

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) M
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
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

1a Name of plan: WILLIS TOWERS WATSON SAVINGS PLAN TRUST
1b Three-digit plan number (PN): 007
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): WILLIS TOWERS WATSON US LLC
2b Employer Identification Number (EIN): 53-0181291
2c Plan Sponsor's telephone number: 703-258-8000
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b 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 type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WILLIS TOWERS WATSON SAVINGS PLAN TRUST	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIS TOWERS WATSON US LLC	D Employer Identification Number (EIN) 53-0181291	

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

BLACK CREEK INVESTMENT MANAGEMENT

98-1395961

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

BLACKROCK INSTITUTIONAL TRUST

94-3112180

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

GLOBAL TRUST COMPANY

26-3761443

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

RELIANCE TRUST COMPANY

58-1428634

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

SEI TRUST COMPANY

06-1271230

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

THE VANGUARD GROUP INC

23-1945930

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

WELLINGTON TRUST COMPANY NA

04-2755549

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

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

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

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

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

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

THE 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 62	TRUSTEE	252931	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SPYGLASS CAPITAL MGMT LLC

32-0462594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	115117	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)

SNYDER CAPITAL MANAGEMENT LP

04-3370184

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68 71	NONE	107788	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

SUSTAINABLE GROWTH ADVISERS LP

05-0571266

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	105181	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SANDERS CAPITAL

27-0705845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	102551	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	80867	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"/>

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)

LAZARD ASSET MANAGEMENT LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	54078	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51 52	NONE	5062	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>WILLIS TOWERS WATSON SAVINGS PLAN TRUST</u>	B Three-digit plan number (PN) <u>007</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WILLIS TOWERS WATSON US LLC</u>	D Employer Identification Number (EIN) <u>53-0181291</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TIPS</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>		
c EIN-PN <u>45-3221294-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>118836794</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSSELL ALL CAP INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>SSGA</u>		
c EIN-PN <u>90-0337987-233</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41094838</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA GLOBAL EQUITY EX USA INDEX</u>		
b Name of sponsor of entity listed in (a): <u>SSGA</u>		
c EIN-PN <u>81-4017137-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15844234</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PLUS BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST CO.</u>		
c EIN-PN <u>23-6994310-165</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15884184</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACK CREEK INTL EQUITY CIT</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>82-3333269-110</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6673212</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GQC PARTNERS INTL EQUITY CIT</u>		
b Name of sponsor of entity listed in (a): <u>RELiance TRUST INSTITUTIONAL RETIREMENT TRUST</u>		
c EIN-PN <u>82-6253445-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5861095</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MAWER INTRNTNL EQTY COLLECTVE IN</u>		
b Name of sponsor of entity listed in (a): <u>MAWER INTERNATIONAL</u>		
c EIN-PN <u>38-7140710-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5490153</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUT 500 INDEX TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST		
c EIN-PN 81-6327546-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1468600770
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTIT EXT MKT INDX TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST		
c EIN-PN 81-6324211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 463869482
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INST TTL BOND MKT INDX TST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST		
c EIN-PN 81-6321044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 582546056
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD INS TTL INTL STK MKT IDX TST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST		
c EIN-PN 81-6317280-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 786631829
a Name of MTIA, CCT, PSA, or 103-12 IE: GQC PARTNERS US SELECT QTY EQUITY		
b Name of sponsor of entity listed in (a): RELIANCE TRUST INSTITUTIONAL RETIREMENT TRUST		
c EIN-PN 83-6352671-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35976199
a Name of MTIA, CCT, PSA, or 103-12 IE: SUSTAINABLE GROWTH AVISERS INT CIT		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 83-2220574-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5443804
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II CORE BOND PLUS		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA		
c EIN-PN 04-6913417-165	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15775406
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TOTAL RETURN COMMING FUND		
b Name of sponsor of entity listed in (a): BLACKROCK		
c EIN-PN 47-1236644-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15620757
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	WILLIS TOWERS WATSON SAVINGS PLAN FOR U.S. EMPLOYEES	
b Name of plan sponsor	WILLIS TOWERS WATSON US LLC	c EIN-PN 53-0181291-005

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WILLIS TOWERS WATSON SAVINGS PLAN TRUST	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIS TOWERS WATSON US LLC	D Employer Identification Number (EIN) 53-0181291

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	497	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5410319	749174
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	137628865	139702188
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	112783971	132175328
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3335677170	3584148813
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	352432276	346394414
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	146558780	174107093

