



ANNUAL STATEMENT

For the Year Ended December 31, 2019
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
Licensed as Business Type:	Life, Accident & Health	
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	
Statutory Statement Contact	Amber Dawn Roberts (Name) amber_roberts@ohionational.com (E-Mail Address)	513-794-6100-6015 (Area Code) (Telephone Number) (Extension) 513-794-4622 (Fax Number)

OFFICERS

Name	Title	Name	Title
Barbara Ann Turner #	President & Chief Operating Officer	Therese Susan McDonough	Secretary
Doris Lee Paul	Treasurer	Kush Vijay Kotecha	Senior Vice President & Chief Corporate Actuary
OTHER			
Gary Thomas Huffman	Chairman & Chief Executive Officer	Rocky Coppola	Senior Vice President & Chief Financial Officer
Michael Joseph DeWeirdt	Senior Vice President	Paul Gerard	Senior Vice President & Chief Investment Officer
Kristal Elaine Hambrick	Executive Vice President & Chief Risk Officer	Dennis Lee Schoff	Senior Vice President & General Counsel, Assistant Secretary, Chief Compliance Officer

DIRECTORS OR TRUSTEES

Michael Joseph DeWeirdt #	Kristal Elaine Hambrick #	Gary Thomas Huffman	Barbara Ann Turner
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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) Barbara Ann Turner (Printed Name) President & Chief Operating 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 February 2020	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 [] _____ _____ _____
Lucas A. Compton, Notary Public December 2, 2023		

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	26,042	0	0	0	26,042
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	26,042	0	0	0	26,042
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	0	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	0	0	0	(a).....0	0	0	0	0	0	0
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	9	8,624,938	0	0	0	0	0	0	9	8,624,938
23. In force December 31 of current year.....	9	8,624,938	0	(a).....0	0	0	0	0	9	8,624,938

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	5,461	5,479	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,461	5,479	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,461	5,479	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	349,354	0	0	0	349,354
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	349,354	0	0	0	349,354
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	0	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	94,969	0	0	0	94,969
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	94,969	0	0	0	94,969

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	112	73,829,000	0	(a).....0	0	0	0	0	112	73,829,000
21. Issued during year.....	49	31,770,359	0	0	0	0	0	0	49	31,770,359
22. Other changes to in force (Net).....	(14)	(4,305,203)	0	0	0	0	0	0	(14)	(4,305,203)
23. In force December 31 of current year.....	147	101,294,156	0	(a).....0	0	0	0	0	147	101,294,156

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	45,161	45,317	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	45,161	45,317	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	45,161	45,317	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,523,327	0	0	0	5,523,327
2. Annuity considerations.....	240	0	0	0	240
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	5,523,567	0	0	0	5,523,567
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	8,179,210	0	0	0	8,179,210
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	104,576	0	0	0	104,576
12. Surrender values and withdrawals for life contracts.....	894,400	0	0	0	894,400
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	9,178,186	0	0	0	9,178,186

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	1,907,936	0	0	0	0	0	0	4	1,907,936
17. Incurred during current year.....	13	8,379,210	0	0	0	0	0	0	13	8,379,210
Settled during current year:										
18.1 By payment in full.....	12	8,314,200	0	0	0	0	0	0	12	8,314,200
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	12	8,314,200	0	0	0	0	0	0	12	8,314,200
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	12	8,314,200	0	0	0	0	0	0	12	8,314,200
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	1,972,946	0	0	0	0	0	0	5	1,972,946
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,617	2,186,730,457	0	(a).....0	0	0	0	0	3,617	2,186,730,457
21. Issued during year.....	153	106,800,782	0	0	0	0	0	0	153	106,800,782
22. Other changes to in force (Net).....	(188)	(152,340,278)	0	0	0	0	0	0	(188)	(152,340,278)
23. In force December 31 of current year.....	3,582	2,141,190,961	0	(a).....0	0	0	0	0	3,582	2,141,190,961

