

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/31/2022

- A** This return/report is for:
  - a multiemployer plan
  - a single-employer plan
  - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
  - 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
  - special extension (enter description)
  - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan <u>AON PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>010</u>
	<b>1c</b> Effective date of plan <u>01/01/1973</u>
<b>2a</b> 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>AON CORPORATION</u>  <u>MSC# 17755</u> <u>PO BOX 1447</u> <u>LINCOLNSHIRE, IL 60069</u>	<b>2b</b> Employer Identification Number (EIN) <u>36-3051915</u>
	<b>2c</b> Plan Sponsor's telephone number <u>312-381-1000</u>
	<b>2d</b> Business code (see instructions) <u>524290</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.

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/15/2023</u>	<u>DONNA DAVIS</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

**Form 5500 (2022)**  
v. 220413

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  ADMINISTRATIVE COMMITTEE  MSC# 17755 PO BOX 1447 LINCOLNSHIRE, IL 60069	<b>3b</b> Administrator's EIN 36-2883409  <b>3c</b> Administrator's telephone number 312-381-1000
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 5169
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>6(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 0
<b>6(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 0
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b> 0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b> 0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b> 0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b> 0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b> 0
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b> 0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I 3H  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>0 A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

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<b>SCHEDULE SB (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/31/2022

▶ **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.

<b>A</b> Name of plan <u>AON PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AON CORPORATION</u>		
<b>D</b> Employer Identification Number (EIN) <u>36-3051915</u>		
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	<u>117880813</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>121963820</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>5160</u>	<u>91783758</u>	<u>91783758</u>
<b>b</b> For terminated vested participants.....	<u>9</u>	<u>206650</u>	<u>206650</u>
<b>c</b> For active participants.....	<u>0</u>	<u>0</u>	<u>0</u>
<b>d</b> Total .....	<u>5169</u>	<u>91990408</u>	<u>91990408</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</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.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	<u>5.25 %</u>	
<b>6</b> Target normal cost .....			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>590932</u>	
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>	<u>590932</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>07/19/2023</u> Date
	<u>PAMELA D. SEEGARS</u> Type or print name of actuary	<u>23-06348</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>404-261-3400</u> Telephone number (including area code)
	<u>MSC#17838 PO BOX 551343 ATLANTA, GA 30355</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-3.04</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> 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>5.41</u> %.....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	132.58 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	132.58 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	130.29 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0	

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22**

**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** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? 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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	590932
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	590932

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0

**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** 0

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**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 the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/31/2022

<b>A</b> Name of plan <u>AON PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AON CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>36-3051915</u>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  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

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**(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)

NORTHERN TRUST COMPANY

36-1561860

(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 50	TRUSTEE	64123	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERNST & YOUNG, LLP

34-6565596

(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	20425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<p style="text-align: center;"><b>SCHEDULE D</b> <b>(Form 5500)</b></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><b>DFE/Participating Plan Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2022</b></p> <hr/> <p><b>This Form is Open to Public Inspection.</b></p>
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>10/31/2022</u>		
<b>A</b> Name of plan <u>AON PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AON CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>36-3051915</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON PENSION MASTER TRUST</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON CORPORATION</u>	
<b>c</b> EIN-PN <u>26-0085732-001</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **10/31/2022**

<b>A</b> Name of plan <b>AON PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AON CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>36-3051915</b>	

**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
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	
<b>(3)</b> Other.....	<b>1b(3)</b>	22                      0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>	117880791                      0
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	117880813	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	123897	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	123897	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	117756916	0

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(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)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(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)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		-22314675
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-22314675
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	7737020	
(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)		7737020
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses: (1) Professional fees .....	2i(1)	86461	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)		
(4) Other .....	2i(4)	454872	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		541333
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		8278353
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-30593028
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan.....	2l(2)		87163888

**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: ERNST & YOUNG, LLP

(2) EIN: 34-6565596

**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>b</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.).....	<b>4b</b>		X	
<b>c</b> 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.) .....	<b>4c</b>		X	
<b>d</b> 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.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	<b>4e</b>	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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?.....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<b>4i</b>		X	
<b>j</b> 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.).....	<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>			
<b>n</b> 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. ....	<b>4n</b>			

**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 0.

**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)
AON RETIREMENT PENSION PLAN	36-3051915	090

**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 477986.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/31/2022

<b>A</b> Name of plan <u>AON PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AON CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>36-3051915</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 36-3046063

**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	0
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<b>Part II</b>	<b>Funding Information</b> (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.)
----------------	---

**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 2.7 % Investment-Grade Debt: 95.3 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 2.0 %

**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 \_\_\_\_\_

## FINANCIAL STATEMENTS

### Aon Pension Plan

As of October 31, 2022 and December 31, 2021 and for the  
Period from January 1, 2022 to October 31, 2022 and for  
the Year Ended December 31, 2021

With Report of Independent Auditors

Aon Pension Plan  
Financial Statements

As of October 31, 2022 and December 31, 2021 and for the Period from January 1, 2022 to October 31,  
2022 and for the Year Ended December 31, 2021

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## Report of Independent Auditors

Administrative Committee  
Aon Pension Plan

### Opinion

We have audited the financial statements of the Aon Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of October 31, 2022 and December 31, 2021, and the related statements of changes in net assets available for benefits for the period from January 1, 2022 to October 31, 2022 and the year ended December 31, 2021, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at October 31, 2022 and December 31, 2021, and the changes in its net assets available for benefits for the period from January 1, 2022 to October 31, 2022 and the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*Ernst + Young LLP*

August 15, 2023

**Aon Pension Plan**  
**Statements of Net Assets Available for Benefits**

	October 31, 2022	December 31, 2021
<b>ASSETS</b>		
Interest in Aon Pension Master Trust	\$ —	\$ 117,880,791
Receivables:		
Interest and dividends		22
Total receivables	—	22
Total assets	—	117,880,813
<b>LIABILITIES</b>		
Accrued expenses	—	123,897
Due to other plans	—	—
Total liabilities	—	123,897
<b>Net assets available for benefits</b>	<b>\$ —</b>	<b>\$ 117,756,916</b>

The accompanying notes are an integral part of the financial statements.

**Aon Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**

	Period from January 1, 2022 to October 31, 2022	Year Ended December 31, 2021
<b>DEDUCTIONS</b>		
Net investment loss from plan interest in Aon Pension Master Trust	(22,314,676)	(535,746)
Benefit payments	(7,737,020)	(9,553,729)
Administrative expenses	(541,333)	(619,834)
Total deductions	(30,593,029)	(10,709,309)
Net decrease prior to transfers	(30,593,029)	(10,709,309)
Transfers out to another qualified plan (Note 1)	(87,163,887)	—
<b>Net assets available for benefits at beginning of year</b>	117,756,916	128,466,225
<b>Net assets available for benefits at end of year</b>	\$ —	\$ 117,756,916

The accompanying notes are an integral part of the financial statements

# Aon Pension Plan

## Notes to Financial Statements (continued)

As of October 31, 2022 and December 31, 2021 and for the Period from January 1, 2022 to October 31, 2022 and for the Year Ended December 31, 2021

### **1. Description of Plan**

#### ***General***

The following brief description of the Aon Pension Plan (the “Plan” or “APP”) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

The Plan was authorized by the Board of Directors of Aon plc (the “Company”), the parent company of Aon Corporation. The Plan is a noncontributory, defined benefit pension plan. Participation in the Plan is limited to employees (participants), as defined by the Plan, of certain operating subsidiaries of the Company who are located within the United States and its possessions and have met certain requirements as to length of service and age. The Plan is subject to the provisions of the Employee Retirement Income Security Act (“ERISA”) of 1974, as amended. The Plan has met the ERISA minimum funding requirements in 2022 and 2021.

Employees newly hired on or after January 1, 2004, are not permitted to participate in the Plan. Effective April 1, 2009, the Plan was frozen for future accrual of benefits.

Effective October 31, 2022, the Plan was merged into the Aon Retirement Pension Plan (the “ARPP”). As a result of the merger, plan assets of \$87,163,888 were transferred to the ARPP. The notes to the financial statements are presented and apply to the Plan prior to the merger.

