
AMENDED FILING EXPLANATION

The company amended the Statement of Cash Flows (page 5) to reclassify certain non-cash transactions in order to better comply with *Statement of Statutory Accounting Principle 69 - Statement of Cash Flows*. The changes to the Statement of Cash Flows are summarized in the table below:

Page Number	Line Number(s)	Column Number(s)	As Filed	As Amended	Change
5	1	1	240,389,697	238,827,231	(1,562,466)
5	2	1	148,654,190	156,939,170	8,284,980
5	3	1	53,492,844	25,353,853	(28,138,991)
5	4	1	442,536,731	421,120,254	(21,416,477)
5	5	1	144,458,145	121,634,907	(22,823,238)
5	7	1	131,877,688	131,323,033	(554,655)
5	10	1	286,769,688	263,391,795	(23,377,893)
5	11	1	155,767,043	157,728,459	1,961,416
5	12.7	1	28,519,520	0	(28,519,520)
5	12.8	1	401,176,216	372,656,696	(28,519,520)
5	15	1	(85,847,642)	(114,367,162)	(28,519,520)
5	16.6	1	(48,723,275)	(22,165,171)	26,558,104
5	17	1	(76,064,439)	(49,506,335)	26,558,104

Updated Supplemental Disclosures for non-cash transactions for Cash Flow (Page 5).

Updated Five Year Historical (Page 22) to reflect Statement of Cash Flow changes mentioned above.

Updated amounts in table for Note 5 (H)(1) Row B.

Updated amount in table for Note 20 (A)(1) Bonds total (Column 5)and Total Assets total (Column 5).

Added Note 23 (G).



ANNUAL STATEMENT

For the Year Ended December 31, 2015

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 US 45242
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

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)

Mail Address

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

Primary Location of Books and Records

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)

Internet Web Site Address

N/A

513-794-6100-6015

Statutory Statement Contact

Amber Dawn Roberts

(Area Code) (Telephone Number) (Extension)

(Name) amber_roberts@ohionational.com

513-794-4516

(Fax Number)

OFFICERS

Name	Title	Name	Title
Gary Thomas Huffman	President, Chairman & Chief Executive Officer	Therese Susan McDonough	Secretary
Doris Lee Paul #	Treasurer	Kush Vijay Kotecha #	Senior Vice President & Chief Corporate Actuary
Thomas Abdo Barefield	Vice Chairman & Chief Distribution Officer	Nancy Arline Dalessio #	Executive Vice President & Chief Administrative Officer
Christopher Allen Carlson Kristal Elaine Hambrick	Vice Chairman & Chief Investment Officer Executive Vice President & Chief Product Officer	Ronald John Dolan Charles Thomas Lanigan #	Vice Chairman & Chief Risk Officer Senior Vice President
Arthur James Roberts	Senior Vice President & Chief Financial Officer	Dennis Lee Schoff	Senior Vice President & General Counsel, Assistant Secretary, Chief Compliance Officer
Barbara Ann Turner	Senior Vice President		

DIRECTORS OR TRUSTEES

Thomas Abdo Barefield Ronald John Dolan Gary Thomas Huffman

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) Doris Lee Paul (Printed Name) Treasurer (Title)
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Subscribed and sworn to before me
This _____ day of May 2016

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

Yes [] No [X]

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Roxanna S Allphin, Notary Public

May 11, 2019