inc.
EIN/PN	13-5654526/001
Plan Name	Willis Noth America Inc. Pension Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Michael F. Pollack
Enrollment Number	2004748

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 11 Prior Year's Excess Contributions to be Added to Prefunding Balance as of January 1, 2020

The 2019 Schedule SB as filed does not reflect the plan sponsor's election to apply the 15-year amortization provisions of the American Rescue Plan Act of 2021 to the 2019 plan year. As allowed by IRS Notice 2021-48, the plan sponsor chose not to refile the 5500 for the 2019 plan year to reflect that election. As a result of this decision, Line 11a of the 2020 Schedule SB will not match line 38a of the filed 2019 Schedule SB. Additionally, the calculations for line 11b cannot be derived based on the information shown in lines 38a and 38b of the filed 2019 Schedule SB.

Had the 2019 plan year Schedule SB been refiled, the 15-year amortization would have resulted in item 32a reflecting an installment of \$6,735,806. This change would have flowed into subsequent results for lines 34, 36, and 38.

Reflecting the updates above, line 38a would have been \$9,326,507 and line 38b would have been \$4,100,000 had the 2019 plan year SB been refiled.

Plan Name:	Willis Noth America Inc. Pension Plan
EIN / PN:	13-5654526/001
Plan Sponsor:	Willis North America Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2020

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q _x	l _x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.1000	1,000,000	1.000000	0.100000	5.500000
56	0.075	900,000	0.900000	0.067500	3.780000
57	0.075	833,000	0.832500	0.062438	3.558938
58	0.075	770,000	0.770063	0.057755	3.349772
59	0.075	712,000	0.712308	0.053423	3.151962
60	0.1000	659,000	0.658885	0.065888	3.953308
61	0.1250	593,000	0.592996	0.074125	4.521596
62	0.1500	519,000	0.518872	0.077831	4.825507
63	0.1500	441,000	0.441041	0.066156	4.167837
64	0.2500	375,000	0.374885	0.093721	5.998157
65	0.3000	281,000	0.281164	0.084349	5.482690
66	0.3000	197,000	0.196815	0.059044	3.896928
67	0.3000	138,000	0.137770	0.041331	2.769180
68	0.3000	96,000	0.096439	0.028932	1.967358
69	0.3000	68,000	0.067507	0.020252	1.397403
70	0.3000	47,000	0.047255	0.014177	0.992359
71	0.3000	33,000	0.033079	0.009924	0.704575
72	0.3000	23,000	0.023155	0.006947	0.500149
73	0.3000	16,000	0.016209	0.004863	0.354967
74	0.3000	11,000	0.011346	0.003404	0.251880
75	0.3000	8,000	0.007942	0.002383	0.178699
76	0.3000	6,000	0.005560	0.001668	0.126757
77	0.3000	4,000	0.003892	0.001167	0.089897
78	0.3000	3,000	0.002724	0.000817	0.063745
79	0.3000	2,000	0.001907	0.000572	0.045194
80	1.0000	1,000	0.001335	0.001335	0.106787
Average age at retirement					61.735646
Rounded for Schedule SB item 22					62

Plan Name: Willis Noth America Inc. Pension Plan
 EIN / PN: 13-5654526/001
 Plan Sponsor: Willis North America Inc.
 Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September 2019 (based on yields through August 2019)
- Yield curve basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.75%	2.79%
■ Second segment rate	5.50%	3.92%
■ Third segment rate	6.27%	4.38%
■ Effective interest rate	5.71%	4.04%

Annual rates of increase:

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant. Plan eligibility is frozen so no new hires may become eligible for the plan.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018 and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018.

Plan Name: Willis Noth America Inc. Pension Plan
EIN / PN: 13-5654526/001
Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age

Representative Termination Rates

Representative Termination Rates	
Age	
30	11.30%
40	9.63%
45	9.20%
50	8.77%
54	8.63%

Disability

None assumed

Retirement

Rates varying by age, average age 62 for current employees.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	
55	10.0%
56	7.5%
57	7.5%
58	7.5%
59	7.5%
60	10.0%
61	12.5%
62	15.0%
63	15.0%
64	25.0%
65-79	30.0%
80	100.0%

Plan Name: Willis Noth America Inc. Pension Plan
EIN / PN: 13-5654526/001
Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Benefit commencement timing:

Benefit	Timing
Retirement Benefit	Immediate
Deferred Vested Benefit for Current Employees	Age 56 20.0% Age 62 12.5% Age 65 67.5%
Deferred Vested Benefit for Current Terminated Participants	Age 56 20.0% Age 62 12.5% Age 65-70 100.0%
Preretirement Death Benefit (Eligible to retire)	Immediate
Preretirement Death Benefit (Not Eligible to retire)	Earliest Retirement Date (Age 55 with 10 years of service or Age 65)

