
AMENDED FILING EXPLANATION

Revised Page 19 - Notes #10.G Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

OHIO NATIONAL LIFE ASSURANCE CORPORATION

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

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

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)

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)

Internet Web Site Address
N/A

Statutory Statement Contact
Amber Dawn Roberts
(Name)
amber_roberts@ohionational.com
(E-Mail Address)

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

Country of Domicile US

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

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

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

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

OTHER

Thomas Abdo Barefield	Vice Chairman & Chief Distribution Officer	Christopher Allen Carlson #	Vice Chairman, Strategic Businesses
Harry Douglas Cooke, III #	Executive Vice President	Ronald John Dolan	Vice Chairman & Chief Risk Officer
Paul Gerard #	Senior Vice President & Chief Investment Officer	Kristal Elaine Hambrick	Executive Vice President & Chief Product Officer
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 #	Executive Vice President & Chief Administrative Officer		

DIRECTORS OR TRUSTEES

Thomas Abdo Barefield	Christopher Allen Carlson #	Ronald John Dolan	Gary Thomas Huffman
Barbara Ann Turner #			

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)

Subscribed and sworn to before me
This _____ day of April 2017

a. Is this an original filing? Yes [] No [X]
b. If no
1. State the amendment number 2
2. Date filed 5-10-17
3. Number of pages attached 27