
AMENDED FILING EXPLANATION

Revised State Page 24.AK and 24.AR for death claims.

Updated Page 27 for Deposit Funds and Dividend Accumulations.

Page 54 - Supplemental Exhibit and Schedules Interrogatories line 26. Changed from Yes to No.



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	NAIC Company Code..... 89206	Employer's ID Number..... 31-0962495
(Current Period) (Prior Period)		
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... June 26, 1979	Commenced Business..... August 22, 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	513-794-6100
	(Street and Number) (City or Town, State, Country and Zip Code)	(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	513-794-6100-6015
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	N/A	
Statutory Statement Contact	Amber Dawn Roberts	513-794-6100-6015
	(Name)	(Area Code) (Telephone Number) (Extension)
	amber_roberts@ohionational.com	513-794-4516
	(E-Mail Address)	(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)	(Signature)	(Signature)
Gary Thomas Huffman	Therese Susan McDonough	Doris Lee Paul
(Printed Name)	(Printed Name)	(Printed Name)
President, Chairman & Chief Executive Officer	Secretary	Treasurer
(Title)	(Title)	(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. Date filed

3. Number of pages attached

4-26-2017

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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.....	41	23	0	0
2. Issued during year.....	0	9	0	0
3. Reinsurance assumed.....	0	0	0	0
4. Increased during year (net).....	0	0	0	0
5. Total (Lines 1 to 4).....	41	32	0	0
Deductions during year:				
6. Decreased (net).....	7	12	0	0
7. Reinsurance ceded.....	0	0	0	0
8. Totals (Lines 6 and 7).....	7	12	0	0
9. In force end of year.....	34	20	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) 119,338	(a) 2,113,527	(a) 0	(a) 0

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year.....	82	1,260	0	0
2. Issued during year.....	17	0	0	0
3. Reinsurance assumed.....	0	0	0	0
4. Increased during year (net).....	0	0	0	0
5. Total (Lines 1 to 4).....	99	1,260	0	0
Deductions during year:				
6. Decreased (net).....	8	102	0	0
7. Reinsurance ceded.....	0	0	0	0
8. Totals (Lines 6 and 7).....	8	102	0	0
9. In force end of year.....	91	1,158	0	0
Income now payable:				
10. Amount of income payable.....	(a) 1,315,594	XXX	XXX	(a) 0
Deferred fully paid:				
11. Account balance.....	XXX	(a) 45,765,559	XXX	(a) 0
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	11,705	20,886,569
2. Issued during year.....	0	0	0	0	1,141	2,701,793
3. Reinsurance assumed.....	0	0	0	0	0	0
4. Increased during year (net).....	0	XXX	0	XXX	92	XXX
5. Total (Lines 1 to 4).....	0	XXX	0	XXX	12,938	XXX
Deductions during year:						
6. Conversions.....	0	XXX	XXX	XXX	XXX	XXX
7. Decreased (net).....	0	XXX	0	XXX	1,036	XXX
8. Reinsurance ceded.....	0	XXX	0	XXX	0	XXX
9. Totals (Lines 6 to 8).....	0	XXX	0	XXX	1,036	XXX
10. In force end of year.....	0	(a) 0	0	(a) 0	11,902	(a) 22,085,875

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

	1 Deposit Funds Contracts	2 Dividend Accumulations Contracts
1. In force end of prior year.....	0	0
2. Issued during year.....	5	0
3. Reinsurance assumed.....	0	0
4. Increased during year (net).....	0	0
5. Total (Lines 1 to 4).....	5	0
Deductions during year:		
6. Decreased (net).....	0	0
7. Reinsurance ceded.....	0	0
8. Totals (Lines 6 and 7).....	0	0
9. In force end of year.....	5	0
10. Amount of account balance.....	(a) 99,999,999	(a) 0

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