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	4090491878	4377277010
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	234051	1308521
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	234051	1308521
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4090257827	4375968489

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(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 Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	262392	
(B) U.S. Government securities.....	2b(1)(B)	7252464	
(C) Corporate debt instruments.....	2b(1)(C)	145504	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	785090	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8445450
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2982099	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1472282	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4454381
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	195276927	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	177351667	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		17925260
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	41790167	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	455802177
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	-2389949
c Other income	2c	-80697
d Total income. Add all income amounts in column (b) and enter total	2d	525946789

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(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)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	-8086
(4) IQPA audit fees	2i(4)	80867
(5) Investment advisory and investment management fees	2i(5)	489777
(6) Bank or trust company trustee/custodial fees	2i(6)	242933
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	9998
(11) Other expenses	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	815489
j Total expenses. Add all expense amounts in column (b) and enter total	2j	815489

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	525131300
l Transfers of assets:		
(1) To this plan	2l(1)	235194224
(2) From this plan	2l(2)	474614862

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:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account number WTWDV
Account Name WTW SAVINGS PLAN DV

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 4,112,289,611.20

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account number WTWDV
Account Name WTW SAVINGS PLAN DV

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 4,112,289,611.20

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account number WTWDV
Account Name WTW SAVINGS PLAN DV

Page 43 of 134

◆ **5% Report - Part C Summary***Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
MFO WTW LARGE CAP UNIT C CUSIP: 7299967X0	Total acquisitions	858	91,943,133.41			0.00	91,943,133.41	91,943.133.41
	Total dispositions	2,232		238,572,764.06		0.00	162,027,567.94	238,572.764.06
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	294	123,667,279.60			0.00	123,667,279.60	123,667.279.60
	Total dispositions	205		125,118,903.58		0.00	125,118,903.58	125,118.903.58
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	613	133,900,735.40			0.00	133,900,735.40	133,900.735.40
		1				0.00	0.00	.000.00
	Total dispositions	340		130,658,083.85		0.00	130,658,083.83	130,658.083.85

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 4,112,289,611.20

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account number WTWDV
Account Name WTW SAVINGS PLAN DV