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	569,568	571,533	0	432,749	491,209
25.2 Guaranteed renewable (b).....	2,158	2,166	0	0	0
25.3 Non-renewable for stated reasons only (b).....	7,667	7,694	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	579,393	581,393	0	432,749	491,209
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	579,393	581,393	0	432,749	491,209

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,045,649	0	0	0	3,045,649
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	3,045,649	0	0	0	3,045,649
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,832,675	0	0	0	2,832,675
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	16,053	0	0	0	16,053
12. Surrender values and withdrawals for life contracts.....	697,416	0	0	0	697,416
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	3,546,144	0	0	0	3,546,144

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	95,889	0	0	0	0	0	0	1	95,889
17. Incurred during current year.....	5	2,682,675	0	0	0	0	0	0	5	2,682,675
Settled during current year:										
18.1 By payment in full.....	6	2,778,564	0	0	0	0	0	0	6	2,778,564
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	6	2,778,564	0	0	0	0	0	0	6	2,778,564
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	6	2,778,564	0	0	0	0	0	0	6	2,778,564
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,673	1,487,258,495	0	(a)	0	0	0	0	2,673	1,487,258,495
21. Issued during year.....	80	33,675,673	0	0	0	0	0	0	80	33,675,673
22. Other changes to in force (Net).....	(147)	(95,310,071)	0	0	0	0	0	0	(147)	(95,310,071)
23. In force December 31 of current year.....	2,606	1,425,624,097	0	(a)	0	0	0	0	2,606	1,425,624,097

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	200,201	200,891	0	41,338	41,338
25.2 Guaranteed renewable (b).....	3,451	3,463	0	0	0
25.3 Non-renewable for stated reasons only (b).....	1,160	1,164	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	204,812	205,518	0	41,338	41,338
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	204,812	205,518	0	41,338	41,338

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	0	0	0	0	0
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	0	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

NONE

DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	0	0	0	(a).....0	0	0	0	0	0	0
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,163,706	0	0	0	6,163,706
2. Annuity considerations.....	60	0	0	0	60
3. Deposit-type contract funds.....	500,011	XXX	0	XXX	500,011
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	6,663,777	0	0	0	6,663,777
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,379,047	0	0	0	10,379,047
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	685	0	0	0	685
12. Surrender values and withdrawals for life contracts.....	5,200,676	0	0	0	5,200,676
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	15,580,408	0	0	0	15,580,408

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	12	8,707,500	0	0	0	0	0	0	12	8,707,500
Settled during current year:										
18.1 By payment in full.....	12	8,707,500	0	0	0	0	0	0	12	8,707,500
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	12	8,707,500	0	0	0	0	0	0	12	8,707,500
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	12	8,707,500	0	0	0	0	0	0	12	8,707,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,428	2,980,443,046	0	(a).....0	0	0	0	0	4,428	2,980,443,046
21. Issued during year.....	169	153,081,125	0	0	0	0	0	0	169	153,081,125
22. Other changes to in force (Net).....	(257)	(232,717,885)	0	0	0	0	0	0	(257)	(232,717,885)
23. In force December 31 of current year.....	4,340	2,900,806,286	0	(a).....0	0	0	0	0	4,340	2,900,806,286

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	590,498	592,536	0	0	0
25.2 Guaranteed renewable (b).....	6,201	6,223	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	596,699	598,759	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	596,699	598,759	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	42,682,952	0	0	0	42,682,952
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	42,682,952	0	0	0	42,682,952
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	42,218,483	0	0	0	42,218,483
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	36,477	0	0	0	36,477
12. Surrender values and withdrawals for life contracts.....	18,972,170	0	0	0	18,972,170
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	61,227,130	0	0	0	61,227,130