#### ***Benefit Payments***

A participant is generally entitled to an annual pension benefit beginning at normal retirement age (65), which is based on the participant’s years of service, compensation, and Social Security benefits. Participants are fully vested after completion of five years of service. A participant’s eligible compensation is limited to amounts allowed under the Omnibus Budget Reconciliation Act of 1993. Accordingly, the maximum participant’s eligible compensation was \$245,000 for 2009 up to April 1, 2009, the date the Plan was frozen.

#### ***Contributions***

The Company’s policy for funding pension costs is to make contributions that are sufficient, on a cumulative basis, to fund the Plan’s normal (current service) costs and the unfunded actuarial liability.

#### ***Plan Termination***

Although it has not expressed any intention to do so, the Company has the right, under the Plan, to discontinue its contributions at any time and to amend, modify, or terminate the Plan, subject to the provisions of ERISA. In the event the Plan terminates, the assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding the Plan’s termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Generally, the PBGC guarantees certain types of benefits under covered plans. The amount of benefit protection is subject to certain limitations. The PBGC guarantees vested benefits at the level in effect on the date of plan termination. There is also a ceiling on the amount of monthly benefits guaranteed by the PBGC.

The determination of whether all participants receive their benefits in the event that the Plan should terminate at some future time will depend on the sufficiency, at the time of termination, of the Plan's net assets to provide those benefits. It may also depend on the level of benefits guaranteed by the PBGC.

## **2. Significant Accounting Policies**

### ***Basis of Presentation***

The financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

### ***Investment Valuation and Investment Income***

The Plan's investments held by the Master Trust are stated at fair value. Northern Trust is the custodian of investments held by the Master Trust. See Note 3 "Master Trust" and Note 4 "Fair Value Measurements" for further discussion of fair value measurements for assets held in the Master Trust. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

### ***Investment in Derivative Financial Instruments***

The Master Trust uses derivatives to mitigate market risk of its securities portfolio. See Note 6 "Derivatives" for further discussion on derivatives.

The Master Trust is exposed to risks from unfavorable changes in market values of the securities it owns. Counterparty credit risk associated with the Master Trust's derivatives is the risk that a derivative counterparty will not perform in accordance with the terms of the applicable derivative contract. This risk is minimal for exchange-traded contracts because they typically are settled on a daily basis and guaranteed by the exchange's clearinghouse. The Master Trust is also exposed to credit risk in the event of nonperformance by counterparties to the call options written and purchased. To mitigate such risk for over-the-counter derivative contracts, the Master Trust generally requires the use of master netting arrangements and collateral arrangements wherever practical. The Master Trust does not anticipate nonperformance by counterparties and may require collateral. The net assets of the Plan through the Master Trust had no cash collateral as of October 31, 2022 and December 31, 2021.

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative and Investment Expenses***

Administrative expenses of the Plan, including fees of the trustee, shall be paid by the Plan as allowed by Department of Labor regulations except to the extent that the Company, at its discretion, may decide to pay such expenses.

### ***Use of Estimates***

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the amounts reported in the Plan's financial statements and accompanying notes. Actual results could differ from those estimates.

## **3. Master Trust**

The Plan invests through the Master Trust. The Master Trust includes assets of the Plan and the ARPP. The custodian of the investments, Northern Trust Company (the "Trustee") buys or sells such investments. The Company makes contributions under the terms of the two participating benefit plans, which have a divided interest in the Master Trust. Benefit payments, contributions, and administrative expenses from the Master Trust are specifically identified for each plan. Investment gains (losses) are allocated to each participating plan in the Master Trust on a daily basis based on each plan's divided interest in the Master Trust.

Effective October 31, 2022, the Plan was merged into the ARPP. As a result of the merger, plan assets of \$87,163,888 were transferred to the ARPP. The notes to the financial statements are presented and apply to the Plan prior to the merger. As a result of the merger, the Master Trust no longer exists as of October 31, 2022.

The following table presents the net assets of the Master Trust and the Plan's divided interest in the Master Trust as of December 31, 2021:

	Master Trust Balances	Plan's Interest in Master Trust Balances
<b>Investments:</b>		
Short-term investment funds	\$ 129,218,692	\$ 2,343,147
Corporate bonds and notes	246,354,128	—
Derivatives	18,480,552	—
U.S government and government agency bonds	228,281,489	—
Limited partnerships and hedge fund investments	329,160,074	—
Mutual funds	86,491,077	—
Pooled funds	1,386,585,851	115,537,644
<b>Total investments</b>	<b>2,424,571,863</b>	<b>117,880,791</b>
Pending purchases	(35,914,108)	—
Pending sales	19,868,561	—
Pending foreign exchange	(4,677)	—
<b>Net assets at end of year</b>	<b>\$ 2,408,521,639</b>	<b>\$ 117,880,791</b>

The Plan held a 0.00% and 4.96% interest in the Master Trust at October 31, 2022 and December 31, 2021, respectively.

Interest and dividend income and net appreciation (depreciation) of the Master Trust are as follows:

	Period from January 1, 2022 to October 31, 2022	Year Ended December 31, 2021
Interest and dividends	\$ 27,465,538	\$ 38,173,362
Net (depreciation) appreciation in fair value of investments	(595,899,436)	189,861,147
<b>Total investment (loss) income</b>	<b>\$ (568,433,898)</b>	<b>\$ 228,034,509</b>

#### 4. Fair Value Measurements

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management’s own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest-level input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation techniques and inputs used for each general type of investment measured at fair value by the Master Trust.

*Short-Term Investment Funds:* Valued at quotations obtained from national securities exchanges. Short-term investment funds include money market funds valued at quoted prices and cash valued at cost.

*Derivatives:* Valued based upon industry standard valuation techniques that use, where possible, current market-based or independently sourced pricing inputs, such as interest rates, currency exchange rates, or implied volatilities.

*U.S. Government and Government Agency Issues, Corporate Bonds and Notes:* Valued generally at matrix-calculated prices that are obtained from various pricing services.

*Limited Partnerships, Hedge Fund Investments, and Pooled Funds:* Valued based on the net asset value (“NAV”) provided by the administrator of the fund.

*Mutual Funds:* Valued at quoted market prices, which represent the net asset value (“NAV”) of shares held by the Master Trust at year-end.

The Master Trust’s investments at fair value as of December 31, 2021, (in thousands), are as follows:

	Total	Level 1	Level 2	Level 3
<b>Assets:</b>				
Short-term investment fund	\$ 129,219	\$ 129,219	\$ —	\$ —
Corporate bonds and notes	246,354	—	246,354	—
Derivatives	18,481	—	18,481	—
U.S. government and government agency bonds	228,282	189,858	38,424	—
Mutual funds	86,491	86,491	—	—
Total assets in the fair value hierarchy	\$ 708,827	\$ 405,568	\$ 303,259	\$ —
<b>Investments measured at net asset value:</b>				
Pooled funds (a)	1,386,585			
Limited partnerships and hedge fund investments (b)	329,160			
Total assets at fair value	\$ 2,424,572			

- a. The Master Trust invests in various pooled equity and fixed income funds. The investment objective of the equity funds is to achieve long-term growth of capital by investing in a diversified portfolio consisting primarily of equity securities. The investment objective of the fixed income funds is to achieve a total return from current income and capital appreciation by investing in a diversified portfolio of fixed-income securities with maturities generally exceeding 10 years. Certain funds have no redemption restrictions and others require a 15-day notice.
- b. Limited partnerships and hedge fund investments consist of private equity and hedge fund investments. Limited partnership investments offer portfolio diversification along with higher expected long-term market returns. On average, these investments are five to ten years old, and the Master Trust has, proportionally, a small amount of capital commitments for these types of investments remaining to be called. While some of these investments can be redeemed under certain circumstances, most will be redeemed by receiving distributions over an extended period of time as the underlying assets of the investees are liquidated. Hedge fund investments also offer portfolio diversification, low volatility, and absolute returns. Additionally, these multi-strategy hedge fund investments provide exposure to numerous investment strategies not available in standard fixed income or equity investments. Multi-strategy hedge funds have a standard one-year lockup period and quarterly redemptions thereafter with approximately 60 days’ notice. Additionally, at the discretion of the manager, the funds can be gated (at 10% to 20% of total NAV), which could limit the ability to liquidate the investment.