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 4,112,289,611.20

Willis Towers Watson Savings Plan Trust				
EIN 53-0181291				
Plan No. 007				
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)				
AS OF DECEMBER 31, 2024				
(a)	(b) Identity of Issue Borrower Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		SHORT TERM SECURITIES:		
	38141W273	GOLDMAN SACHS VAR 12/49	\$ 136,459,536	\$ 136,459,536
*	66586U445	NTGI COLLECTIVE GOVT SHORT-TERM INVEST FD	3,242,652	3,242,652
		Total Short Term Securities:	\$ 139,702,188	\$ 139,702,188
		COMMON STOCK:		
	2595708	3M CO	82,470	129,606
	2002305	ABBOTT LABORATORIES	229,523	271,916
	B92SR70	ABBVIE INC	309,569	509,999
	2024901	ABM INDS INC	42,924	51,538
	2713317	ACADIA PHARMACEUTICALS INC	55,868	48,995
	2818461	ACUITY BRANDS INC	134,423	121,234
	BMPFJK6	ACV AUCTIONS INC	476,735	563,371
	B55BN47	ADDUS HOMECARE CORP	50,381	57,034
	2008154	ADOBE SYS INC	185,786	194,325
	BFWCP81	ADT INC	94,729	89,160
	BZ12TX5	ADTALEM GLOBAL ED INC	52,157	64,231
	2007849	ADVANCED MICRO DEVICES INC	101,822	78,272
	2002479	AES CORP	66,401	38,430
	BMF9NM8	AFFIRM HLDGS INC	520,643	925,985
	BP41ZD1	ALIBABA GRP HLDG LTD	156,734	149,570
	BFRT3W7	ALLEGION PLC	156,612	144,401
	2414717	ALLIENT INC	53,331	50,867
	B4PZ892	ALLISON TRANSMISSION HOLDING	69,271	195,805
	B00FWN1	ALNYLAM PHARMACEUTICALS INC	34,824	46,356
	BYY88Y7	ALPHABET INC	977,148	4,398,974
	2692632	ALTRIA GROUP INC	187,227	231,854
	2000019	AMAZON.COM INC	2,767,510	4,556,072
	2026242	AMER ELEC PWR CO INC	47,885	49,896
	2026082	AMERICAN EXPRESS CO	551,107	1,119,789
	B7FBFL2	AMERICAN TOWER CORP	41,973	38,883
	B0J7D57	AMERIPRISE FINL INC	41,872	68,151
	2089212	AMETEK INC	486,594	683,185
	2145084	AMPHENOL CORP	410,458	823,469
	BLPIHW5	AON PLC	1,060,697	1,249,518
	BMBPH06	API GROUP CORPORATION	543,079	665,301
	BN44JF6	APOLLO GLOBAL MANAGEMENT INC	40,721	82,580
	BYN7H48	APPOLIO INC	46,052	52,058
	2046251	APPLE INC	1,527,411	5,664,250
	2086309	APPLIED INDL TECHNOLOGIES INC	53,831	45,978
	2046552	APPLIED MATERIALS INC	169,169	173,038
	BMV3LG4	APPLOVIN CORP	182,178	1,027,513
	BTDN8H1	APTIV PLC	165,598	127,008
	BCGCR57	ARDMORE SHIPPING CORP	50,481	33,595
	BL9XPM3	ARISTA NETWORKS INC	96,063	173,311
	2331430	ASSURANT INC	84,431	105,544
	BMTQ7V2	ASTERA LABS INC	190,095	537,879
	2989044	ASTRAZENECA PLC	256,532	241,769
	2831811	AT&T INC	92,964	110,275
	BQ1PC76	ATLASSIAN CORP	81,429	106,844
	2315359	ATMOS ENERGY CORP	117,032	131,192
	2065159	AUTODESK INC	534,540	838,532
	2065308	AUTOMATIC DATA PROCESSING INC	59,631	76,403
	2677606	AXIS CAPITAL HOLDINGS LTD	88,315	111,041
	B1Z77F6	BANK NEW YORK MELLON CORP	217,732	264,526
	2295677	BANK OF AMERICA CORP	771,337	911,523
	BZ56Q65	BANK OZK	85,828	93,468
	2073390	BERKSHIRE HATHAWAY INC	144,125	257,463
	2094670	BEST BUY INC	74,132	86,915
	BSHZ3Q0	BIO-TECHNE CORP	396,672	404,016
	2105505	BLOCK H & R INC	53,101	47,133
	2568272	BNP PARIBAS	190,926	241,609
	BDRXDB4	BOOKING HOLDINGS INC	302,712	640,926
	B5367T7	BOOZ ALLEN HAMILTON HLDG CORP	53,413	46,332
	2113434	BOSTON SCIENTIFIC CORP	45,241	60,559
	BVB3BV2	BOX INC	49,963	49,770
	2117726	BRADY CORP	38,529	52,581
	BF429K9	BRIGHTHOUSE FINL INC	51,841	48,136