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	17	4,153,440	0	0	0	0	0	0	17	4,153,440
17. Incurred during current year.....	74	39,640,713	0	0	0	0	0	0	74	39,640,713
Settled during current year:										
18.1 By payment in full.....	77	41,696,420	0	0	0	0	0	0	77	41,696,420
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	77	41,696,420	0	0	0	0	0	0	77	41,696,420
18.4 Reduction by compromise.....	1	250,000	0	0	0	0	0	0	1	250,000
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	78	41,946,420	0	0	0	0	0	0	78	41,946,420
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	13	1,847,733	0	0	0	0	0	0	13	1,847,733
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	24,330	19,023,848,892	0	(a).....0	0	0	0	0	24,330	19,023,848,892
21. Issued during year.....	920	750,821,498	0	0	0	0	0	0	920	750,821,498
22. Other changes to in force (Net).....	(1,650)	(1,545,567,415)	0	0	0	0	0	0	(1,650)	(1,545,567,415)
23. In force December 31 of current year.....	23,600	18,229,102,975	0	(a).....0	0	0	0	0	23,600	18,229,102,975

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	979,876	983,256	0	5,485,110	5,618,120
25.2 Guaranteed renewable (b).....	3,530	3,542	0	0	0
25.3 Non-renewable for stated reasons only (b).....	13,219	13,265	0	97,744	97,744
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	996,625	1,000,063	0	5,582,854	5,715,864
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	996,625	1,000,063	0	5,582,854	5,715,864

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,133	0	0	0	6,133
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	6,133	0	0	0	6,133
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	0	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8	5,260,000	0	(a).....0	0	0	0	0	8	5,260,000
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	2	2,865,000	0	0	0	0	0	0	2	2,865,000
23. In force December 31 of current year.....	10	8,125,000	0	(a).....0	0	0	0	0	10	8,125,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	621	623	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	621	623	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	621	623	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	10,461,187	0	0	0	10,461,187
2. Annuity considerations.....	85	0	0	0	85
3. Deposit-type contract funds.....	17,073	XXX.....	0	XXX.....	17,073
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	10,478,345	0	0	0	10,478,345
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,085,206	0	0	0	4,085,206
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	17,114	0	0	0	17,114
12. Surrender values and withdrawals for life contracts.....	3,206,514	0	0	0	3,206,514
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	7,308,834	0	0	0	7,308,834

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	1,592,663	0	0	0	0	0	0	4	1,592,663
17. Incurred during current year.....	16	3,739,126	0	0	0	0	0	0	16	3,739,126
Settled during current year:										
18.1 By payment in full.....	14	3,110,126	0	0	0	0	0	0	14	3,110,126
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	14	3,110,126	0	0	0	0	0	0	14	3,110,126
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	14	3,110,126	0	0	0	0	0	0	14	3,110,126
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	2,221,663	0	0	0	0	0	0	6	2,221,663
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7,248	4,751,967,754	0	(a).....0	0	0	0	0	7,248	4,751,967,754
21. Issued during year.....	388	324,768,395	0	0	0	0	0	0	388	324,768,395
22. Other changes to in force (Net).....	(501)	(370,738,451)	0	0	0	0	0	0	(501)	(370,738,451)
23. In force December 31 of current year.....	7,135	4,705,997,698	0	(a).....0	0	0	0	0	7,135	4,705,997,698

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,345,888	1,350,531	0	2,744,623	2,624,561
25.2 Guaranteed renewable (b).....	28,904	29,004	0	0	6,318
25.3 Non-renewable for stated reasons only (b).....	10,782	10,819	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,385,574	1,390,354	0	2,744,623	2,630,879
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,385,574	1,390,354	0	2,744,623	2,630,879

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,087,799	0	0	0	8,087,799
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	8,087,799	0	0	0	8,087,799
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,194,333	0	0	0	4,194,333
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	695	0	0	0	695
12. Surrender values and withdrawals for life contracts.....	931,526	0	0	0	931,526
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,126,554	0	0	0	5,126,554

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	1,074,887	0	0	0	0	0	0	2	1,074,887
17. Incurred during current year.....	14	5,237,861	0	0	0	0	0	0	14	5,237,861
Settled during current year:										
18.1 By payment in full.....	12	3,137,861	0	0	0	0	0	0	12	3,137,861
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	12	3,137,861	0	0	0	0	0	0	12	3,137,861
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	12	3,137,861	0	0	0	0	0	0	12	3,137,861
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	3,174,887	0	0	0	0	0	0	4	3,174,887
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,218	2,640,120,161	0	(a).....0	0	0	0	0	4,218	2,640,120,161
21. Issued during year.....	144	94,858,710	0	0	0	0	0	0	144	94,858,710
22. Other changes to in force (Net).....	(276)	(204,034,538)	0	0	0	0	0	0	(276)	(204,034,538)
23. In force December 31 of current year.....	4,086	2,530,944,333	0	(a).....0	0	0	0	0	4,086	2,530,944,333

