
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
(Current Period) (Prior Period)

NAIC Company Code..... 89206

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

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
(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

513-794-4516

(Name)
amber_roberts@ohionational.com
(E-Mail Address)

(Area Code) (Telephone Number) (Extension)
(Fax Number)

OFFICERS

Name
Gary Thomas Huffman

Title
President, Chairman & Chief Executive Officer

Doris Lee Paul

Treasurer

Thomas Abdo Barefield

Vice Chairman & Chief Distribution Officer

Harry Douglas Cooke, III #
Paul Gerard #

Executive Vice President
Senior Vice President & Chief

Arthur James Roberts

Investment Officer
Senior Vice President & Chief Financial Officer

Barbara Ann Turner #

Executive Vice President & Chief Administrative Officer

Name
Therese Susan McDonough

Kush Vijay Kotecha

Title
Secretary

Senior Vice President & Chief Corporate Actuary

OTHER

Christopher Allen Carlson #

Vice Chairman, Strategic Businesses

Ronald John Dolan
Kristal Elaine Hambrick

Vice Chairman & Chief Risk Officer
Executive Vice President & Chief Product Officer

Dennis Lee Schoff

Senior Vice President & General Counsel, Assistant Secretary, Chief Compliance Officer

DIRECTORS OR TRUSTEES

Thomas Abdo Barefield
Barbara Ann Turner #

Christopher Allen Carlson #

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

(Signature)
Therese Susan McDonough

(Signature)
Doris Lee Paul

(Printed Name)

(Printed Name)

President, Chairman & Chief Executive Officer

(Printed Name)

(Printed Name)

(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

4-26-2017

2. Date filed

4

3. Number of pages attached

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

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