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## AMENDED FILING EXPLANATION

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Page 3 Line 34 was originally filed as \$(4,975,166) and it should have been \$2,527,409 with the difference increasing Page 3 line 35. which was originally filed as \$499,358,461 and as a result would have been \$491,855,886.

General Interrogatory 11 of Part 1 - Common Interrogatories - General was originally filed with Ronald John Dolan - Vice Chairman & Chief Risk Officer - One Financial Way - Cincinnati, OH 45242 and it should have been filed as Peter Whipple - Senior Vice President & Chief Corporate Actuary - One Financial Way - Cincinnati, OH 45242

General Interrogatory 9.2 of Part 2 - Life Interrogatories - the last few lines of the guaranteed benefit chart were truncated in the original filing, they have been added.

Page 27 Deposit Fund and Dividend Accumulations Section Line 10 Column 2 was filed as \$211,194,632 and should have been \$41,300,249.



## ANNUAL STATEMENT

For the Year Ended December 31, 2014  
of the Condition and Affairs of the

# OHIO NATIONAL LIFE INSURANCE COMPANY

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

Organized under the Laws of Ohio

Incorporated/Organized..... September 9, 1909

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 67172

Employer's ID Number..... 31-0397080

State of Domicile or Port of Entry Ohio

Country of Domicile US

Commenced Business..... October 10, 1910

One Financial Way..... Cincinnati ..... OH ..... US ..... 45242  
(Street and Number) (City or Town, State, Country and Zip Code)

One Financial Way..... Cincinnati ..... OH ..... US..... 45242  
(Street and Number) (City or Town, State, Country and Zip Code)

513-794-6100  
(Area Code) (Telephone Number)

Post Office Box 237..... Cincinnati ..... OH ..... US ..... 45201  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

One Financial Way..... Cincinnati ..... OH ..... US ..... 45242  
(Street and Number) (City or Town, State, Country and Zip Code)

513-794-6100-6015  
(Area Code) (Telephone Number)

N/A

Amber Dawn Roberts

(Name)

amber\_roberts@ohionational.com

(E-Mail Address)

513-794-4516

(Fax Number)

## OFFICERS

Name	Title	Name
Gary Thomas Huffman	President, Chairman & Chief Executive Officer	Therese Susan McDonough

Secretary	Title
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Joseph Richard Sander	Treasurer	Ronald John Dolan
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Vice Chairman
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Thomas Abdo Barefield #	Vice Chairman & Chief Distribution Officer	Howard Charles Becker #
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Executive Vice President
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Christopher Allen Carlson #	Vice Chairman & Chief Investment Officer	Nancy Arline Delassio #
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Executive Vice President & Chief Administrative Officer
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Diane Sue Hagenbuch	Senior Vice President	Kristal Elaine Hambrick
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Executive Vice President & Chief Product Officer
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Arthur James Roberts	Senior Vice President & Chief Financial Officer	Dennis Lee Schoff #
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Senior Vice President & General Counsel, Assistant Secretary
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Barbara Ann Turner #	Senior Vice President & Chief Compliance Officer; Chief Executive Officer, ONESCO	Peter Edward Whipple
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Senior Vice President & Chief Corporate Actuary
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## OTHER

## DIRECTORS OR TRUSTEES

Thomas Abdo Barefield	Howard Charles Becker	Jack Elliott Brown
Christopher Allen Carlson	Ronald John Dolan	Victoria Buyniski Gluckman
Gary Thomas Huffman	James Francis Orr	John Russell Phillips
Gary Edward Wendlandt		

Joseph Alex Campanella
John Weber Hayden
John Michael Schlotman

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, Chairman & Chief Executive Officer  
(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, 2015

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 [ ]

