ofk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REGISTRATION

Lobl	bying Disclosure	Act of 1995 (Section 4)		
Che	ck if this is an Amend	led Registration	1. Effective Date of Registration	1/1/2005
2.	House Identification		Senate Identification Number	N/A
RF	EGISTRANT			
3.	Registrant Name	DLA Piper Rudnick Gray Cary U	S LLP	
	Address	1200 19th Street, N.W.		
	City	Washington	State DC Zip 20036	
4.	Principal place of bu	usiness (if different from line 3)	State/Zip (or Country)	
5.	Telephone number a (202) 861-6449	and contact name Contact John H. Zentay	E-Mail (optional) john.zentay@dlapiper.com	
6.	General description	of registrant's business or activities		
C]		bying firm is required to file a separate regulary sed "Self" and proceed to line 10.	istration for each client. Organizations employing f	z in-house lobbyists should ch
7.	Client Name	AON Corporation		
	Address	200 East Randolph Street	3rd Floor	
	City	Chicago	State IL Zip 60601	
8.	Principal place of b	usiness (if different from line 7)	State/Zip (or Country)	
9.	General description Insurance brokera	of client's business or activities		
L 10	in this section has s	served as a "covered executive branch (act as a lobbyist for the client identified on lofficial" or "covered legislative branch offic and/or legislative position(s) in which the p	cial. Millin two years of
	Name		Covered Official Posi	tion (if applicable)
	James E. Hyland			
	Lawrence E. Levi	nson		
	Roger Levy			
		Filing #h6905054 116f 4c20 h0c0	0520b2c71f1c Page 1 of 4	

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AON Corporation	on				
ISSUES bying issue areas. Se	elect all applicable o	codes listed in	instructions and on	the reverse side	of Form LD-1, page 1.
bying issues (curren reinsurance; broke	t and anticipated) rage issues; other	insurance issu	es.		
entity other than the period and in whole	client that contribu	tes more than S s, supervises, C Yes.	Complete the res	t of this section f	or each entity matching th
Name		Address			Principal Place of Busine (city and state or country
y foreign entity that: olds at least 20% equiversity or indirectly, if the client or any or an affiliate of the clobbying activity?	uitable ownership it in whole or in majo ganization identifie lient or any organiz	or part, plans, s d on line 13; o ation identified	upervises, controls r I on line 13 and ha	s a direct interest	in the outcome of the
ign and date the regi	stration.	∐ Yes.	criteria above, t	he sign and date	the registration.
me	Addres	s	1		Amount of contribution for lobbying activities
	ED ORGANIZ entity other than the period and in whole to line 14. Name ENTITIES y foreign entity that olds at least 20% equirectly or indirectly, f the client or any or an affiliate of the clobbying activity?	bying issue areas. Select all applicable of the client of any organization identifies an affiliate of the client or any organization identifies an affiliate of the client or any organization identifies and date the registration.	bying issue areas. Select all applicable codes listed in a bying issues (current and anticipated) reinsurance; brokerage issues; other insurance issues to the than the client that contributes more than a period and in whole or major part plans, supervises, of to line 14. ENTITIES y foreign entity that: olds at least 20% equitable ownership in the client or a frectly or indirectly, in whole or in major part, plans, is an affiliate of the client or any organization identified on line 13; of an affiliate of the client or any organization identified obbying activity? ign and date the registration.	bying issue areas. Select all applicable codes listed in instructions and on obying issues (current and anticipated) reinsurance; brokerage issues; other insurance issues. ED ORGANIZATIONS entity other than the client that contributes more than \$10,000 to the lobby period and in whole or major part plans, supervises, or controls the registro line 14. Yes. Complete the rescriteria above, the client or any organization identified on line 13; or an affiliate of the client or any organization identified on line 13; or an affiliate of the client or any organization identified on line 13 and has obbying activity? Address Principal Pla	bying issue areas. Select all applicable codes listed in instructions and on the reverse side bying issues (current and anticipated) reinsurance; brokerage issues; other insurance issues. ED ORGANIZATIONS entity other than the client that contributes more than \$10,000 to the lobbying activities of period and in whole or major part plans, supervises, or controls the registrant's lobbying to line 14. Yes. Complete the rest of this section for criteria above, then proceed to line Name Address FINTITIES y foreign entity that: olds at least 20% equitable ownership in the client or any organization identified on line 13; or an affiliate of the client or any organization identified on line 13; or an affiliate of the client or any organization identified on line 13; or an affiliate of the client or any organization identified on line 13 and has a direct interest obbying activity? ign and date the registration. Yes. Complete the rest of this section criteria above, the sign and date Principal Place of Business

Printed Name and Title

Form LD-1 (Rev. 06/98)