Willis Towers Watson Savings Plan Trust					
EIN 53-0181291					
Plan No. 007					
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)					
AS OF DECEMBER 31, 2024					
	2193544	BRINKER INTL INC		19,457	69,981
	2126335	BRISTOL MYERS SQUIBB CO		206,937	186,082
	BDZ78H9	BROADCOM INC		119,580	688,565
	2692687	BROWN & BROWN INC		298,186	583,350
	BF311Y5	BURLINGTON STORES INC		50,702	55,302
	BZOW624	BWX TECHNOLOGIES INC		371,541	629,688
	2162500	CABOT CORP		274,432	408,338
	2302232	CADENCE DESIGN SYS INC		62,025	94,044
	BNVTFQ7	CANADIAN PAC KANS CITY LTD		1,145,244	1,052,911
	2654461	CAPITAL ONE FINL CORP		73,777	64,730
	2175672	CARDINAL HLTH INC		79,298	109,163
	2180201	CATERPILLAR INC		119,662	171,585
	B5834C5	CBOE GLOBAL MARKETS INC		38,621	40,252
	2795393	CENCORA INC		190,066	209,402
	2604336	CHARLES RIV LABORATORIES INTL INC		471,574	333,757
	B3BQMF6	CHUBB LTD		85,518	104,718
	2197137	CINTAS CORP		68,913	122,774
	2197308	CIRRUS LOGIC INC		82,530	84,643
	2198163	CISCO SYSTEMS INC		83,229	101,883
	2297907	CITIGROUP INC		480,606	609,014
	BL25F37	CITY OFFICE REIT INC		66,418	33,153
	2202473	CLEAN HARBORS INC		319,497	908,823
	BNG8Z81	COHERENT CORP		239,724	415,486
	2209106	COLGATE-PALMOLIVE CO		271,519	259,094
	2176608	COLUMBIA BKG SYS INC		66,890	70,874
	2044545	COMCAST CORP		95,182	75,923
	2036047	COMFORT SYS USA INC		38,388	89,477
	B142B38	COMMVAULT SYS INC		47,285	63,080
	2208073	COPART INC		160,814	309,791
	B00SCY1	CORCEPT THERAPEUTICS INC		29,077	45,149
	BMX5GK7	CORPAY INC		52,614	47,040
	2262864	COSTAR GROUP INC		854,321	781,405
	2701271	COSTCO WHOLESALE CORP		173,569	258,388
	B01ZKD6	CRH ORD EUR		53,072	47,740
	BJJP138	CROWDSTRIKE HLDGS INC		33,691	74,249
	2210885	CSG SYS INTL INC		87,825	95,678
	2240202	CUMMINS INC		85,558	105,277
	2241205	CURTISS WRIGHT CORP		47,464	62,457
	2577609	CVS HEALTH CORP		97,220	64,193
	BQT3XY6	CYBER-ARK SOFTWARE LTD		315,060	346,143
	2250870	DANAHER CORP		856,587	1,040,091
	2289874	DARDEN RESTAURANTS INC		96,333	110,894
	BKT9Y49	DATADOG INC		49,669	59,871
	2261203	DEERE & CO		59,405	67,792
	BHKD3S6	DELL TECHNOLOGIES INC		46,439	49,668
	B1W9D46	DELTA AIR LINES INC DEL		547,872	704,644
	2480677	DEVON ENERGY CORP		44,158	37,083
	B7Y8YR3	DIAMONDBACK ENERGY INC		19,296	43,579
	2969637	DICKS SPORTING GOODS INC		45,095	52,176
	BFYT7B7	DOCUSIGN INC		50,741	73,391
	B04NJM9	DOLBY LABORATORIES INC		362,811	369,101
	2542049	DOMINION ENERGY INC		69,483	68,672
	BN13P03	DOORDASH INC		457,605	819,459
	BG0T321	DROPBOX INC		48,032	67,410
	BMCM6P4	DUOLINGO INC		201,582	321,960
	2191399	EAGLE MATLS INC		36,826	55,768
	2298386	EASTMAN CHEM CO		86,387	79,905
	B8KQN82	EATON CORP PLC		64,012	120,801
	2304227	ECOLAB INC		597,797	817,308
	2310194	ELECTR ARTS		347,888	348,779
	BSPHGL4	ELEVANCE HEALTH INC		470,193	743,334
	2516152	ELI LILLY & CO		343,109	420,740
	2474164	EMCOR GROUP INC		52,896	64,000
	BYX2YJ7	ENCOMPASS HEALTH CORP		94,183	92,996
	B1YWPP8	ENSIGN GROUP INC		90,851	81,842
	2599700	ENTEGRIS INC		699,202	685,792
	2317087	ENTERGY CORP		96,155	148,304
	2318024	EOG RESOURCES INC		97,899	98,309
	BVLZX12	EQUINIX INC		63,153	82,974
	BKRMR96	EQUITABLE HLDGS INC		52,272	51,038
	B012HB4	ESSILORLUXOTTICA SA		117,066	141,184
	2320148	EURONET WORLDWIDE INC		50,732	61,910
	2556868	EVEREST GROUP		36,512	48,570
	2719951	EXACT SCIENCES CORP		871,557	773,174