**OHIO NATIONAL LIFE INSURANCE COMPANY**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$....5,094,471,077 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$....754,192 Modco Reserve).....	5,094,471,077	4,884,881,239
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	26,186,961	81,902,923
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	694,857,632	569,533,897
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....	14,322,947	11,312,371
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....	140,848	1,153,210
5. Policyholders' dividends \$....1,531,603 and coupons \$.....0 due and unpaid (Exhibit 4, Line 10).....	1,531,603	1,612,907
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....	65,823,642	54,333,414
6.2 Dividends not yet apportioned (including \$.....0 Modco).....	0	0
6.3 Coupons and similar benefits (including \$.....0 Modco).....	0	0
7. Amount provisionally held for deferred dividend policies not included in Line 6.....	0	0
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$....80,708 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	1,001,805	771,469
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....	0	0
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....	0	0
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....	0	0
9.4 Interest Maintenance Reserve (IMR, Line 6).....	47,476,998	47,376,217
10. Commissions to agents due or accrued - life and annuity contracts \$....7,053,888, accident and health \$....961,894 and deposit-type contract funds \$.....0.....	8,015,782	6,649,235
11. Commissions and expense allowances payable on reinsurance assumed.....	0	0
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....	14,376,189	16,818,221
13. Transfers to Separate Accounts due or accrued (net) (including \$....(271,857,694) accrued for expense allowances recognized in reserves, net of reinsured allowances).....	(271,857,694)	(271,494,123)
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5).....	4,590,966	4,213,574
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....	0	0
15.2 Net deferred tax liability.....	0	0
16. Unearned investment income.....	5,656,376	4,998,655
17. Amounts withheld or retained by company as agent or trustee.....	101,476,214	101,557,602
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....	4,133,147	3,254,177
19. Remittances and items not allocated.....	10,154,126	29,905,228
20. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0
21. Liability for benefits for employees and agents if not included above.....	0	0
22. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
23. Dividends to stockholders declared and unpaid.....	0	0
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR Line 16, Col. 7).....	23,641,130	22,182,597
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....	0	0
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	94,197,972	29,566,301
24.04 Payable to parent, subsidiaries and affiliates.....	154,529,808	246,537,382
24.05 Drafts outstanding.....	0	0
24.06 Liability for amounts held under uninsured plans.....	0	0
24.07 Funds held under coinsurance.....	0	0
24.08 Derivatives.....	22,061,893	14,003,740
24.09 Payable for securities.....	5,000,000	0
24.10 Payable for securities lending.....	142,782,737	118,711,341
24.11 Capital notes \$.....0 and interest thereon \$.....0.....	0	0
25. Aggregate write-ins for liabilities.....	16,278,415	4,996,370
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	6,280,850,574	5,984,777,947
27. From Separate Accounts Statement.....	20,071,412,568	18,394,288,720
28. Total liabilities (Line 26 and 27).....	26,352,263,142	24,379,066,667
29. Common capital stock.....	10,000,000	10,000,000
30. Preferred capital stock.....	0	0
31. Aggregate write-ins for other than special surplus funds.....	0	0
32. Surplus notes.....	309,393,340	309,317,048
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....	283,297,154	283,297,154
34. Aggregate write-ins for special surplus funds.....	2,527,409	(4,793,551)
35. Unassigned funds (surplus).....	491,855,886	404,923,534
36. Less treasury stock, at cost:		
36.1 ....0.000 shares common (value included in Line 29 \$.....0).....	0	0
36.2 ....0.000 shares preferred (value included in Line 30 \$.....0).....	0	0
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	1,087,073,789	992,744,185
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	1,097,073,789	1,002,744,185
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	27,449,336,931	25,381,810,852

**DETAILS OF WRITE-INS**

2501. Liability for plan benefits.....	13,484,601	2,370,920
2502. Unclaimed funds.....	2,793,814	2,625,450
2503. ....	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	16,278,415	4,996,370
3101. ....	0	0
3102. ....	0	0
3103. ....	0	0
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0
3401. Voluntary Reserve.....	2,527,409	(4,793,551)
3402. ....	0	0
3403. ....	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	2,527,409	(4,793,551)

