Edgar Filing: AON CORP - Form 4

AON CORI	D									
Form 4										
March 21, 2	.006									
FORM	ЛΔ								PPROVAL	
	UNITED	STATES					E COMMISSION	ONID	3235-0287	
Check tl	his box		Wa	shington	, D.C. 20	549		Number:		
if no lon	ger			ICES IN	DENIER		WNEDCHID OF	Expires:	January 31, 2005	
subject t	.0	TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					Estimated	average		
Section Form 4		SECURITIES				burden hou	•			
Form 5		led pursuant to Section 16(a) of the Securities Exchange Act of 1934,					response	. 0.5		
obligatio	ons Section 17						t of 1935 or Sectio	n		
may con <i>See</i> Inst	iunue.			nvestment	•	- ·				
1(b).					-					
(Print or Type	Responses)									
1 Nama and	Address of Departing	Dorson *	<u>.</u>				5 Deletionship of	f Doporting Do	$r_{son}(s)$ to	
1. Name and Address of Reporting Person <u>*</u> MARTIN R EDEN			2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
			Symbol		CI					
			AON CORP [AOC]				(Check all applicable)			
(Last)	(First)	(Middle)		of Earliest T	ransaction		V Director	100	% Owner	
AON COR	PORATION -		(Month/) 03/17/2	Day/Year) 2006			X Director Officer (give		mer (specify	
	TE LAW DEPT	. 200	03/1//2	2000			below)	below)		
	NDOLPH STREE									
FLOOR										
			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
				onth/Day/Yea	-		Applicable Line)			
							X Form filed by	One Reporting P More than One R		
CHICAGO	, IL 60601						Person	viore trian One K	eporting	
(City)	(State)	(Zip)	Tab	de I - Non-I	Derivative	Securities /	Acquired, Disposed o	f or Beneficia	lly Owned	
1.Title of	2. Transaction Date	24 Deem		3.	4. Securit				7. Nature of	
Security	(Month/Day/Year)							Form: Direct		
(Instr. 3)		any	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Code	Disposed			D) or Indirect	Beneficial	
		(Month/Da	ay/Year)	(Instr. 8)	(Instr. 3, 4	4 and 5)		(I) I	Ownership	
							Following (Reported	(Instr. 4)	(Instr. 4)	
						(A)	Transaction(s)			
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
				coue v	mount					
Reminder: Re	port on a separate lin	e for each cl	ass of sec	urities benef	ficially own	ned directly	or indirectly.			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: AON CORP - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	<u>(1)</u>	03/17/2006(2)		А	574.157	03/17/2006	(3)	Common Stock	574.157

Reporting Owners

Reporting Owner Name / Address		Relationsh				
	Director	10% Owner	Officer	Other		
MARTIN R EDEN AON CORPORATION - CORPORATE LAW DEPT 200 EAST RANDOLPH STREET, 8TH FLOOR CHICAGO, IL 60601	Х					
Signatures						
/s/ Jennifer L. Kraft - by Jennifer L. Kraft pursuant to a power of attorney from R. Eden Martin						

Explanation of Responses:

- * 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).

**Signature of Reporting Person

- (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 pursuant to a directors' deferred compensation arrangement.
- (3) The phantom stock units will be paid in cash or shares of Aon Corporation common stock on a distribution date elected by the reporting person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date