Willis Towers Watson Savings Plan Trust						
EIN 53-0181291						
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FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)						
AS OF DECEMBER 31, 2024						
	2576941	EXELIXIS INC		44,665	71,562	
	2326618	EXXON MOBIL CORP		213,300	239,881	
	2326287	EZCORP INC		49,280	54,428	
	2427599	F5 INC		226,283	264,798	
	BQLSDH2	FIDELIS INSURANCE HOLDINGS LIMITED		52,988	46,667	
	2769796	FIDELITY NATL INFORMATION SVCS INC		121,640	143,367	
	B4NFPK4	FIRST AMERN FINL CORP		202,849	224,284	
	2342034	FISERV INC		552,534	740,128	
	BYQHP96	FLOOR & DECOR HLDGS INC		462,520	394,214	
	2328603	FMC CORP		537,832	290,153	
	B5B2106	FORTINET INC		59,863	122,918	
	B02T2D1	FRANKLIN STR PPTYS CORP		67,417	22,921	
	BFYF094	FRONTDOOR INC		52,014	48,711	
	2356585	FULTON FINL CORP		47,538	57,493	
	B3Z5T14	GARMIN LTD		52,681	51,152	
	2372763	GARTNER INC		765,882	836,680	
	BL59CR9	GE AEROSPACE		14,386	41,531	
	B6197Q2	GENERAC HLDGS INC		53,011	42,949	
	2365161	GENERAL DYNAMICS CORP		598,575	676,379	
	B665KZ5	GENERAL MOTORS CO		76,281	97,484	
	2369174	GILEAD SCIENCES INC		155,631	198,780	
	BN770J3	GLOBAL E ONLINE LTD		447,334	725,140	
	2712013	GLOBAL PMTS INC		100,100	103,992	
	BWFRFC6	GODADDY INC		198,451	471,122	
	2407966	GOLDMAN SACHS GROUP INC		158,481	239,928	
	2380443	GRACO INC		226,643	260,540	
	2380863	GRAINGER W W INC		128,941	164,432	
	2405302	HALLIBURTON CO		505,760	344,851	
	2975098	HALOZYME THERAPEUTICS INC		569,329	658,057	
	BRWKTM1	HAMILTON INSURANCE GROUP LTD.		124,375	124,304	
	B4MGBG6	HCA HEALTHCARE INC		599,701	1,310,755	
	2237561	HEICO CORP		126,265	333,641	
	2416962	HENRY SCHEIN INC		434,145	422,397	
	BYVYWS0	HEWLETT PACKARD ENTERPRISE CO		47,602	49,617	
	2416779	HEXCEL CORP		150,192	158,380	
	2434209	HOME DEPOT INC		168,947	214,722	
	2567503	HOST HOTELS & RESORTS INC		71,138	68,416	
	2400341	HSBC HLDGS PLC		264,004	327,425	
	BR4T3B3	HUBSPOT INC		468,095	664,022	
	2445063	HUMANA INC		203,804	109,349	
	2445966	HUNTINGTON BANCSHARES INC		442,369	512,196	
	2456612	IDEX CORP		343,977	366,048	
	2457552	ILL TOOL WKS INC		53,133	90,521	
	2613990	ILLUMINA INC		682,160	640,889	
	BYYGJZ9	IMPINJ INC		52,593	37,041	
	2471950	INCYTE CORP		88,225	99,461	
	2452643	ING GROEP N V		165,549	238,090	
	B7K24P7	INGREDION INC		380,833	548,589	
	2463247	INTEL CORP		108,847	41,143	
	2005973	INTERNATIONAL BUSINESS MACHS CORP		46,810	53,419	
	2459020	INTUIT INC		1,052,167	1,374,530	
	2871301	INTUITIVE SURGICAL INC		68,504	86,123	
	BDR73G1	IQVIA HLDGS INC		85,004	69,958	
	BZBY209	ITT INC		47,607	53,580	
	BMFX6P4	JACKSON FINANCIAL INC		87,374	101,797	
	BYPZJQ6	JANUS HENDERSON GROUP PLC		48,537	56,225	
	2475833	JOHNSON & JOHNSON		335,076	313,392	
	2190385	JPMORGAN CHASE & CO		516,500	1,158,758	
	BQZJ0Q9	KEYSIGHT TECHNOLOGIES INC		188,045	222,633	
	2491839	KIMBERLY-CLARK CORP		283,592	276,232	
	BD1MGQ3	KINSALE CAP GROUP INC		429,845	483,270	
	2493534	KIRBY CORP		49,665	45,811	
	2480138	KLA CORPORATION		91,965	95,778	
	2497406	KROGER CO		72,268	90,441	
	BSML4N7	LAM RESH CORP		140,532	135,070	
	2506658	LATTICE SEMICONDUCTOR CORP		40,221	43,621	
	2511920	LENNAR CORP		36,166	47,457	
	2971029	LKQ CORP		495,358	419,575	
	2522096	LOCKHEED MARTIN CORP		288,805	313,431	
	2536763	LOWES COS INC		102,650	121,179	
	2340168	M & T BK CORP		38,444	59,223	
	2239471	MANHATTAN ASSOCS INC		36,047	78,910	
	2566436	MARKEL CORP HOLDING CO		151,364	248,577	
	2567741	MARSH & MCLENNAN CO'S INC		39,456	42,270	