# OHIO NATIONAL LIFE INSURANCE COMPANY

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]																												
If yes, complete Schedule Y, Parts 1, 1A and 2.																													
1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input type="checkbox"/> ]																												
1.3 State regulating? <u>Ohio</u>																													
2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
2.2 If yes, date of change:																													
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2010																												
3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2010																												
3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	03/01/2012																												
3.4 By what department or departments? <u>Ohio Department of Insurance</u>																													
3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]																												
3.6 Have all of the recommendations within the latest financial examination report been complied with?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]																												
4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:																													
4.11 sales of new business?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
4.12 renewals?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:																													
4.21 sales of new business?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
4.22 renewals?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1 Name of Entity</td> <td style="width: 33%; text-align: center;">2 NAIC Co. Code</td> <td style="width: 33%; text-align: center;">3 State of Domicile</td> </tr> </table>		1 Name of Entity	2 NAIC Co. Code	3 State of Domicile																									
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile																											
6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
6.2 If yes, give full information:																													
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
7.2 If yes,																													
7.21 State the percentage of foreign control	.....0.000 %																												
7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Nationality</td> <td style="width: 50%; text-align: center;">2 Type of Entity</td> </tr> </table>		1 Nationality	2 Type of Entity																										
1 Nationality	2 Type of Entity																												
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.																													
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]																												
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 16.6%;">1 Affiliate Name</th> <th style="width: 16.6%;">2 Location (City, State)</th> <th style="width: 16.6%;">3 FRB</th> <th style="width: 16.6%;">4 OCC</th> <th style="width: 16.6%;">5 FDIC</th> <th style="width: 16.6%;">6 SEC</th> </tr> </thead> <tbody> <tr> <td>Ohio National Equities, Inc</td> <td>Cincinnati, OH</td> <td></td> <td></td> <td></td> <td>YES</td> </tr> <tr> <td>The ON Equity Sales Company</td> <td>Cincinnati, OH</td> <td></td> <td></td> <td></td> <td>YES</td> </tr> <tr> <td>Suffolk Capital Mgmt LLC</td> <td>New York, NY</td> <td></td> <td></td> <td></td> <td>YES</td> </tr> </tbody> </table>						1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC	Ohio National Equities, Inc	Cincinnati, OH				YES	The ON Equity Sales Company	Cincinnati, OH				YES	Suffolk Capital Mgmt LLC	New York, NY				YES
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC																								
Ohio National Equities, Inc	Cincinnati, OH				YES																								
The ON Equity Sales Company	Cincinnati, OH				YES																								
Suffolk Capital Mgmt LLC	New York, NY				YES																								
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? <u>KPMG - 191 West Nationwide Blvd., Suite 500 - Columbus, Ohio 43215</u>																													
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
10.2 If the response to 10.1 is yes, provide information related to this exemption:																													
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																												
10.4 If the response to 10.3 is yes, provide information related to this exemption:																													

# OHIO NATIONAL LIFE INSURANCE COMPANY

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES - GENERAL

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  Yes [X]  No [ ]  N/A [ ]

10.6 If the answer to 10.5 is no or n/a, please explain.

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11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Peter Whipple - Senior Vice President & Chief Corporate Actuary - One Financial Way - Cincinnati, Ohio 45242

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12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?  Yes [ ]  No [X]

12.11 Name of real estate holding company

---

12.12 Number of parcels involved ..... 0

12.13 Total book/adjusted carrying value ..... \$ 0

12.2 If yes, provide explanation.

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13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

---

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?  Yes [ ]  No [X]

13.3 Have there been any changes made to any of the trust indentures during the year?  Yes [ ]  No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?  Yes [ ]  No [ ]  N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  Yes [X]  No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

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14.2 Has the code of ethics for senior managers been amended?  Yes [ ]  No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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14.3 Have any provisions of the code of ethics been waived for any of the specified officers?  Yes [ ]  No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

---

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?  Yes [ ]  No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
0			0

### PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?  Yes [X]  No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?  Yes [X]  No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?  Yes [X]  No [ ]

### PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?  Yes [ ]  No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$..... 0
20.12 To stockholders not officers	\$..... 0
20.13 Trustees, supreme or grand (Fraternal only)	\$..... 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$..... 0
20.22 To stockholders not officers	\$..... 0
20.23 Trustees, supreme or grand (Fraternal only)	\$..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?  Yes [ ]  No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	\$..... 0
21.22 Borrowed from others	\$..... 0
21.23 Leased from others	\$..... 0
21.24 Other	\$..... 0