Payment form:

Payment Form	Frequency
Life annuity	35%
5-year certain and life annuity	15%
100% joint and survivor annuity	50%

Percent married

70%

Spouse age

Wife three years younger than husband

Administrative expenses

Expected PBGC premium plus other actuarial administrative expenses from the prior year.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Willis Noth America Inc. Pension Plan
EIN / PN: 13-5654526/001
Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year, as required by regulations under IRC §430.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation and the dates that are 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.25% (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2019 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Willis Noth America Inc. Pension Plan
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Plan Sponsor:	Willis North America Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative expenses	Administrative expenses are estimated by using average historical actual expenses paid from the trust the preceding year plus the expected change in the PBGC premium from the prior year.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Retirement and Termination	<p>Retirement and termination rates were based on an experience study conducted in 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed retirement and termination rates differ by age because of observed differences in retirement and termination rates by age.</p>
Form of payment and timing	The timing and form of payment assumptions were based on an experience study conducted in 2019.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Change in Assumptions and Methods

Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The required mortality tables used to calculate the funding target and target normal cost were updated to include one additional year of projected mortality improvements, as required by IRC §430.</p>
Change in methods since prior valuation	None.

Plan Name:	Willis Noth America Inc. Pension Plan
EIN / PN:	13-5654526/001
Plan Sponsor:	Willis North America Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective May 15, 2009, benefit accruals were frozen under the legacy Willis benefit formulas.

Covered Employees All non-union employees who were covered employees as of December 31, 2006.

Non-US employees as of December 31, 2006 who subsequently transfer to become US employee shall become a participant as of the date of transfer up to May 15, 2009 when the plan was frozen.

Employees of the Carter Insurance Group ("Carter") who became employees as a result of the acquisition of Carter assets as of December 31, 2006 became a participant as of that date.

Definitions

Vesting Service Number of years and completed months.

Benefit Service All periods of service from the later of the employment commencement date and January 1, 1976. For an employee as of January 1, 1976, Benefit Service also includes the last period of continuous service as of December 31, 1975 that would have been Benefit Service under this plan. Any credited severance periods after February 1, 2006 shall not be included. No Benefit Service shall be provided after May 15, 2009.

Annual Compensation Base pay plus commissions and production incentive pay.

Average Compensation Annual Compensation for the five consecutive years out of the last fifteen which produces the highest average. Effective January 1, 2009, no further increases in compensation are recognized. For participants hired or re-hired in 2005 and 2006, Annual Compensation is not averaged.

Breakpoint \$34,000; the Breakpoint in any year will not exceed a participant's annual Social Security Compensation for that year.

Normal Retirement Date (NRD) Attainment of age 65.

Accrued Benefit Using the Average Compensation and Breakpoint as of the date of termination (or as of May 15, 2009 if earlier), the product of (1) and (2) below:

- (1) 1.2% of Average Compensation plus 0.65% of Average Compensation in excess of the Breakpoint multiplied by the lesser of 30 years of Benefit Service and service at the later of Normal Retirement Date and the date of determination; plus 0.3% of Average Compensation multiplied by service at the later of Normal Retirement Date and date of determination in excess of 30 years
- (2) The ratio of Benefit Service as of the date of determination over Benefit Service at Normal Retirement Date (maximum 1)

Plan Name: Willis Noth America Inc. Pension Plan
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Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

In no event shall the resulting benefit be less than \$690 times years of benefit service as of the date of determination.

For employees hired or re-hired in 2005 or 2006 1.75% of annual compensation for all periods during which service is earned.

Form of payment Life annuity with 5 years certain

Eligibility for Benefits

Normal retirement	Retirement on Normal Retirement Date.
Early retirement	Attainment of age 55 with 10 years of vesting service.
Vested termination	Termination for reasons other than death or retirement after completing 5 years of vesting service. At age 60, an actively employed participant is 100% vested regardless of service.
Disability	Disability occurring while actively employed with ten years of vesting service. No participant will become eligible for disability benefits after May 15, 2009.
Preretirement death benefit	(1) Death while actively employed, age 60 or completed 5 years of vesting service. (2) Terminated with a vested deferred benefit, but before commencement.