Willis Towers Watson Savings Plan Trust				
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FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)				
AS OF DECEMBER 31, 2024				
	BNKJSM5	MARVELL TECHNOLOGY INC	51,596	78,751
	2570200	MASCO CORP	168,573	173,660
	BPDJN76	MASTERBRAND INC	52,517	41,390
	B121557	MASTERCARD INC	436,733	624,512
	BK80XH9	MATCH GROUP INC NEW	69,998	67,775
	2378534	MCKESSON CORP	35,096	59,271
	BDCBC61	MEDPACE HLDGS INC	733,137	844,861
	2778844	MERCK & CO INC	309,486	296,052
	B7TL820	META PLATFORMS INC	2,087,068	4,496,131
	2588184	MICRON TECHNOLOGY INC	90,643	68,506
	2588173	MICROSOFT CORP	2,143,877	6,101,634
	2589132	MID-AMER APT CMNTYS INC	276,641	306,049
	2618348	MID PENN BANCORP INC	52,119	46,519
	BF2FJ99	MONGODB INC	641,739	519,399
	B01Z7J1	MONOLITHIC PWR SYS INC	124,677	94,672
	2252058	MOODY'S CORP	34,839	87,100
	2262314	MORGAN STANLEY	171,658	198,512
	B5BKPQ4	MOTOROLA SOLUTIONS INC	223,320	337,428
	BGHKHS1	MR COOPER GROUP INC	35,134	73,736
	B2972D2	MSCI INC	731,403	969,616
	B15RZR4	MUELLER WTR PRODS INC	47,660	52,020
	2139731	NATIONAL HEALTHCARE CORP	87,842	86,693
	2626103	NATL FUEL GAS CO	39,649	41,869
	BP0WTS1	NATWEST GROUP PLC	173,623	282,177
	B014JG9	NESTLE SA	439,204	364,137
	2630643	NETAPP INC	142,037	183,522
	2857817	NETFLIX INC	383,127	917,168
	2623911	NEUROCRINE BIOSCIENCES INC	41,243	49,277
	2328915	NEXTERA ENERGY INC	79,090	48,104
	2211811	NNN REIT INC	332,192	313,034
*	2648668	NORTHERN TR CORP	77,470	95,633
	2648806	NORTHROP GRUMMAN CORP	642,072	800,139
	2651202	NOVO-NORDISK	1,229,905	1,026,993
	BYQBFT8	NUTANIX INC	42,829	55,796
	2379504	NVIDIA CORP	527,364	3,686,126
	B65LWX6	O REILLY AUTOMOTIVE INC	30,870	42,689
	2655408	OCCIDENTAL PETROLEUM CORP	80,761	71,101
	2043274	OMEGA HEALTHCARE INVS INC	49,651	46,934
	2583576	ON SEMICONDUCTOR CORP	71,171	53,088
	2661568	ORACLE CORP	166,680	237,962
	BJ01KB6	OVINTIV INC	60,532	46,940
	B1FW7Q2	OWENS CORNING NEW	63,714	79,028
	BN78DQ4	PALANTIR TECHNOLOGIES INC	40,132	151,941
	B87ZMX0	PALO ALTO NETWORKS INC	33,523	89,888
	2674458	PAYCHEX INC	74,450	83,711
	BL95MY0	PAYCOM SOFTWARE INC	78,292	75,429
	BYW36M8	PAYPAL HOLDINGS INC	103,049	105,919
	2675860	PEGASYSYSTEMS INC	85,320	131,226
	2681511	PEPSICO INC	967,269	1,027,469
	BKRQR9	PERDOCEO ED CORP	47,698	58,896
	2684703	PFIZER INC	134,089	111,453
	B2PKRQ3	PHILIP MORRIS INTL	323,133	343,599
	BJ2Z0H2	PINTEREST INC	90,475	71,833
	2692160	PLEXUS CORP	53,715	51,482
	B125XQ6	PORTLAND GENERAL ELECTRIC CO	52,662	48,069
	B0650P3	PRESTIGE CONSUMER HEALTHCARE INC	49,634	55,288
	2092942	PRICESMART INC	69,160	82,769
	BLH11J8	PROCORE TECHNOLOGIES INC	595,543	702,244
	2704407	PROCTER & GAMBLE	798,589	912,687
	2310257	PROSPERITY BANCSHARES INC	302,849	337,568
	2708841	PULTE GROUP INC	35,379	57,717
	BR9YYP4	QORVO INC	94,352	65,035
	2714923	QUALCOMM INC	239,474	268,681
	B2QXCJ9	QUANEX BLDG PRODS CORP	49,633	44,044
	2730190	REGENERON PHARMACEUTICALS INC	76,836	81,206
	2731193	REINSURANCE GROUP AMER INC	36,314	55,544
	2738172	RENTOKIL INITIAL PLC	254,446	246,997
	2262530	REPUBLIC SVCS INC	57,381	84,697
	BDZCRX3	RINGCENTRAL INC	51,171	57,101
	B014J81	ROCHE HOLDING	496,792	452,324
	2746711	ROSS STORES INC	80,847	93,939
	2754907	ROYAL CARIBBEAN GROUP	48,561	69,668
	2756174	RPM INTL INC	32,289	38,641
	BM5M5Y3	RTX CORPORATION	624,775	726,722