**OHIO NATIONAL LIFE INSURANCE COMPANY****PART 1 - COMMON INTERROGATORIES - FINANCIAL**

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$.....0

22.22 Amount paid as expenses \$.....0

22.23 Other amounts paid \$.....0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. \$.....14,953,416

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [ X ] No [ ]

24.02 If no, give full and complete information relating thereto.

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ X ] No [ ] N/A [ ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....142,782,737

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ X ] No [ ] N/A [ ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ X ] No [ ] N/A [ ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ X ] No [ ] N/A [ ]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year: Yes [ X ] No [ ]

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$.....142,782,737

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$.....142,782,737

24.103 Total payable for securities lending reported on the liability page. \$.....142,782,737

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes [ X ] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year: Yes [ X ] No [ ]

25.21 Subject to repurchase agreements \$.....0

25.22 Subject to reverse repurchase agreements \$.....144,400,298

25.23 Subject to dollar repurchase agreements \$.....0

25.24 Subject to reverse dollar repurchase agreements \$.....0

25.25 Placed under option agreements \$.....0

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$.....0

25.27 FHLB Capital Stock \$.....36,552,300

25.28 On deposit with states \$.....9,586,556

25.29 On deposit with other regulatory bodies \$.....0

25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$.....0

25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$.....396,400,680

25.32 Other \$.....0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		0

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ X ] No [ ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ X ] N/A [ ]

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....0

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ] No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

**OHIO NATIONAL LIFE INSURANCE COMPANY****PART 1 - COMMON INTERROGATORIES - INVESTMENT**

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29,299. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from the above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	Date of Valuation
		0	

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	4,894,874,983	5,265,936,484	371,061,501
30.2 Preferred stocks.....	34,236,358	33,476,627	(759,731)
30.3 Totals.....	4,929,111,341	5,299,413,111	370,301,770

30.4 Describe the sources or methods utilized in determining the fair values:

Merrill Lynch bond pricing through HUB Data, Bloomberg, and US Bancorp were used to obtain fair market value for public issues.

Private issues were priced using a matrix program based on quality spread over the final December 31, 2011 Treasury Bond rates.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [  ] No [  ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [  ] No [  ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [  ] No [  ]

32.2 If no, list exceptions:

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**PART 1 - COMMON INTERROGATORIES - OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$.....253,528

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid

Standard and Poors

150,000

34.1 Amount of payments for legal expenses, if any?

\$.....848,897

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid

Sutherland Asbill and Brennan LLP

411,148

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid

0

**GENERAL INTERROGATORIES****PART 2 - LIFE INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only \$.....0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$.....0

1.31 Reason for excluding  
\_\_\_\_\_

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$.....0

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$.....0

1.6 Individual policies:  
Most current three years:  
1.61 Total premium earned \$.....0  
1.62 Total incurred claims \$.....0  
1.63 Number of covered lives \$.....0

All years prior to most current three years:  
1.64 Total premium earned \$.....0  
1.65 Total incurred claims \$.....0  
1.66 Number of covered lives \$.....0

1.7 Group policies:  
Most current three years:  
1.71 Total premium earned \$.....0  
1.72 Total incurred claims \$.....0  
1.73 Number of covered lives \$.....0

All years prior to most current three years:  
1.74 Total premium earned \$.....0  
1.75 Total incurred claims \$.....0  
1.76 Number of covered lives \$.....0

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	0	.....0
2.2 Premium Denominator.....	2,758,874,189	2,830,632,899
2.3 Premium Ratio (2.1/2.2).....	0.0	.....0.0
2.4 Reserve Numerator.....	2,755,832	2,158,477
2.5 Reserve Denominator.....	5,042,907,698	4,879,714,648
2.6 Reserve Ratio (2.4/2.5).....	0.1	.....0.0