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit determined as of NRD.
Early retirement	Participants who retire after age 60 with at least 25 years of benefit service are eligible to begin receiving unreduced benefits commencing immediately. For other participants, the Accrued Benefit as of Early Retirement Date, reduced by 5% for each year by which the Early Retirement Date precedes the Normal Retirement Date
Vested termination	Accrued Benefit as of the date of termination multiplied by the applicable vesting percentage. If commencing prior to Normal Retirement Date, the Accrued Benefit shall be reduced by 5% for each year by which the commencement date (no earlier than age 55) precedes the Normal Retirement Date.
Disablement	Accrued Benefit with Benefit Service calculated as of the later of Normal Retirement Date of the date long-term disability benefits cease (assuming continued employment) and Average Compensation calculated as of date of termination. Benefit payable commencing at later of normal retirement date or date long-term disability benefits cease. Ten years of Vesting Service is required to be eligible for this benefit. No Vesting Service will be earned or imputed after May 15, 2009 towards disability benefits.

Plan Name: Willis North America Inc. Pension Plan
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 Plan Sponsor: Willis North America Inc.
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SCHEDULE SB ATTACHMENTS

Preretirement death For active participants with ten or more years of Vesting Service or age 65 or over and terminated vested participants who separated from service after attaining age 55 with ten or more years of Vesting Service: 50% of the Accrued Benefit as of the date of death of the participant, commencing immediately and continuing for the remaining lifetime of the spouse.

Effective January 1, 1999, for active participants at least age 55 with at least ten years of vesting service or terminated vested participants who separated from service after attaining age 55 with ten or more years of Vesting Service, an optional benefit is available: the Accrued Benefit, actuarially adjusted for the 100% joint and survivor payment form and early commencement, if applicable, payable upon the participant's death. A participant who elects this optional death benefit will have his or her Accrued Benefit reduced to reflect the period the coverage is effective.

For all other vested participants not yet receiving benefits: 50% of the Accrued Benefit, actuarially adjusted for the 50% joint and survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

Plan Name: Willis Noth America Inc. Pension Plan
EIN / PN: 13-5654526/001
Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Pension Increases None

Plan participants' contributions None

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining minimum and maximum contributions.

For participants who were active and whose Annual Compensation exceeded the applicable maximum pay as of or prior to that date, their Accrued Benefit shall be equal to the greater of the basic Accrued Benefit described above or (1) or (2) below:

- (1) The Accrued Benefit determined above plus the product of (a) and (b) below:
 - (a) 1.5% of Average Compensation multiplied by the number of years at Normal Retirement Date during which Annual Compensation exceeds the applicable pay limit (counting only years after 199e up to a maximum of 15 years).
 - (b) The ratio, not exceeding 1, of years after 1993 as of the date of termination in which Annual Compensation exceeded the applicable pay limit over years as of Normal Retirement Date in which Annual Compensation would exceed the applicable pay limit, assuming a continuation of the current Annual Compensation level.
- (2) The sum of (a), (b) and (c) below:
 - (a) The Accrued Benefit determined above as of December 31, 1993
 - (b) The Accrued Benefit as of the date of termination using the formula above, but using service after 1993 and reducing the 30 years in (1) of the basic formula by the years of service as of December 31, 1993
 - (c) The benefit determined in (1) above as of the date of termination

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

On November 29, 2019, 443 Retirees were transferred to the Willis Towers Watson Pension Plan for U.S. Employees.

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EIN / PN: 13-5654526/001
Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2020

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	2	28	8	0	0	0	0	0	0	0	38
	-	2,880	-	-	-	-	-	-	-	-	3,196
40-44	0	48	32	6	0	0	0	0	0	0	86
	-	5,091	7,087	-	-	-	-	-	-	-	6,124
45-49	2	63	52	15	6	1	0	0	0	0	139
	-	6,730	10,145	-	-	-	-	-	-	-	8,794
50-54	5	75	62	29	20	4	0	0	0	0	195
	-	7,612	15,843	16,787	25,753	-	-	-	-	-	13,695
55-59	3	64	78	37	30	22	5	0	0	0	239
	-	7,494	15,544	16,580	33,720	26,544	-	-	-	-	17,367
60-64	3	59	68	28	29	15	9	2	0	0	213
	-	6,944	15,212	32,377	33,154	-	-	-	-	-	20,432
65-69	1	8	28	8	11	6	3	2	0	0	67
	-	-	13,446	-	-	-	-	-	-	-	25,851
70 & over	0	6	1	4	4	2	1	0	0	0	18
	-	-	-	-	-	-	-	-	-	-	-
Total	16	351	329	127	100	50	18	4	0	0	995
	-	6,686	13,380	20,281	34,093	32,863	-	-	-	-	15,486

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Willis Noth America Inc. Pension Plan

EIN / PN: 13-5654526/001

Plan Sponsor: Willis North America Inc.

Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2020

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2020	(32,242,632)	15.00000	(32,242,632)	(3,027,153)
Shortfall	01/01/2019	72,852,729	14.00000	68,560,873	6,735,806
Total				36,318,241	3,708,653

Plan Name: Willis Noth America Inc. Pension Plan
EIN / PN: 13-5654526/001
Plan Sponsor: Willis North America Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 11 Prior Year's Excess Contributions to be Added to Prefunding Balance as of January 1, 2020

The 2019 Schedule SB as filed does not reflect the plan sponsor's election to apply the 15-year amortization provisions of the American Rescue Plan Act of 2021 to the 2019 plan year. As allowed by IRS Notice 2021-48, the plan sponsor chose not to refile the 5500 for the 2019 plan year to reflect that election. As a result of this decision, Line 11a of the 2020 Schedule SB will not match line 38a of the filed 2019 Schedule SB. Additionally, the calculations for line 11b cannot be derived based on the information shown in lines 38a and 38b of the filed 2019 Schedule SB.

Had the 2019 plan year Schedule SB been refiled, the 15-year amortization would have resulted in item 32a reflecting an installment of \$6,735,806. This change would have flowed into subsequent results for lines 34, 36, and 38.

Reflecting the updates above, line 38a would have been \$9,326,507 and line 38b would have been \$4,100,000 had the 2019 plan year SB been refiled.

Plan Name:	Willis Noth America Inc. Pension Plan
EIN / PN:	13-5654526/001
Plan Sponsor:	Willis North America Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2020

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q _x	l _x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.1000	1,000,000	1.000000	0.100000	5.500000
56	0.075	900,000	0.900000	0.067500	3.780000
57	0.075	833,000	0.832500	0.062438	3.558938
58	0.075	770,000	0.770063	0.057755	3.349772
59	0.075	712,000	0.712308	0.053423	3.151962
60	0.1000	659,000	0.658885	0.065888	3.953308
61	0.1250	593,000	0.592996	0.074125	4.521596
62	0.1500	519,000	0.518872	0.077831	4.825507
63	0.1500	441,000	0.441041	0.066156	4.167837
64	0.2500	375,000	0.374885	0.093721	5.998157
65	0.3000	281,000	0.281164	0.084349	5.482690
66	0.3000	197,000	0.196815	0.059044	3.896928
67	0.3000	138,000	0.137770	0.041331	2.769180
68	0.3000	96,000	0.096439	0.028932	1.967358
69	0.3000	68,000	0.067507	0.020252	1.397403
70	0.3000	47,000	0.047255	0.014177	0.992359
71	0.3000	33,000	0.033079	0.009924	0.704575
72	0.3000	23,000	0.023155	0.006947	0.500149
73	0.3000	16,000	0.016209	0.004863	0.354967
74	0.3000	11,000	0.011346	0.003404	0.251880
75	0.3000	8,000	0.007942	0.002383	0.178699
76	0.3000	6,000	0.005560	0.001668	0.126757
77	0.3000	4,000	0.003892	0.001167	0.089897
78	0.3000	3,000	0.002724	0.000817	0.063745
79	0.3000	2,000	0.001907	0.000572	0.045194
80	1.0000	1,000	0.001335	0.001335	0.106787
Average age at retirement					61.735646
Rounded for Schedule SB item 22					62

Plan Name: Willis Noth America Inc. Pension Plan
 EIN / PN: 13-5654526/001
 Plan Sponsor: Willis North America Inc.
 Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Willis North America Inc.
EIN/PN	13-5654526/001
Plan Name	Willis Noth America Inc. Pension Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Michael F. Pollack
Enrollment Number	2004748

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective May 15, 2009, benefit accruals were frozen under the legacy Willis benefit formulas.

Covered Employees All non-union employees who were covered employees as of December 31, 2006.

Non-US employees as of December 31, 2006 who subsequently transfer to become US employee shall become a participant as of the date of transfer up to May 15, 2009 when the plan was frozen.

Employees of the Carter Insurance Group ("Carter") who became employees as a result of the acquisition of Carter assets as of December 31, 2006 became a participant as of that date.

Definitions

Vesting Service Number of years and completed months.

Benefit Service All periods of service from the later of the employment commencement date and January 1, 1976. For an employee as of January 1, 1976, Benefit Service also includes the last period of continuous service as of December 31, 1975 that would have been Benefit Service under this plan. Any credited severance periods after February 1, 2006 shall not be included. No Benefit Service shall be provided after May 15, 2009.