Willis Towers Watson Savings Plan Trust					
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Plan No. 007					
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)					
AS OF DECEMBER 31, 2024					
	BYV2325	S&P GLOBAL INC		810,120	1,316,791
	2310525	SALESFORCE.COM INC		465,725	847,861
	2779201	SCHLUMBERGER LTD		154,166	124,183
	2779397	SCHWAB CHARLES CORP		51,125	52,547
	BKVD2N4	SEAGATE TECHNOLOGY HOLDINGS PLC		585,835	655,179
	B80NXX8	SERVICENOW INC		590,138	894,741
	BLF0L75	SHIFT4 PMTS INC		648,053	910,773
	2742689	SIEMENS AG		75,072	110,312
	2812452	SIMON PROPERTY GROUP INC		96,860	131,913
	BN134B7	SNOWFLAKE INC		722,565	796,756
	2823777	SOUTHN COPPER CORP DEL		40,175	65,249
	2840215	SPDR S&P 500 ETF TRUST	1,063,350		1,464,614
	BFZ1K46	SPOTIFY TECHNOLOGY S A		88,209	356,562
	B58YSC6	SS&C TECHNOLOGIES HLDGS INC		515,804	712,938
	2842255	STARBUCKS CORP		801,249	632,089
	2842040	STATE STR CORP		173,196	215,537
	BFY8C75	STERIS PLC		210,283	309,984
	2853688	STRYKER CORP		63,961	85,692
	B3NB0P5	SUNCOR ENERGY INC		294,074	275,628
	BMQ89L5	SWEETGREEN INC		389,283	657,967
	BP96PS6	SYNCHRONY FINANCIAL		166,721	294,775
	2867719	SYNOPSIS INC	1,220,734		1,157,098
	B94Q9V0	T-MOBILE US INC		68,326	110,806
	2113382	TAIWAN SEMICONDUCTOR		317,788	2,154,813
	B55PZY3	TARGA RES CORP		50,835	59,619
	2259101	TARGET CORP		82,326	74,484
	BL54JF1	TEEKAY CORPORATION		52,782	47,332
	BL54JK6	TEEKAY TANKERS LTD		94,845	76,437
	B8DMK08	TENET HEALTHCARE CORP		53,599	46,705
	SB247H10	TERADATA CORP DEL		78,022	68,623
	S2884183	TERADYNE INC		94,025	59,686
	2884224	TEREX CORP		35,541	37,716
	SB616C79	TESLA INC		456,442	808,892
	BHJ0775	THE CIGNA GROUP		555,732	887,790
	2476193	THE HARTFORD INSURANCE GROUP INC		57,867	88,505
	2886907	THERMO FISHER SCIENTIFIC INC	1,199,578		1,235,546
	2989301	TJX COS INC		243,631	240,412
	2896092	TOLL BROS INC		42,070	52,143
	BK9ZQ96	TRANE TECHNOLOGIES PLC		93,365	96,031
	2769503	TRAVELERS COS INC		81,857	93,706
	BK1K3N2	TRIP COM GRP LTD		47,752	66,600
	BKP7287	TRUIST FINANCIAL CORP		427,420	356,323
	BK6N347	UBER TECHNOLOGIES INC		49,425	40,716
	BK9Z6V8	UBIQUITI INC		50,873	74,020
	2910118	UGI CORP NEW		492,509	428,644
	2466428	UNIFIRST CORP MASS		50,500	52,182
	2416520	UNILEVER PLC		292,969	299,376
	2914734	UNION PAC CORP		47,812	47,888
	B4QG225	UNITED AIRLINES HOLDINGS INC		259,539	435,882
	2430412	UNITED THERAPEUTICS CORP		63,137	88,210
	2917766	UNITEDHEALTH GROUP INC	1,264,094		2,209,596
	2912374	UNIVERSAL INS HLDGS INC		49,462	48,986
	2433842	UNUM GROUP		36,012	67,407
	2923785	UNVL HEALTH SERVICES INC		131,391	137,615
	BFH3N85	VEEVA SYS INC		637,790	650,514
	2090571	VERIZON COMMUNICATIONS		133,871	124,849
	BL3LWS8	VERTIV HOLDINGS LLC		40,456	94,183
	BYWH073	VICI PPTYS INC		67,063	59,355
	B2PZN04	VISA INC	1,334,602		2,378,201
	2941981	WAFD INC		75,025	81,535
	2936921	WALMART INC		206,879	255,691
	2270726	WALT DISNEY CO		83,732	89,080
	BYVG1F6	WASTE CONNECTIONS INC		529,338	809,343
	2937667	WASTE MGMT INC DEL	1,237,973		1,213,363
	2649100	WELLS FARGO & CO		153,473	216,620
	B1F76F9	WESTERN UNION CO		52,762	50,382
	B8383P2	WEX INC		305,927	270,168
	2967589	WILLIAMS SONOMA INC		47,494	60,369
	BMHL0Z4	WILLSCOT MOBILE MINI HLDGS CORP		676,506	545,737
	2948089	WOODWARD INC		204,096	345,654
	B8K6ZD1	WORKDAY INC		869,367	1,063,084
	2614807	XCEL ENERGY INC		107,881	110,260
	2098876	YUM BRANDS INC		792,939	1,067,243
	B95WG16	ZOETIS INC		41,287	59,143