3.1 Does this reporting entity have Separate Accounts? Yes [X] No [ ]

3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [X] No [ ] N/A [ ]

3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? \$.....0

3.4 State the authority under which Separate Accounts are maintained:  
\_\_\_\_\_

3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [X] No [ ]

3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [ ] No [X]

3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?" \$.....0

4.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes [X] No [ ]

4.2 Net reimbursement of such expenses between reporting entities:  
4.21 Paid \$.....68,417,417  
4.22 Received \$.....23,151,883

5.1 Does the reporting entity write any guaranteed interest contracts? Yes [X] No [ ]

5.2 If yes, what amount pertaining to these items is included in:  
5.21 Page 3, Line 1 \$.....553,107,658  
5.22 Page 4, Line 1 \$.....0

6. For stock reporting entities only:  
6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$.....283,297,154

7. Total dividends paid stockholders since organization of the reporting entity:  
7.11 Cash \$.....728,000,000  
7.12 Stock \$.....0

**GENERAL INTERROGATORIES****PART 2 - LIFE INTERROGATORIES**

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as:

Yes [ ] No [X]

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement?

Yes [ ] No [X]

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

1	2	3
Reinsurance Assumed	Reinsurance Ceded	Net Retained
.....0	.....0	.....0
.....0	.....0	.....0
.....0	.....0	.....0
.....0	.....0	.....0
.....0	.....0	.....0

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and

8.34 for Col. (1) are:

1	2
Earned Premium	Claim Liability and Reserve
.....0	.....0
.....0	.....0
.....0	.....0
.....0	.....0
.....0	.....0

8.5 What portion of earned premium reported in 8.31, Col. 1 was assumed from pools?

\$.....0

9.1 Does the company have variable annuities with guaranteed benefits?

Yes [X] No [ ]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

1	2	3	4	5	6	7	8	9
Guaranteed Death Benefit	Guaranteed Living Benefit	Waiting Period Remaining	Account Value Related to Col. 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
532377114	0	430342301	430,342,301	0	Exhibit 5	1	0	
836962773	1	648837121	648,837,121	0	Exhibit 5	1	0	
1699606503	2	1196072169	1,196,072,169	0	Exhibit 5	1	0	
2229286585	3	1625573824	1,625,573,824	0	Exhibit 5	1	0	
357097101	4	312526548	312,526,548	0	Exhibit 5	1	0	
342381569	5	310248451	310,248,451	0	Exhibit 5	1	0	
2788919061	6	2577371692	2,577,371,692	0	Exhibit 5	1	0	
234134949	7	216129530	216,129,530	0	Exhibit 5	1	0	
113181433	8	109934459	109,934,459	0	Exhibit 5	1	0	
1604444551	9	1569606696	1,569,606,696	0	Exhibit 5	1	0	
677519885	10	659889091	659,889,091	0	Exhibit 5	1	0	
8881911	0	13375493	13,375,493	0	Exhibit 5	0		0
16661733	1	26833826	26,833,826	0	Exhibit 5	0		0
24815933	2	31824619	31,824,619	0	Exhibit 5	0		0
25449015	3	31968581	31,968,581	0	Exhibit 5	0		0
17945016	4	34964342	34,964,342	0	Exhibit 5	0		0
997959764	5	1260952260	1,260,952,260	0	Exhibit 5	0.97	0	
1503222392	6	1808859437	1,808,859,437	0	Exhibit 5	0.98	0	
107313008	7	123999350	123,999,350	0	Exhibit 5	0.76	0	
60957512	8	71274607	71,274,607	0	Exhibit 5	0.81	0	
161590021	9	169985399	169,985,399	0	Exhibit 5	0.9	0	
99836620	10	100711417	100,711,417	0	Exhibit 5	0.92	0	
7716658056	n/a	7531137922	7,531,137,922	0	Exhibit 5	1	0	
1.902079493E+010			19,854,176,805	0	Exhibit 5	0.36	0	
AG43 in excess of Basic Reserve (AG33)				0	777,958,845			772,894,131

10. For reporting entities having sold annuities to another insurer when the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year? \$.....0