Annual Compensation Base pay plus commissions and production incentive pay.

Average Compensation Annual Compensation for the five consecutive years out of the last fifteen which produces the highest average. Effective January 1, 2009, no further increases in compensation are recognized. For participants hired or re-hired in 2005 and 2006, Annual Compensation is not averaged.

Breakpoint \$34,000; the Breakpoint in any year will not exceed a participant's annual Social Security Compensation for that year.

Normal Retirement Date (NRD) Attainment of age 65.

Accrued Benefit Using the Average Compensation and Breakpoint as of the date of termination (or as of May 15, 2009 if earlier), the product of (1) and (2) below:

- (1) 1.2% of Average Compensation plus 0.65% of Average Compensation in excess of the Breakpoint multiplied by the lesser of 30 years of Benefit Service and service at the later of Normal Retirement Date and the date of determination; plus 0.3% of Average Compensation multiplied by service at the later of Normal Retirement Date and date of determination in excess of 30 years
- (2) The ratio of Benefit Service as of the date of determination over Benefit Service at Normal Retirement Date (maximum 1)

Plan Name: Willis Noth America Inc. Pension Plan

EIN / PN: 13-5654526/001

Plan Sponsor: Willis North America Inc.

Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

In no event shall the resulting benefit be less than \$690 times years of benefit service as of the date of determination.

For employees hired or re-hired in 2005 or 2006 1.75% of annual compensation for all periods during which service is earned.

Form of payment Life annuity with 5 years certain

Eligibility for Benefits

Normal retirement	Retirement on Normal Retirement Date.
Early retirement	Attainment of age 55 with 10 years of vesting service.
Vested termination	Termination for reasons other than death or retirement after completing 5 years of vesting service. At age 60, an actively employed participant is 100% vested regardless of service.
Disability	Disability occurring while actively employed with ten years of vesting service. No participant will become eligible for disability benefits after May 15, 2009.
Preretirement death benefit	(1) Death while actively employed, age 60 or completed 5 years of vesting service. (2) Terminated with a vested deferred benefit, but before commencement.

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit determined as of NRD.
Early retirement	Participants who retire after age 60 with at least 25 years of benefit service are eligible to begin receiving unreduced benefits commencing immediately. For other participants, the Accrued Benefit as of Early Retirement Date, reduced by 5% for each year by which the Early Retirement Date precedes the Normal Retirement Date
Vested termination	Accrued Benefit as of the date of termination multiplied by the applicable vesting percentage. If commencing prior to Normal Retirement Date, the Accrued Benefit shall be reduced by 5% for each year by which the commencement date (no earlier than age 55) precedes the Normal Retirement Date.
Disablement	Accrued Benefit with Benefit Service calculated as of the later of Normal Retirement Date of the date long-term disability benefits cease (assuming continued employment) and Average Compensation calculated as of date of termination. Benefit payable commencing at later of normal retirement date or date long-term disability benefits cease. Ten years of Vesting Service is required to be eligible for this benefit. No Vesting Service will be earned or imputed after May 15, 2009 towards disability benefits.

Plan Name:	Willis North America Inc. Pension Plan
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Plan Sponsor:	Willis North America Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Preretirement death For active participants with ten or more years of Vesting Service or age 65 or over and terminated vested participants who separated from service after attaining age 55 with ten or more years of Vesting Service: 50% of the Accrued Benefit as of the date of death of the participant, commencing immediately and continuing for the remaining lifetime of the spouse.

Effective January 1, 1999, for active participants at least age 55 with at least ten years of vesting service or terminated vested participants who separated from service after attaining age 55 with ten or more years of Vesting Service, an optional benefit is available: the Accrued Benefit, actuarially adjusted for the 100% joint and survivor payment form and early commencement, if applicable, payable upon the participant's death. A participant who elects this optional death benefit will have his or her Accrued Benefit reduced to reflect the period the coverage is effective.

For all other vested participants not yet receiving benefits: 50% of the Accrued Benefit, actuarially adjusted for the 50% joint and survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

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SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Pension Increases None

Plan participants' contributions None

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining minimum and maximum contributions.

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Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

On November 29, 2019, 443 Retirees were transferred to the Willis Towers Watson Pension Plan for U.S. Employees.

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Plan Sponsor: Willis North America Inc.
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Plan Name	Willis Towers Watson Pension Plan for U.S. Employees
Plan Sponsor EIN	13-5654526
ERISA Plan #	001
Plan Year Ending	12/31/2020

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA)

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2020

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
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