
AMENDED FILING EXPLANATION

Supplemental Exhibits and Schedules Interrogatories page 53 Question 46 Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? This was answered "Yes." The answer should have been "No." Ohio National Life Assurance Company is not required to complete this form. Question 47 Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? This was answered "Yes." The answer should have been "No." Ohio National Life Assurance Company is not required to complete this form.



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

OHIO NATIONAL LIFE ASSURANCE CORPORATION

NAIC Group Code.....0704, 0704
(Current Period) (Prior Period)

NAIC Company Code..... 89206

Employer's ID Number..... 31-0962495

Organized under the Laws of Ohio
Incorporated/Organized..... June 26, 1979

State of Domicile or Port of Entry Ohio

Country of Domicile US

Statutory Home Office

One Financial Way..... Cincinnati OH 45242

(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

One Financial Way..... Cincinnati OH 45242

513-794-6100

(Area Code) (Telephone Number)

Mail Address

Post Office Box 237..... Cincinnati OH 45201

(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

One Financial Way..... Cincinnati OH 45242

513-794-6100-6015

(Area Code) (Telephone Number)

Internet Web Site Address

N/A

513-794-6100-6015

Statutory Statement Contact

Amber Dawn Morris

(Area Code) (Telephone Number) (Extension)

(Name)

amber_morris@ohionational.com

513-794-4516

(Fax Number)

OFFICERS

Name	Title	Name	Title
Gary Thomas Huffman	President	Therese Susan McDonough	Secretary
Joseph Richard Sander	Treasurer	Ronald John Dolan	Actuary

OTHER

DIRECTORS OR TRUSTEES

Larry Joel Adams #	Ronald John Dolan	Michael Francis Haverkamp	Gary Thomas Huffman
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State of..... Ohio
County of.... Hamilton

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Gary Thomas Huffman
(Printed Name)
President
(Title)

(Signature)
Therese Susan McDonough
(Printed Name)
Secretary
(Title)

(Signature)
Joseph Richard Sander
(Printed Name)
Treasurer
(Title)

Subscribed and sworn to before me
This _____ day of February, 2012

a. Is this an original filing?
b. If no 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes [X] No []

Roxanna S Henry, Notary Public
May 11, 2014