## 5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employee's final average earnings. The accumulated plan benefits for active employees are based on their compensation up to the freeze date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuary from Aon Consulting, Inc., a wholly owned subsidiary of the Company, estimated the actuarial present value of accumulated plan benefits, which 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 for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2021, is as follows:

<b>Vested benefits:</b>	
Participants currently receiving payments	\$ 123,665,972
Other participants	236,713
Total vested benefits	123,902,685
<b>Non-vested benefits</b>	
	—
<b>Total actuarial present value of accumulated plan benefits</b>	<b>\$ 123,902,685</b>

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2021, are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 124,503,641
Increase (decrease) due to:	
Interest	3,173,587
Change in actuarial assumptions	8,149,993
Benefits paid	(9,553,729)
Other (a)	(2,370,807)
<b>Actuarial present value of accumulated plan benefits at end of year</b>	<b>\$ 123,902,685</b>

(a) Includes items of plan experience that are not associated with plan asset performance.

Significant assumptions underlying the actuarial computations are as follows for 2021 and 2020:

	<b>2021:</b>	<b>2020:</b>
<b>Annual rate of return on investments</b>	2.03% compounded annually	2.65% compounded annually
<b>Retirement age</b>	1.50% at age 55 1.00% at age 56 through 58 2.00% at age 59 2.50% at age 60 3.50% at age 61 4.50% at age 62 6.00% at age 63 10.00% at age 64 20.00% at age 65 through 67 17.00% at age 68 through 69 100.00% at age 70+ (age 65 for participants electing to	1.50% at age 55 1.00% at age 56 through 58 2.00% at age 59 2.50% at age 60 3.50% at age 61 4.50% at age 62 6.00% at age 63 10.00% at age 64 20.00% at age 65 through 67 17.00% at age 68 through 69 100.00% at age 70+ (age 65 for participants electing to

	remain covered by the legacy Rollins, Burdick, Hunter Co. Employees' Pension)	remain covered by the legacy Rollins, Burdick, Hunter Co. Employees' Pension)
<b>Mortality</b>	Mortality rates are projected generationally from 2012 using Scale MP-2021, as adjusted to reflect anticipated near-term and long-term endemic effects of COVID. 95% of the amounts-weighted rates from the Pri-2012 white collar mortality base table.	Amounts-weighted rates from the Pri-2012 mortality table with white collar adjustments projected generationally from 2012 using scale MP-2021

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2022. There were no significant changes to the plan that would have changed the valuations had they been performed as of December 31, 2021.

## 6. Derivatives

The Master Trust uses derivative financial instruments (options, swaps, swaptions, and futures) in connection with their normal trading activities in an effort to improve return on investment and manage risk. Derivative financial instruments are generally viewed as a more cost-effective and efficient means of providing more liquidity than the underlying security. They can also provide unique risk/return structures for the Master Trust. Calls purchased allow the Master Trust to purchase a security at a specified price, and calls written allow the Master Trust to sell a security at a specified price, independent of the current market price of the underlying security. These call options expose the Master Trust to the effects of market risk. The intent is to use interest rate swaps as economic hedges to manage funded liability status associated with the Master Trust's liabilities, which vary with interest rates. Futures are used by the Master Trust to gain highly liquid exposure to various equity asset classes. The amounts disclosed in this footnote provide a measure of the Master Trust's involvement in such instruments but are not indicative of potential loss.

The following table presents the notional value and the fair value of the Master Trust's derivatives as of December 31, 2021:

	Notional Value	Derivative Asset Fair Value	Derivative Liability Fair Value
Options purchased	\$ 208,602,718	\$ 33,331,047	\$ 14,149,150
Futures	407,557,454	—	—
Swaps	(3,684,362)	589,452	772,806
Total	\$ 133,265,844	\$ 34,171,878	\$ 15,691,326

Offsetting of financial assets and derivative assets as of December 31, 2021 is as follows:

	Gross Amounts of Recognized Assets	Gross Amounts Offset included in the Master Trust	Net Amounts of Assets included in the Master Trust
Options purchased	\$ 33,331,047	\$ (14,149,150)	\$ 19,181,897
Swaps	589,452	(589,452)	—
Total	\$ 34,171,878	\$ (14,989,981)	\$ 19,181,897

Offsetting of financial liabilities and derivative liabilities as of December 31, 2021 is as follows:

	Gross Amounts of Recognized Liabilities	Gross Amounts Offset included in the Master Trust	Net Amounts of Liabilities included in the Master Trust
Options purchased	\$ 14,149,150	\$ (14,149,150)	\$ —
Swaps	772,806	(589,452)	183,354
Total	\$ 15,691,326	\$ (14,989,981)	\$ 701,345

	<b>Period from January 1, 2022 to October 31, 2022</b>	<b>Year Ended December 31, 2021</b>
Futures	\$ (68,021,173)	\$ (2,244,329)
Swaps	(727,787)	(460,377)
Swaptions	(878,878)	120,316
Options	(43,984,276)	40,726,567
<b>Total</b>	<b>\$ (113,612,114)</b>	<b>\$ 38,142,177</b>

## **7. Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated November 21, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (“IRC”) and, therefore, the related Trust is exempt from taxation. Subsequent to this determination from the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan’s administrative committee and the Plan’s tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan, as amended, is qualified and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of October 31, 2022 and December 31, 2021, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions.

## **8. Related-Party and Party-in-Interest Transactions**

The Plan’s investment manager is a party-in-interest; however, its transactions are exempt from the prohibited transaction rules under the qualified profession asset manager (“QPAM”) class exemption.

## **9. Risks and Uncertainties**

The Plan and Master Trust invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least 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 statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 estimation and assumptions processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

## **10. Subsequent Events**

Management evaluated subsequent events for the Plan through August 15, 2023, the date the financial statements were available to be issued.

# Schedule SB Attachment (Form 5500)—2022 Plan Year

## Aon Pension Plan

EIN: 36-3051915 PN: 010

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Social Security COLA Increases	2.10%
Optional Payment Form Election Percentage	100% elect a single life annuity except for those with a cash balance account.  For those with a cash balance account, 100% of the benefit derived from that account is distributed as a lump sum cash out.
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	Primary annuitant: UP-1984 Unisex Table setback two years  Contingent annuitant: UP-1984 Unisex Table setback one year  Current IRC Section 417(e) table for lump sums
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	See Table 3

# Schedule SB Attachment (Form 5500)—2022 Plan Year

## Aon Pension Plan

EIN: 36-3051915 PN: 010

Mortality Rates Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 4
Disability Rates	See Table 5
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 70% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2020 Plan Year	4.00%, limited to 5.94%
2021 Plan Year	3.10%, limited to 6.11%
2022 Plan Year	3.00%, limited to 5.92%
Trust Expenses Included in Target Normal Cost	Expenses are assumed to be \$618,144 based on prior year expenses and current year expected PBGC premium. This has been included in the 2022 target normal cost.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Aon Pension Plan  
EIN: 36-3051915 PN: 010

Table 1

**Retirement Rates—Non-Rollins Burdick Hunter**

<u>Age</u>	<u>Rate</u>
55	1.50%
56	1.00%
57	1.00%
58	1.00%
59	2.00%
60	2.50%
61	3.50%
62	4.50%
63	6.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	17.00%
69	17.00%
70+	100.00%

Table 2

**Retirement Rates—Rollins Burdick Hunter**

<u>Age</u>	<u>Rate</u>
65+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Aon Pension Plan  
EIN: 36-3051915 PN: 010

Table 3

**Retirement Rates—Commencement Rates for Terminated Vested Participants**

<b>Age</b>	<b>Rate</b>
55	5.00%
56	2.50%
57	2.50%
58	2.50%
59	3.00%
60	5.00%
61	6.00%
62	9.50%
63	7.00%
64	30.00%
65	50.00%
66	20.00%
67	10.00%
68	5.00%
69	5.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Aon Pension Plan  
EIN: 36-3051915 PN: 010