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1	2
P&C Insurance Company and Location	Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$ 0

11.1 Do you act as a custodian for health savings account?

Yes [ ] No [X]

11.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....0

11.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [X]

11.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....0

**GENERAL INTERROGATORIES****PART 2 - LIFE INTERROGATORIES**

12.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [ ] No [ X ] N/A [ ]

12.2 If the answer to 12.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	00000		0	0	0	0

13. Provide the following for Individual Ordinary Life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

13.1 Direct Premium Written..... \$.....397,017,566  
 13.2 Total incurred claims ..... \$.....40,784,825  
 13.3 Number of covered lives ..... 0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE  
AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS,  
ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES**

SUPPLEMENTARY CONTRACTS

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year.....	266	995	0	0
2. Issued during year.....	10	171	0	0
3. Reinsurance assumed.....	0	0	0	0
4. Increased during year (net).....	0	0	0	0
5. Total (Lines 1 to 4).....	276	1,166	0	0
Deductions during year:				
6. Decreased (net).....	22	154	0	0
7. Reinsurance ceded.....	0	0	0	0
8. Totals (Lines 6 and 7).....	22	154	0	0
9. In force end of year.....	254	1,012	0	0
10. Amount on deposit.....	0 (a).....	0	0 (a).....	0
11. Income now payable.....	0	0	0	0
12. Amount of income payable.....	(a).....523,574	(a).....12,644,314	(a).....0	(a).....0

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year.....	2,188	180,031	1,682	50,551
2. Issued during year.....	248	11,699	216	22,535
3. Reinsurance assumed.....	0	0	0	0
4. Increased during year (net).....	0	0	0	0
5. Total (Lines 1 to 4).....	2,436	191,730	1,898	73,086
Deductions during year:				
6. Decreased (net).....	107	10,522	171	20,625
7. Reinsurance ceded.....	0	0	0	0
8. Totals (Lines 6 and 7).....	107	10,522	171	20,625
9. In force end of year.....	2,329	181,208	1,727	52,461
Income now payable:				
10. Amount of income payable.....	(a).....16,038,923	XXX.....	XXX.....	(a).....11,454,032
Deferred fully paid:				
11. Account balance.....	XXX.....	(a).....21,712,123,811	XXX.....	(a).....971,729,350
Deferred not fully paid:				
12. Account balance.....	XXX.....	(a).....0	XXX.....	(a).....0

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1 Certificates	2 Premiums in force	3 Policies	4 Premiums in force	5 Policies	6 Premiums in force
1. In force end of prior year.....	0	0	0	0	7,920	15,110,900
2. Issued during year.....	0	0	0	0	74	81,453
3. Reinsurance assumed.....	0	0	0	0	0	0
4. Increased during year (net).....	0	XXX.....	0	XXX.....	16	XXX.....
5. Total (Lines 1 to 4).....	0	XXX.....	0	XXX.....	8,010	XXX.....
Deductions during year:						
6. Conversions.....	0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
7. Decreased (net).....	0	XXX.....	0	XXX.....	507	XXX.....
8. Reinsurance ceded.....	0	XXX.....	0	XXX.....	0	XXX.....
9. Totals (Lines 6 to 8).....	0	XXX.....	0	XXX.....	507	XXX.....
10. In force end of year.....	0 (a).....0	0	0 (a).....0	0	7,503 (a).....0	14,422,553

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

	1 Deposit Funds		2 Dividend Accumulations	
	Contracts	Contracts	Contracts	Contracts
1. In force end of prior year.....		182		10,725
2. Issued during year.....		17		0
3. Reinsurance assumed.....		0		0
4. Increased during year (net).....		0		0
5. Total (Lines 1 to 4).....		199		10,725
Deductions during year:				
6. Decreased (net).....		21		616
7. Reinsurance ceded.....		0		0
8. Totals (Lines 6 and 7).....		21		616
9. In force end of year.....		178		10,109
10. Amount of account balance.....	(a).....657,871,371	(a).....0	(a).....41,300,249	

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the Annual Statement Instructions.