

AON PLC Reported by JANNOTTA EDGAR D

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/23/08 for the Period Ending 09/19/08

Telephone (44) 20 7623 5500

CIK 0000315293

Symbol AON

SIC Code 6411 - Insurance Agents, Brokers, and Service

Industry Insurance (Miscellaneous)

Sector Financial

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Expires: February 28, 2011 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
JANNOTTA 1	EDGAR	R D		A	O	N CORI	P [AOC]								
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director 109 Officer (give title below) Oth				
AON CORPORATION -								9/19/200	08		below)					
CORPORATI			/	_												
EAST RANDO FLOOR	OLPH S	STREE	T, 8TF	1												
PLOOK	(Street)					Amendme	ent,	Date Orig	ginal File	d	6. Individ		nt/Group l	Filing (Che	eck	
CHICAGO, I	L 60601 (State)	(Zip))										Reporting Per		n	
		Table 1	I - Non-I	Deriv	ati	ve Securit	ties	Acquire	d, Dispos	ed of, or	Beneficially		•			
1.Title of Security (Instr. 3)				2. Tra Date		2A. Deemed Execution Date, if any	Coc (In:	de Adestr. 8) Di	Securities equired (A) of (E) (A) or (D)	Follo (Instr	nount of Securitiving Reported To and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Tab	le II - Dei	rivative	Securitio	es Be	enef	ficially Ov	wne	d (e.g. ,)	puts, call	s, warra	nts, options	, convert	ible secur	ities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title an	d Amount of Underlying Security	f 8. Price of Derivative Security (Instr. 5)	derivative Securities	10. Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported	(I) (Instr.		
Phantom Stock	(1)	9/19/2008		A		448.265 (2)		9/19/2008	(3)	Common Stock	448.265	(2)	19911.903	D		

Explanation of Responses:

- (1) The phantom stock units convert to shares of common stock on a 1-for-1 basis.
- (2) The phantom stock units represent an outside director fee that was deferred into a directors' deferred compensation arrangement.
- (3) The phantom stock units will be paid in cash or shares of Aon common stock on a distribution date elected by the reporting person.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% C)wner	Officer	Other			
JANNOTTA EDGAR D								
AON CORPORATION - CORPORATE LAW DEPT								
	X							
200 EAST RANDOLPH STREET, 8TH FLOOR								
CHICAGO, IL 60601								

Signatures

/s/ Jennifer L. Kraft - by Jennifer L. Kraft pursuant to a power of attorney from Edgar D. Jannotta

9/23/2008

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.