Table 4

**Withdrawal Rates**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	14.00%	45	6.00%
16	14.00%	46	6.00%
17	14.00%	47	6.00%
18	14.00%	48	6.00%
19	14.00%	49	5.60%
20	14.00%	50	5.30%
21	14.00%	51	5.20%
22	14.00%	52	5.10%
23	14.00%	53	5.00%
24	14.00%	54	5.00%
25	14.00%	55	5.00%
26	13.00%	56	5.00%
27	12.00%	57	5.00%
28	11.00%	58	5.00%
29	10.00%	59	5.00%
30	9.00%	60	5.00%
31	9.00%	61	5.00%
32	9.00%	62	5.00%
33	9.00%	63	5.00%
34	9.00%	64	5.00%
35	9.00%	65+	0.00%
36	9.00%		
37	9.00%		
38	8.50%		
39	7.50%		
40	6.00%		
41	6.00%		
42	6.00%		
43	6.00%		
44	6.00%		

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Aon Pension Plan  
EIN: 36-3051915 PN: 010

Table 5

**Disability Rates**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
20	0.090%	45	0.220%
21	0.090%	46	0.242%
22	0.090%	47	0.264%
23	0.090%	48	0.286%
24	0.090%	49	0.308%
25	0.100%	50	0.330%
26	0.100%	51	0.380%
27	0.100%	52	0.430%
28	0.100%	53	0.480%
29	0.100%	54	0.530%
30	0.110%	55	0.580%
31	0.110%	56	0.700%
32	0.110%	57	0.820%
33	0.110%	58	0.940%
34	0.110%	59	1.060%
35	0.120%	60	1.180%
36	0.120%	61	1.430%
37	0.120%	62	1.680%
38	0.120%	63	1.930%
39	0.120%	64	2.180%
40	0.150%	65+	0.000%
41	0.164%		
42	0.178%		
43	0.192%		
44	0.206%		

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/31/2022

▶ **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.

<b>A</b> Name of plan AON PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	010
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AON CORPORATION	<b>D</b> Employer Identification Number (EIN) 36-3051915	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2022

<b>2</b> Assets:		
<b>a</b> Market value .....	<b>2a</b>	117,880,813
<b>b</b> Actuarial value .....	<b>2b</b>	121,963,820

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	5,160	91,783,758	91,783,758
<b>b</b> For terminated vested participants .....	9	206,650	206,650
<b>c</b> For active participants .....	0	0	0
<b>d</b> Total .....	5,169	91,990,408	91,990,408

<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</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 .....	<b>4b</b>	

**5** Effective interest rate ..... **5** 5.25%

<b>6</b> Target normal cost .....		
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	590,932
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>	590,932

**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.

<b>SIGN HERE</b>	Pamela D. Seegars <i>PDS</i> Signature of actuary	<u>07/19/2023</u> Date <u>2306348</u> Most recent enrollment number <u>404-261-3400</u> Telephone number (including area code)
	<u>PAMELA D. SEEGARS</u> Type or print name of actuary  <u>AON CONSULTING, INC.</u> Firm name	
	<u>MSC#17838</u> <u>PO Box 551343</u> <u>ATLANTA GA 30355</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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-3.04</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.41</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	132.58 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	132.58 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	130.29 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22**

**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** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? 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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	590,932
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	590,932

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0

**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** 0

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0

**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 the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

# Schedule SB Attachment (Form 5500)—2022 Plan Year

## Aon Pension Plan

EIN: 36-3051915 PN: 010

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
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1st Segment Rate	1.07%
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3rd Segment Rate	3.36%
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Social Security COLA Increases	2.10%
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Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	Primary annuitant: UP-1984 Unisex Table setback two years  Contingent annuitant: UP-1984 Unisex Table setback one year  Current IRC Section 417(e) table for lump sums
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	See Table 3

# Schedule SB Attachment (Form 5500)—2022 Plan Year

## Aon Pension Plan

EIN: 36-3051915 PN: 010

### Mortality Rates

Healthy and Disabled

2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85

### Withdrawal Rates

See Table 4

### Disability Rates

See Table 5

### Decrement Timing

Beginning of year decrements

### Surviving Spouse Benefit

It is assumed that 70% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.

### Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.

### Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

### Expected Return on Assets

2020 Plan Year

4.00%, limited to 5.94%

2021 Plan Year

3.10%, limited to 6.11%

2022 Plan Year

3.00%, limited to 5.92%

### Trust Expenses Included in Target Normal Cost

Expenses are assumed to be \$618,144 based on prior year expenses and current year expected PBGC premium. This has been included in the 2022 target normal cost.

### Actuarial Method

Standard unit credit cost method

### Valuation Date

January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Aon Pension Plan  
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Table 1

**Retirement Rates—Non-Rollins Burdick Hunter**

<u>Age</u>	<u>Rate</u>
55	1.50%
56	1.00%
57	1.00%
58	1.00%
59	2.00%
60	2.50%
61	3.50%
62	4.50%
63	6.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	17.00%
69	17.00%
70+	100.00%

Table 2

**Retirement Rates—Rollins Burdick Hunter**

<u>Age</u>	<u>Rate</u>
65+	100.00%

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Table 3

**Retirement Rates—Commencement Rates for Terminated Vested Participants**

<b><u>Age</u></b>	<b><u>Rate</u></b>
55	5.00%
56	2.50%
57	2.50%
58	2.50%
59	3.00%
60	5.00%
61	6.00%
62	9.50%
63	7.00%
64	30.00%
65	50.00%
66	20.00%
67	10.00%
68	5.00%
69	5.00%
70+	100.00%

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Table 4

**Withdrawal Rates**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	14.00%	45	6.00%
16	14.00%	46	6.00%
17	14.00%	47	6.00%
18	14.00%	48	6.00%
19	14.00%	49	5.60%
20	14.00%	50	5.30%
21	14.00%	51	5.20%
22	14.00%	52	5.10%
23	14.00%	53	5.00%
24	14.00%	54	5.00%
25	14.00%	55	5.00%
26	13.00%	56	5.00%
27	12.00%	57	5.00%
28	11.00%	58	5.00%
29	10.00%	59	5.00%
30	9.00%	60	5.00%
31	9.00%	61	5.00%
32	9.00%	62	5.00%
33	9.00%	63	5.00%
34	9.00%	64	5.00%
35	9.00%	65+	0.00%
36	9.00%		
37	9.00%		
38	8.50%		
39	7.50%		
40	6.00%		
41	6.00%		
42	6.00%		
43	6.00%		
44	6.00%		

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Table 5

**Disability Rates**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
20	0.090%	45	0.220%
21	0.090%	46	0.242%
22	0.090%	47	0.264%
23	0.090%	48	0.286%
24	0.090%	49	0.308%
25	0.100%	50	0.330%
26	0.100%	51	0.380%
27	0.100%	52	0.430%
28	0.100%	53	0.480%
29	0.100%	54	0.530%
30	0.110%	55	0.580%
31	0.110%	56	0.700%
32	0.110%	57	0.820%
33	0.110%	58	0.940%
34	0.110%	59	1.060%
35	0.120%	60	1.180%
36	0.120%	61	1.430%
37	0.120%	62	1.680%
38	0.120%	63	1.930%
39	0.120%	64	2.180%
40	0.150%	65+	0.000%
41	0.164%		
42	0.178%		
43	0.192%		
44	0.206%		

# Schedule SB Attachment (Form 5500)—2022 Plan Year

## Aon Pension Plan

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### Schedule SB, Part V—Summary of Plan Provisions

Plan Name	Aon Pension Plan
Effective Date and Plan Year	The plan was originally established effective as of January 1, 1973. The plan was most recently restated effective January 1, 2016. The plan was amended on August 17, 2016 to define the provisions of the 2016 lump sum window. The second amendment on December 8, 2016 defined additional provisions related to the lump sum window. A portion of the plan was spunoff as of the beginning of the day on January 1, 2020, and a new plan, the Aon Retirement Pension Plan, was created. The Aon Pension Plan was merged into the Aon Retirement Pension Plan effective October 31, 2022.
Type of Plan and Administration	A self-insured plan with corporate trustee. The plan is administered by an administrative committee consisting of not less than two and not more than five members selected by the Board of Directors.
Employers Included	Subsidiaries of Aon that have adopted or will adopt this plan. Effective January 1, 1989, the separate plans for the Life Insurance Co. of Virginia and Miller, Mason & Dickenson were merged into the Aon Pension Plan. Effective August 1, 1993, the Pension Plan for Employees of Boone and Company was merged into the Aon Pension Plan. Effective January 1, 1998, the separate plans for Alexander & Alexander, Bain Hogg Robinson and Sodarcam/BEP were merged into the Aon Pension Plan. Effective January 1, 2001, the ASA Pension Plan was merged into the Aon Pension Plan. Effective January 1, 2002, the International Risk Management (Americas) Inc. Retirement Plan was merged into the Aon Pension Plan. Effective January 1, 2002, the Schirmer Engineering Corporation Pension Plan was merged into the Aon Pension Plan. Effective October 15, 2008, the AHCS Pension Plan was merged into the Aon Pension Plan.
Employees Included	Each staff employee (an employee who is not an accident and health insurance agent or a life insurance agent) who was a participant on December 31, 1988 will continue as a participant. Field agents of the Life Insurance Co. of Virginia are also eligible to participate effective January 1, 1989.