Willis Towers Watson Savings Plan Trust							
EIN 53-0181291							
Plan No. 007							
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)							
AS OF DECEMBER 31, 2024							
			Total Common Stock:	\$	90,576,284	\$	132,175,328
			COMMINGLED TRUST FUNDS:				
	09186G408		BLACK CREEK INTERNATIONAL EQUITY CIT, CLASS C	\$	5,968,176	\$	6,673,212
	7299967U6		BLACKROCK US TIP UNIT		118,849,435		118,836,794
	09258C798		BLACKROCK TOTAL RETURN COMMINGLED FUND		15,999,090		15,620,757
	75947M364		GQC PARTNERS US SELECT QUALITY EQUITY CIT		21,042,362		35,976,199
	75947L168		GQC PARTNERS INTL EQUITY CIT		4,640,628		5,861,095
	57771A401		MAWER INTERNATIONAL		4,485,206		5,490,153
	74443R209		PRUDENTIAL CORE PLUS BOND FUND CLASS 6		15,799,962		15,884,184
	857480867		SSGA GLOBAL EQUITY EX USA INDEX NL SERIES CL A -		14,838,402		15,844,234
	85744L659		SSGA RUSSELL ALL CAP		33,411,484		41,094,838
	92836K862		SUSTAINABLE GROWTH ADVISERS INTERNATIONAL CIT		5,488,344		5,443,804
	7299967X0		VANGUARD INSTITUTIONAL 500 INDEX TRUST		925,433,867		1,468,600,770
	7299967Y8		VANGUARD INSTITUTIONAL EXTENDED MARKET INDEX TRUST		372,283,087		463,869,482
	7299967V4		VANGUARD INSTITUTIONAL TOTAL BOND MARKET INDEX TRUST		609,353,400		582,546,056
	7299967Z5		VANGUARD INSTITUTIONAL TOTAL INTL STOCK MARKET INDEX TRUST		700,640,943		786,631,829
	94966P596		WTC-CIF II CORE BOND PLUS (SERIES 4) PORTFOLIO		17,689,603		15,775,406
			Total Commingled Trust Funds:	\$	2,865,923,989	\$	3,584,148,813
			MUTUAL FUNDS:				
	7299967F9		VANGUARD LONG-TERM	\$	220,861,057	\$	180,406,430
	7299967D4		VANGUARD REAL ESTATE		140,691,321		165,987,984
			Total Mutual Funds:	\$	361,552,378	\$	346,394,414
			OTHER:				
*	000977140		TOWERS WATSON SAVINGS		157,065,693		174,107,093
			Total Other:	\$	157,065,693	\$	174,107,093
			TOTAL INVESTMENTS:	\$	3,614,820,532	\$	4,376,527,836
* Denotes party-in-interest							