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	336,702	337,863	0	189,457	166,807
25.2 Guaranteed renewable (b).....	17,531	17,591	0	3,500	10,967
25.3 Non-renewable for stated reasons only (b).....	3,337	3,349	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	357,570	358,803	0	192,957	177,774
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	357,570	358,803	0	192,957	177,774

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	698,077	0	0	0	698,077
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	698,077	0	0	0	698,077
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	0	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	1,198	0	0	0	1,198
12. Surrender values and withdrawals for life contracts.....	50,154	0	0	0	50,154
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	51,352	0	0	0	51,352

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	374	450,010,883	0	(a).....0	0	0	0	0	374	450,010,883
21. Issued during year.....	15	12,311,729	0	0	0	0	0	0	15	12,311,729
22. Other changes to in force (Net).....	(27)	(25,415,315)	0	0	0	0	0	0	(27)	(25,415,315)
23. In force December 31 of current year.....	362	436,907,297	0	(a).....0	0	0	0	0	362	436,907,297

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	85,256	85,551	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	85,256	85,551	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	85,256	85,551	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	791,761	0	0	0	791,761
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	791,761	0	0	0	791,761
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	210,000	0	0	0	210,000
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	1,741	0	0	0	1,741
12. Surrender values and withdrawals for life contracts.....	3,641	0	0	0	3,641
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	215,382	0	0	0	215,382

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	2	213,042	0	0	0	0	0	0	2	213,042
Settled during current year:										
18.1 By payment in full.....	2	213,042	0	0	0	0	0	0	2	213,042
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	2	213,042	0	0	0	0	0	0	2	213,042
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	2	213,042	0	0	0	0	0	0	2	213,042
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	654	363,717,161	0	(a).....0	0	0	0	0	654	363,717,161
21. Issued during year.....	28	18,411,540	0	0	0	0	0	0	28	18,411,540
22. Other changes to in force (Net).....	(25)	(26,481,764)	0	0	0	0	0	0	(25)	(26,481,764)
23. In force December 31 of current year.....	657	355,646,937	0	(a).....0	0	0	0	0	657	355,646,937

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	72,345	72,595	0	0	0
25.2 Guaranteed renewable (b).....	1,332	1,336	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	73,677	73,931	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	73,677	73,931	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	33,764,145	0	0	0	33,764,145
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	33,764,145	0	0	0	33,764,145
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	19,252,957	0	0	0	19,252,957
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	17,684	0	0	0	17,684
12. Surrender values and withdrawals for life contracts.....	7,672,339	0	0	0	7,672,339
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	26,942,980	0	0	0	26,942,980

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	11	11,116,016	0	0	0	0	0	0	11	11,116,016
17. Incurred during current year.....	55	17,240,027	0	0	0	0	0	0	55	17,240,027
Settled during current year:										
18.1 By payment in full.....	63	23,470,235	0	0	0	0	0	0	63	23,470,235
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	63	23,470,235	0	0	0	0	0	0	63	23,470,235
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	63	23,470,235	0	0	0	0	0	0	63	23,470,235
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	4,885,808	0	0	0	0	0	0	3	4,885,808
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	18,233	11,789,858,367	0	(a).....0	0	0	0	0	18,233	11,789,858,367
21. Issued during year.....	1,392	1,057,970,773	0	0	0	0	0	0	1,392	1,057,970,773
22. Other changes to in force (Net).....	(1,151)	(841,913,723)	0	0	0	0	0	0	(1,151)	(841,913,723)
23. In force December 31 of current year.....	18,474	12,005,915,417	0	(a).....0	0	0	0	0	18,474	12,005,915,417