## Schedule SB Attachment (Form 5500)—2022 Plan Year

### Aon Pension Plan

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Each employee will be eligible to participate on the first day of the plan year that he (a) prior to the first day of July of a plan year has both attained his twenty-first birthday and completed one year of service (a 12-month period, measured by anniversaries of the date employment commenced, during which he has not less than 1,000 hours of service), (b) is employed within the United States or its possessions on a permanent basis as provided for in the plan, and (c) is not included in a unit of employees covered by a collective bargaining agreement between employee representatives and one or more employers (unless otherwise expressly provided by the bargaining agreement).

Employees hired on or after January 1, 2004 who had not previously participated in the plan are not allowed to enter the plan.

#### Service Considered

A year of "service", to determine both eligibility for and the amount of benefits, refers to a 12-month period during which an employee has not less than 1,000 hours of service, provided the employee is in employment making him eligible for inclusion in the plan. Subsequent to March 31, 2009, no additional hours will be considered in the calculation of benefit service.

For purposes of eligibility only, such 12-month period is measured by anniversaries of the date employment commenced and for all other purposes, it will coincide with the calendar year. Service before January 1, 1976 for a continuing participant who was included under the prior provisions of the plan is determined in accordance with the prior provisions of the plan.

For the purpose of determining a participant's vested or nonforfeitable interest in his accrued retirement income, a participant will be deemed to have earned a year of service for each calendar year prior to the date he became an employee during which he rendered services to the employers as an insurance agent in the Superior Policy Division in a capacity other than that of an employee (i.e., an independent contractor) and was compensated with respect to such services on a commission basis. Service credit under the LOV and MM&D Plans are preserved as of December 31, 1988. Service credit under the prior Booke Plan is preserved as of December 31, 1992. Service credit under the A&A, BHR and BEP Plans are preserved as of December 31, 1997. Service credit under the ASA Plan is preserved as of

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December 31, 2000. Service credit under the IRM plan and Schirmer Plan are preserved as of December 31, 2001.

For the following acquired employees, all service from date of hire will be used to determine the participant's vested or nonforfeitable interest in his accrued retirement income. The service to be used for these employees to determine the amount of benefits will be measured from the appropriate date listed below:

	<b>Credited Service Date</b>
Bayly, Martin & Fay	07/01/1989
Martin Boyer	02/01/1990
Credit Life Insurance Company of Ohio	01/01/1991
Cananwill	03/01/1991
Auto Development Corp.	03/15/1991
Huntington Block	04/10/1991
Compensation & Capital	06/17/1991
Marcom Tech	09/16/1991
Northcutt Cathey Housemann	10/24/1991
Curtisday	11/01/1991
Ogle & Waters	11/25/1991
Insurance Brokers Service, Inc.	05/05/1992
Frank B. Hall	11/02/1992
Booke & Company	Hire Date
Ferguson Group	01/31/1993
Insurance Brokers Services, Inc.	05/11/1993
Bryson Associates, Inc.	05/17/1993
National Benefit Corporation	05/20/1993
K & K	06/10/1993
Albert G. Ruben	09/01/1993
Underwriters Marine Services	03/01/1994
Hammond & Regine	04/01/1994
Lynn & Schaller	04/01/1994
Sause Group	04/01/1994
Independent Dealers Services	06/01/1994
Charles Southern Group	06/01/1994
Pecos	10/01/1994
OUM & Associates, Inc.	01/01/1995
Keeling	01/01/1995
JH Blades	01/01/1995
Energy International	01/01/1995
Alexander & Associates	01/01/1995
HR Strategies	01/01/1995
Morency Weible & Sapa	01/01/1995
Sutherland Page	02/11/1995
Horan	03/13/1995
Hutchinson	07/01/1995

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	<b>Credited Service Date</b>
Friis	07/31/1995
Berkley Arms	09/01/1995
CLI	09/16/1995
TRMS	10/01/1995
Insurmark	12/15/1995
Cambridge	04/04/1996
The Mills Group	05/01/1996
Jos. U Moore, Inc	05/10/1996
Minet Group	05/16/1997
Anderson & Anderson	10/17/1997
Rath & Strong	01/01/1998
Alexander & Alexander	Hire Date
Bain Hogg Robinson	Hire Date
Sodarcam/BEP	Hire Date
ISA	01/01/1999
Beck, Kudlich & Swartman, Inc.	01/01/1998
National Transportation Adjusters	03/10/1998
Selective Staffing Inc.	03/31/1998
CD Benefits	04/01/1998
Carl D. Jacobs	04/01/1998
WTR of Bethesda	05/08/1998
LeBlanc de Nicolay	05/15/1998
Auto Insurance Specialists	09/18/1998
Olympic Health Mgmt Systems	09/15/1998
KPMG	12/11/1998
PHH Ins Associates	12/27/1998
McKenna & Associates	01/27/1999
Galaher Settlements	01/27/1999
Care Systems Corp	02/05/1999
Ryan Dealer Group	02/26/1999
Horwitz	03/18/1999
Daniel-Head Insurance Agency	03/26/1999
Presidium	04/06/1999
Geisy, Greer, Gunn, Inc.	05/04/1999
Strategic Decision Group	06/12/1999
Harty & Associates	08/23/1999
Hudas Pellerito	09/01/1999
WTR Baltimore	10/15/1999
Higdon & Higdon	10/29/1999
Johnson, Rooney & Welch	11/01/1999
IAN Graham Inc.	12/27/1999
ANC Advisory	07/01/2000
ARM Tech	07/01/2000
Horizon	08/21/2000
Integremark	09/14/2000
Reliance	12/15/2000 & 01/22/2001
Actuarial Science Associates	10/01/2000

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	<b>Credited Service Date</b>
Freemont	10/30/2000 & 11/27/2000 & 12/25/2000 & 04/06/2001 & 06/01/2001
INAC	10/16/2000
International Risk Management, Inc.	02/01/2001
Avon	02/08/2001
Great Northern	03/01/2001
Schirmer Engineering	05/01/2001
SUI	05/25/2001
Ritter	01/01/2002
ASI	01/01/2002
Pro Plus Insurance	04/01/2002
Urrutia Valles	07/01/2002
Fremont	09/30/2002
Epperson	09/01/2003

A break in service occurs in a calendar year when a participant has not completed more than 500 hours of service and did not have the status of an employee at any time during such period.

The ERISA rule of parity as modified by REA is included in the reemployment provisions.

Annual Earnings Considered

Annual earnings of a participant with respect to calendar years after 1997 means the regular salary determined before excluding any 401(k) reduction under the Aon Staff Employees' Savings Plan. Annual earnings include financing/subsidy payments, first year commissions, renewal overrides, personal service fees, managerial service fees, and validation bonuses, contractual or performance related bonuses and commissions. Annual earnings will exclude other bonuses, prizes, awards, deferred commissions and miscellaneous income. The annual earnings considered for a participant shall not exceed \$200,000 (as adjusted for cost of living increases at the same time and in the same manner as the dollar amount under Section 415 of the IRC). The annual earnings limit for 2008 is \$230,000.

Final Average Earnings

“Final average earnings” is the average of the highest five consecutive calendar years within the last 10 calendar years of employment (as specified in the plan regarding his period(s) of employment as a staff or nonstaff employee).

Employee Contributions

None

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### Aon Pension Plan

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#### Normal Retirement Benefit

The normal retirement date is the participant's sixty-fifth birthday.

The monthly pension on a single-life basis is equal to one-twelfth of the prior service benefit plus the future service benefit as follows:

Prior service benefit equals the accrued benefit as of December 31, 1997 determined under the appropriate plan formula indexed for future compensation increases if actively employed on December 31, 1997.

