

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000007453

Entity Name: AON SECURITIES LLC

Current Principal Place of Business:

200 E RANDOLPH ST 11TH FLOOR
CHICAGO, IL 60601

Current Mailing Address:

200 E RANDOLPH ST 11TH FLOOR
CHICAGO, IL 60601 US

FEI Number: 83-2079151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGER
Name CUMMINGS, STEPHEN L
Address 200 E RANDOLPH STREET
City-State-Zip: CHICAGO IL 60601

Title MANAGER
Name DELANEY, WILLIAM L
Address 200 E RANDOLPH ST
City-State-Zip: CHICAGO IL 60601

Title MANAGER
Name EHRHART, BRYON G
Address 200 E RANDOLPH STREET
City-State-Zip: CHICAGO IL 60601

Title MANAGER
Name SULLIVAN, BRIAN P
Address 200 E RANDOLPH ST
City-State-Zip: CHICAGO IL 60601

Title MANAGER
Name SCHULTZ, PAUL T
Address 200 E RANDOLPH STREET
City-State-Zip: CHICAGO IL 60601

Title MANAGER
Name MACKUNIS, KENNETH J
Address 200 E RANDOLPH STREET
City-State-Zip: CHICAGO IL 60601

Title MANAGER
Name JACOBS, ARI
Address 200 E RANDOLPH ST 11TH FLOOR
City-State-Zip: CHICAGO IL 60601

Title ASST.VICE PRESIDENT
Name LEY, MICHELLE S
Address 200 E RANDOLPH ST 11TH FLOOR
City-State-Zip: CHICAGO IL 60601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE S. LEY

ASST.VICE PRESIDENT

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date