Future service benefit equals 1.15% of the participant's final average earnings multiplied by years of service after January 1, 1998, plus 0.45% of the participant's final average earnings in excess of covered compensation multiplied by years of service on or after January 1, 1998 not in excess of 35 years.

Participants in plans at LOV and MM&D as of December 31, 1988 have certain special provisions to assist in the transition to the above formula. Employees of Rollins Burdick Hunter who made a one-time election to have their benefits calculated under provisions of the prior plan effective January 1, 1985, also have special provisions to modify that formula. Participants in the Booke Plan as of August 1, 1993 have certain special provisions to assist in the transition to the above formula. Participants in the Alexander & Alexander Plan as of December 31, 1997 have certain special provisions to assist in the transition to the above formula. Participants in the IRM Plan and Schirmer Plan as of December 31, 2001 have certain special provisions to assist in the transition to the above formula.

Participants in the ASA Plan as of December 31, 2000 will have their have prior service benefit calculated based on the cash balance plan account existing on December 31, 2000 and credited with an effective annual rate of interest of 6% from January 1, 2001 to July 30, 2001 and an effective annual rate of 4% thereafter. The future service benefit will be determined based on service on or after January 1, 2001.

Effective January 1, 2007, the prior plan benefit is frozen and a career average formula equal to 1.15% of each year's earnings plus 0.45% of earnings in excess of covered compensation for earnings is effective for service after December 31, 2006. (No excess piece shall be recognized

# Schedule SB Attachment (Form 5500)—2022 Plan Year

## Aon Pension Plan

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once the participant has more than 35 years of service).  
Effective April 1, 2009, no additional benefits will accrue.

The monthly benefit is payable beginning on the first day of the month next following his actual retirement and continues for life.

### Accrued Retirement Income

A participant's accrued retirement income at any time is the monthly amount determined under paragraph (b) above, based upon the participant's average monthly earnings and benefit service at such time.

### Vested Retirement Benefit

- (a) The monthly pension on a single-life basis, payable commencing at the participant's normal retirement date, is a percentage of his accrued retirement income, which is determined under the following table:

<b>Nonforfeitable Full Years of Service</b>	<b>Percentage</b>
Less than 5	0%
5 or more	100%

Employees of Alexander & Alexander as of January 15, 1997 who have completed at least two years of continuous employment (as defined by the A&A plan) shall be deemed 100% vested. Plan participants of Bain Hogg Robinson as of March 31, 1995 became 100% vested in their frozen plan benefit.

- (b) A terminated participant may elect to have his deferred vested benefit commence at any time after his fifty-fifth birthday. If payment commences prior to age 65, the vested retirement benefit computed under paragraph (a) above is reduced by 4% for each of the first five years and 6% for each of the next five years prior to the fifteenth day of the month next following normal retirement date.

However, this benefit shall not be less than the sum of the following two amounts: (i) the vested retirement benefit as of December 31, 1988 reduced under the prior reduction formula in effect for the participant on such date and (ii) the vested retirement benefit calculated in accordance with the plan formula using service on or after January 1, 1989 reduced under the current formula set forth above.

## Schedule SB Attachment (Form 5500)—2022 Plan Year

### Aon Pension Plan

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#### Preretirement Death Benefit

A vested married active participant is eligible for a death benefit. Also, a married participant who has terminated with a deferred vested benefit is eligible for a death benefit if he has not started receiving his pension. If a participant meets any of these eligibility requirements, the deceased participant's spouse is entitled to a benefit of 50% of the participant's accrued pension reduced for 50% joint and survivor coverage and also reduced for early retirement, assuming that the participant had survived to age 55. The spouse's benefit is deferred to the time when the participant would have been 55 or is payable immediately if the participant's age at death is 55 or greater.

#### Automatic Joint and Survivor Benefit and Other Forms of Payment

##### Automatic Joint and Survivor Benefit

If a participant is married on the date his pension payments commence, payment will be made in the form of a 50% joint and survivor pension unless the participant elects otherwise in writing. Under this form of payment, a reduced amount will be paid to the participant for his lifetime, and his spouse (if surviving at his death) will receive thereafter a lifetime survivorship pension equal to 50% of the participant's reduced pension. The reduced pension payable to the participant and his spouse will be the actuarial equivalent of the single-life pension determined under paragraph 8 or 10 above.

#### Optional Benefits

5-, 10- or 15-year certain option; alternate joint and survivor option (50%, 75% or 100%); Social Security adjustment option; lump sum cash out of cash balance plan account (former ASA participants only).

#### Small Amounts

If a monthly pension is less than \$50, the committee will direct a lump-sum payment of the present value of such monthly benefit subject to the \$5,000 restriction and spousal consent.

#### Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- The Aon Pension Plan merged into the Aon Retirement Pension Plan effective October 31, 2022. As a result, there was a short plan year from January 1, 2022 to October 31, 2022 for the Aon Pension Plan. This is the final Schedule SB for the Aon Pension Plan and all Schedule SB entries reflect the short plan year requirements.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

**Form 5500 EFAST Software Limitations**

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

Schedule SB Attachment (Form 5500)—2022 Plan Year  
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on asset from 3.10% to 3.00%.

This change was made to better reflect the anticipated plan experience. This change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

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Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2022	0	22,497	9,306,043	9,328,540
2023	0	23,702	9,054,504	9,078,206
2024	0	22,130	8,790,733	8,812,863
2025	0	20,626	8,515,874	8,536,501
2026	0	21,847	8,229,597	8,251,445
2027	0	20,271	7,931,401	7,951,672
2028	0	18,736	7,617,099	7,635,835
2029	0	17,246	7,295,349	7,312,595
2030	0	15,805	6,963,617	6,979,422
2031	0	14,419	6,620,486	6,634,905
2032	0	13,095	6,270,735	6,283,830
2033	0	11,840	5,916,468	5,928,309
2034	0	10,660	5,556,880	5,567,540
2035	0	9,558	5,192,723	5,202,281
2036	0	8,536	4,827,019	4,835,555
2037	0	7,593	4,461,261	4,468,855
2038	0	6,726	4,097,591	4,104,317
2039	0	5,931	3,738,514	3,744,445
2040	0	5,203	3,386,724	3,391,927
2041	0	4,539	3,045,022	3,049,560
2042	0	3,932	2,716,206	2,720,138
2043	0	3,380	2,402,930	2,406,310
2044	0	2,877	2,107,577	2,110,454
2045	0	2,422	1,832,174	1,834,596
2046	0	2,013	1,578,317	1,580,330
2047	0	1,648	1,347,092	1,348,740
2048	0	1,329	1,139,038	1,140,367
2049	0	1,053	954,155	955,208
2050	0	820	791,498	792,318
2051	0	626	651,015	651,641
2052	0	468	530,856	531,324
2053	0	343	428,825	429,168
2054	0	245	343,969	344,214
2055	0	171	274,253	274,424
2056	0	116	217,471	217,587
2057	0	77	171,799	171,876
2058	0	49	135,485	135,534
2059	0	31	106,825	106,856
2060	0	19	84,355	84,373
2061	0	11	66,883	66,894
2062	0	6	53,340	53,346
2063	0	3	42,744	42,747
2064	0	2	34,052	34,054

Schedule SB Attachment (Form 5500)—2022 Plan Year

Aon Pension Plan

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2065	0	1	27,753	27,754
<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2066	0	0	22,843	22,844
2067	0	0	18,899	18,900
2068	0	0	15,584	15,584
2069	0	0	13,182	13,182
2070	0	0	9,484	9,484
2071	0	0	7,174	7,174

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Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2022	0	22,497	9,306,043	9,328,540
2023	0	23,702	9,054,504	9,078,206
2024	0	22,130	8,790,733	8,812,863
2025	0	20,626	8,515,874	8,536,501
2026	0	21,847	8,229,597	8,251,445
2027	0	20,271	7,931,401	7,951,672
2028	0	18,736	7,617,099	7,635,835
2029	0	17,246	7,295,349	7,312,595
2030	0	15,805	6,963,617	6,979,422
2031	0	14,419	6,620,486	6,634,905
2032	0	13,095	6,270,735	6,283,830
2033	0	11,840	5,916,468	5,928,309
2034	0	10,660	5,556,880	5,567,540
2035	0	9,558	5,192,723	5,202,281
2036	0	8,536	4,827,019	4,835,555
2037	0	7,593	4,461,261	4,468,855
2038	0	6,726	4,097,591	4,104,317
2039	0	5,931	3,738,514	3,744,445
2040	0	5,203	3,386,724	3,391,927
2041	0	4,539	3,045,022	3,049,560
2042	0	3,932	2,716,206	2,720,138
2043	0	3,380	2,402,930	2,406,310
2044	0	2,877	2,107,577	2,110,454
2045	0	2,422	1,832,174	1,834,596
2046	0	2,013	1,578,317	1,580,330
2047	0	1,648	1,347,092	1,348,740
2048	0	1,329	1,139,038	1,140,367
2049	0	1,053	954,155	955,208
2050	0	820	791,498	792,318
2051	0	626	651,015	651,641
2052	0	468	530,856	531,324
2053	0	343	428,825	429,168
2054	0	245	343,969	344,214
2055	0	171	274,253	274,424
2056	0	116	217,471	217,587
2057	0	77	171,799	171,876
2058	0	49	135,485	135,534
2059	0	31	106,825	106,856
2060	0	19	84,355	84,373
2061	0	11	66,883	66,894
2062	0	6	53,340	53,346
2063	0	3	42,744	42,747
2064	0	2	34,052	34,054

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2065	0	1	27,753	27,754
<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2066	0	0	22,843	22,844
2067	0	0	18,899	18,900
2068	0	0	15,584	15,584
2069	0	0	13,182	13,182
2070	0	0	9,484	9,484
2071	0	0	7,174	7,174

# Schedule SB Attachment (Form 5500)—2022 Plan Year

## Aon Pension Plan

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### Schedule SB, Part V—Summary of Plan Provisions

Plan Name	Aon Pension Plan
Effective Date and Plan Year	The plan was originally established effective as of January 1, 1973. The plan was most recently restated effective January 1, 2016. The plan was amended on August 17, 2016 to define the provisions of the 2016 lump sum window. The second amendment on December 8, 2016 defined additional provisions related to the lump sum window. A portion of the plan was spunoff as of the beginning of the day on January 1, 2020, and a new plan, the Aon Retirement Pension Plan, was created. The Aon Pension Plan was merged into the Aon Retirement Pension Plan effective October 31, 2022.
Type of Plan and Administration	A self-insured plan with corporate trustee. The plan is administered by an administrative committee consisting of not less than two and not more than five members selected by the Board of Directors.
Employers Included	Subsidiaries of Aon that have adopted or will adopt this plan. Effective January 1, 1989, the separate plans for the Life Insurance Co. of Virginia and Miller, Mason & Dickenson were merged into the Aon Pension Plan. Effective August 1, 1993, the Pension Plan for Employees of Boone and Company was merged into the Aon Pension Plan. Effective January 1, 1998, the separate plans for Alexander & Alexander, Bain Hogg Robinson and Sodarcam/BEP were merged into the Aon Pension Plan. Effective January 1, 2001, the ASA Pension Plan was merged into the Aon Pension Plan. Effective January 1, 2002, the International Risk Management (Americas) Inc. Retirement Plan was merged into the Aon Pension Plan. Effective January 1, 2002, the Schirmer Engineering Corporation Pension Plan was merged into the Aon Pension Plan. Effective October 15, 2008, the AHCS Pension Plan was merged into the Aon Pension Plan.
Employees Included	Each staff employee (an employee who is not an accident and health insurance agent or a life insurance agent) who was a participant on December 31, 1988 will continue as a participant. Field agents of the Life Insurance Co. of Virginia are also eligible to participate effective January 1, 1989.

# Schedule SB Attachment (Form 5500)—2022 Plan Year

## Aon Pension Plan

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Each employee will be eligible to participate on the first day of the plan year that he (a) prior to the first day of July of a plan year has both attained his twenty-first birthday and completed one year of service (a 12-month period, measured by anniversaries of the date employment commenced, during which he has not less than 1,000 hours of service), (b) is employed within the United States or its possessions on a permanent basis as provided for in the plan, and (c) is not included in a unit of employees covered by a collective bargaining agreement between employee representatives and one or more employers (unless otherwise expressly provided by the bargaining agreement).

Employees hired on or after January 1, 2004 who had not previously participated in the plan are not allowed to enter the plan.

### Service Considered

A year of "service", to determine both eligibility for and the amount of benefits, refers to a 12-month period during which an employee has not less than 1,000 hours of service, provided the employee is in employment making him eligible for inclusion in the plan. Subsequent to March 31, 2009, no additional hours will be considered in the calculation of benefit service.

For purposes of eligibility only, such 12-month period is measured by anniversaries of the date employment commenced and for all other purposes, it will coincide with the calendar year. Service before January 1, 1976 for a continuing participant who was included under the prior provisions of the plan is determined in accordance with the prior provisions of the plan.

For the purpose of determining a participant's vested or nonforfeitable interest in his accrued retirement income, a participant will be deemed to have earned a year of service for each calendar year prior to the date he became an employee during which he rendered services to the employers as an insurance agent in the Superior Policy Division in a capacity other than that of an employee (i.e., an independent contractor) and was compensated with respect to such services on a commission basis. Service credit under the LOV and MM&D Plans are preserved as of December 31, 1988. Service credit under the prior Booke Plan is preserved as of December 31, 1992. Service credit under the A&A, BHR and BEP Plans are preserved as of December 31, 1997. Service credit under the ASA Plan is preserved as of

Schedule SB Attachment (Form 5500)—2022 Plan Year

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December 31, 2000. Service credit under the IRM plan and Schirmer Plan are preserved as of December 31, 2001.

For the following acquired employees, all service from date of hire will be used to determine the participant's vested or nonforfeitable interest in his accrued retirement income. The service to be used for these employees to determine the amount of benefits will be measured from the appropriate date listed below:

	<b>Credited Service Date</b>
Bayly, Martin & Fay	07/01/1989
Martin Boyer	02/01/1990
Credit Life Insurance Company of Ohio	01/01/1991
Cananwill	03/01/1991
Auto Development Corp.	03/15/1991
Huntington Block	04/10/1991
Compensation & Capital	06/17/1991
Marcom Tech	09/16/1991
Northcutt Cathey Housemann	10/24/1991
Curtisday	11/01/1991
Ogle & Waters	11/25/1991
Insurance Brokers Service, Inc.	05/05/1992
Frank B. Hall	11/02/1992
Booke & Company	Hire Date
Ferguson Group	01/31/1993
Insurance Brokers Services, Inc.	05/11/1993
Bryson Associates, Inc.	05/17/1993
National Benefit Corporation	05/20/1993
K & K	06/10/1993
Albert G. Ruben	09/01/1993
Underwriters Marine Services	03/01/1994
Hammond & Regine	04/01/1994
Lynn & Schaller	04/01/1994
Sause Group	04/01/1994
Independent Dealers Services	06/01/1994
Charles Southern Group	06/01/1994
Pecos	10/01/1994
OUM & Associates, Inc.	01/01/1995
Keeling	01/01/1995
JH Blades	01/01/1995
Energy International	01/01/1995
Alexander & Associates	01/01/1995
HR Strategies	01/01/1995
Morency Weible & Sapa	01/01/1995
Sutherland Page	02/11/1995
Horan	03/13/1995
Hutchinson	07/01/1995

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	<b>Credited Service Date</b>
Friis	07/31/1995
Berkley Arms	09/01/1995
CLI	09/16/1995
TRMS	10/01/1995
Insurmark	12/15/1995
Cambridge	04/04/1996
The Mills Group	05/01/1996
Jos. U Moore, Inc	05/10/1996
Minet Group	05/16/1997
Anderson & Anderson	10/17/1997
Rath & Strong	01/01/1998
Alexander & Alexander	Hire Date
Bain Hogg Robinson	Hire Date
Sodarcam/BEP	Hire Date
ISA	01/01/1999
Beck, Kudlich & Swartman, Inc.	01/01/1998
National Transportation Adjusters	03/10/1998
Selective Staffing Inc.	03/31/1998
CD Benefits	04/01/1998
Carl D. Jacobs	04/01/1998
WTR of Bethesda	05/08/1998
LeBlanc de Nicolay	05/15/1998
Auto Insurance Specialists	09/18/1998
Olympic Health Mgmt Systems	09/15/1998
KPMG	12/11/1998
PHH Ins Associates	12/27/1998
McKenna & Associates	01/27/1999
Galaher Settlements	01/27/1999
Care Systems Corp	02/05/1999
Ryan Dealer Group	02/26/1999
Horwitz	03/18/1999
Daniel-Head Insurance Agency	03/26/1999
Presidium	04/06/1999
Geisy, Greer, Gunn, Inc.	05/04/1999
Strategic Decision Group	06/12/1999
Harty & Associates	08/23/1999
Hudas Pellerito	09/01/1999
WTR Baltimore	10/15/1999
Higdon & Higdon	10/29/1999
Johnson, Rooney & Welch	11/01/1999
IAN Graham Inc.	12/27/1999
ANC Advisory	07/01/2000
ARM Tech	07/01/2000
Horizon	08/21/2000
Integremark	09/14/2000
Reliance	12/15/2000 & 01/22/2001
Actuarial Science Associates	10/01/2000

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	<b>Credited Service Date</b>
Freemont	10/30/2000 & 11/27/2000 & 12/25/2000 & 04/06/2001 & 06/01/2001
INAC	10/16/2000
International Risk Management, Inc.	02/01/2001
Avon	02/08/2001
Great Northern	03/01/2001
Schirmer Engineering	05/01/2001
SUI	05/25/2001
Ritter	01/01/2002
ASI	01/01/2002
Pro Plus Insurance	04/01/2002
Urrutia Valles	07/01/2002
Fremont	09/30/2002
Epperson	09/01/2003

A break in service occurs in a calendar year when a participant has not completed more than 500 hours of service and did not have the status of an employee at any time during such period.

The ERISA rule of parity as modified by REA is included in the reemployment provisions.

Annual Earnings Considered

Annual earnings of a participant with respect to calendar years after 1997 means the regular salary determined before excluding any 401(k) reduction under the Aon Staff Employees' Savings Plan. Annual earnings include financing/subsidy payments, first year commissions, renewal overrides, personal service fees, managerial service fees, and validation bonuses, contractual or performance related bonuses and commissions. Annual earnings will exclude other bonuses, prizes, awards, deferred commissions and miscellaneous income. The annual earnings considered for a participant shall not exceed \$200,000 (as adjusted for cost of living increases at the same time and in the same manner as the dollar amount under Section 415 of the IRC). The annual earnings limit for 2008 is \$230,000.

Final Average Earnings

"Final average earnings" is the average of the highest five consecutive calendar years within the last 10 calendar years of employment (as specified in the plan regarding his period(s) of employment as a staff or nonstaff employee).

Employee Contributions

None

## Schedule SB Attachment (Form 5500)—2022 Plan Year

### Aon Pension Plan

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#### Normal Retirement Benefit

The normal retirement date is the participant's sixty-fifth birthday.

The monthly pension on a single-life basis is equal to one-twelfth of the prior service benefit plus the future service benefit as follows:

Prior service benefit equals the accrued benefit as of December 31, 1997 determined under the appropriate plan formula indexed for future compensation increases if actively employed on December 31, 1997.

Future service benefit equals 1.15% of the participant's final average earnings multiplied by years of service after January 1, 1998, plus 0.45% of the participant's final average earnings in excess of covered compensation multiplied by years of service on or after January 1, 1998 not in excess of 35 years.

Participants in plans at LOV and MM&D as of December 31, 1988 have certain special provisions to assist in the transition to the above formula. Employees of Rollins Burdick Hunter who made a one-time election to have their benefits calculated under provisions of the prior plan effective January 1, 1985, also have special provisions to modify that formula. Participants in the Booke Plan as of August 1, 1993 have certain special provisions to assist in the transition to the above formula. Participants in the Alexander & Alexander Plan as of December 31, 1997 have certain special provisions to assist in the transition to the above formula. Participants in the IRM Plan and Schirmer Plan as of December 31, 2001 have certain special provisions to assist in the transition to the above formula.

Participants in the ASA Plan as of December 31, 2000 will have their have prior service benefit calculated based on the cash balance plan account existing on December 31, 2000 and credited with an effective annual rate of interest of 6% from January 1, 2001 to July 30, 2001 and an effective annual rate of 4% thereafter. The future service benefit will be determined based on service on or after January 1, 2001.

Effective January 1, 2007, the prior plan benefit is frozen and a career average formula equal to 1.15% of each year's earnings plus 0.45% of earnings in excess of covered compensation for earnings is effective for service after December 31, 2006. (No excess piece shall be recognized

Schedule SB Attachment (Form 5500)—2022 Plan Year

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once the participant has more than 35 years of service).  
Effective April 1, 2009, no additional benefits will accrue.

The monthly benefit is payable beginning on the first day of the month next following his actual retirement and continues for life.

Accrued Retirement Income

A participant's accrued retirement income at any time is the monthly amount determined under paragraph (b) above, based upon the participant's average monthly earnings and benefit service at such time.

Vested Retirement Benefit

(a) The monthly pension on a single-life basis, payable commencing at the participant's normal retirement date, is a percentage of his accrued retirement income, which is determined under the following table:

<b>Nonforfeitable Full Years of Service</b>	<b>Percentage</b>
Less than 5	0%
5 or more	100%

Employees of Alexander & Alexander as of January 15, 1997 who have completed at least two years of continuous employment (as defined by the A&A plan) shall be deemed 100% vested. Plan participants of Bain Hogg Robinson as of March 31, 1995 became 100% vested in their frozen plan benefit.

(b) A terminated participant may elect to have his deferred vested benefit commence at any time after his fifty-fifth birthday. If payment commences prior to age 65, the vested retirement benefit computed under paragraph (a) above is reduced by 4% for each of the first five years and 6% for each of the next five years prior to the fifteenth day of the month next following normal retirement date.

However, this benefit shall not be less than the sum of the following two amounts: (i) the vested retirement benefit as of December 31, 1988 reduced under the prior reduction formula in effect for the participant on such date and (ii) the vested retirement benefit calculated in accordance with the plan formula using service on or after January 1, 1989 reduced under the current formula set forth above.

## Schedule SB Attachment (Form 5500)—2022 Plan Year

### Aon Pension Plan

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#### Preretirement Death Benefit

A vested married active participant is eligible for a death benefit. Also, a married participant who has terminated with a deferred vested benefit is eligible for a death benefit if he has not started receiving his pension. If a participant meets any of these eligibility requirements, the deceased participant's spouse is entitled to a benefit of 50% of the participant's accrued pension reduced for 50% joint and survivor coverage and also reduced for early retirement, assuming that the participant had survived to age 55. The spouse's benefit is deferred to the time when the participant would have been 55 or is payable immediately if the participant's age at death is 55 or greater.

#### Automatic Joint and Survivor Benefit and Other Forms of Payment

##### Automatic Joint and Survivor Benefit

If a participant is married on the date his pension payments commence, payment will be made in the form of a 50% joint and survivor pension unless the participant elects otherwise in writing. Under this form of payment, a reduced amount will be paid to the participant for his lifetime, and his spouse (if surviving at his death) will receive thereafter a lifetime survivorship pension equal to 50% of the participant's reduced pension. The reduced pension payable to the participant and his spouse will be the actuarial equivalent of the single-life pension determined under paragraph 8 or 10 above.

#### Optional Benefits

5-, 10- or 15-year certain option; alternate joint and survivor option (50%, 75% or 100%); Social Security adjustment option; lump sum cash out of cash balance plan account (former ASA participants only).

#### Small Amounts

If a monthly pension is less than \$50, the committee will direct a lump-sum payment of the present value of such monthly benefit subject to the \$5,000 restriction and spousal consent.

#### Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- The Aon Pension Plan merged into the Aon Retirement Pension Plan effective October 31, 2022. As a result, there was a short plan year from January 1, 2022 to October 31, 2022 for the Aon Pension Plan. This is the final Schedule SB for the Aon Pension Plan and all Schedule SB entries reflect the short plan year requirements.

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

**Form 5500 EFAST Software Limitations**

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

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on asset from 3.10% to 3.00%.

This change was made to better reflect the anticipated plan experience. This change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.