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	3,950,204	3,963,831	0	3,017,442	3,336,631
25.2 Guaranteed renewable (b).....	24,481	24,566	0	0	0
25.3 Non-renewable for stated reasons only (b).....	34,049	34,166	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,008,734	4,022,563	0	3,017,442	3,336,631
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,008,734	4,022,563	0	3,017,442	3,336,631

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,473,081	0	0	0	11,473,081
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	11,473,081	0	0	0	11,473,081
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	12,030,567	0	0	0	12,030,567
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	28,230	0	0	0	28,230
12. Surrender values and withdrawals for life contracts.....	1,119,253	0	0	0	1,119,253
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	13,178,050	0	0	0	13,178,050

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	129,741	0	0	0	0	0	0	3	129,741
17. Incurred during current year.....	39	12,220,029	0	0	0	0	0	0	39	12,220,029
Settled during current year:										
18.1 By payment in full.....	35	10,897,789	0	0	0	0	0	0	35	10,897,789
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	35	10,897,789	0	0	0	0	0	0	35	10,897,789
18.4 Reduction by compromise.....	1	700,000	0	0	0	0	0	0	1	700,000
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	36	11,597,789	0	0	0	0	0	0	36	11,597,789
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	751,981	0	0	0	0	0	0	6	751,981
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8,967	5,450,772,713	0	(a).....0	0	0	0	0	8,967	5,450,772,713
21. Issued during year.....	274	211,300,124	0	0	0	0	0	0	274	211,300,124
22. Other changes to in force (Net).....	(569)	(423,968,500)	0	0	0	0	0	0	(569)	(423,968,500)
23. In force December 31 of current year.....	8,672	5,238,104,337	0	(a).....0	0	0	0	0	8,672	5,238,104,337

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	672,175	674,493	0	476,216	473,756
25.2 Guaranteed renewable (b).....	14,568	14,619	0	0	0
25.3 Non-renewable for stated reasons only (b).....	26,541	26,632	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	713,284	715,744	0	476,216	473,756
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	713,284	715,744	0	476,216	473,756

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	397,099,456	0	0	0	397,099,456
2. Annuity considerations.....	157,317	0	0	0	157,317
3. Deposit-type contract funds.....	69,531,293	XXX.....	0	XXX.....	69,531,293
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	466,788,066	0	0	0	466,788,066
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	338,715,479	0	0	0	338,715,479
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	3,555,083	0	0	0	3,555,083
12. Surrender values and withdrawals for life contracts.....	143,150,389	0	0	0	143,150,389
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	485,420,951	0	0	0	485,420,951

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	201	73,416,871	0	0	0	0	0	0	201	73,416,871
17. Incurred during current year.....	929	316,905,521	0	0	0	0	0	0	929	316,905,521
Settled during current year:										
18.1 By payment in full.....	916	324,328,334	0	0	0	0	0	0	916	324,328,334
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	916	324,328,334	0	0	0	0	0	0	916	324,328,334
18.4 Reduction by compromise.....	7	3,710,000	0	0	0	0	0	0	7	3,710,000
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	923	328,038,334	0	0	0	0	0	0	923	328,038,334
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	207	62,284,058	0	0	0	0	0	0	207	62,284,058
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	272,166	165,651,182,160	0	(a).....0	0	0	0	0	272,166	165,651,182,160
21. Issued during year.....	12,486	9,479,943,160	0	0	0	0	0	0	12,486	9,479,943,160
22. Other changes to in force (Net).....	(17,338)	(12,356,948,491)	0	0	0	0	0	0	(17,338)	(12,356,948,491)
23. In force December 31 of current year.....	267,314	162,774,176,829	0	(a).....0	0	0	0	0	267,314	162,774,176,829

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	31,502,626	31,611,304	0	25,917,511	25,926,641
25.2 Guaranteed renewable (b).....	619,875	622,011	0	213,590	197,703
25.3 Non-renewable for stated reasons only (b).....	464,738	466,344	0	97,744	97,744
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	32,587,239	32,699,659	0	26,228,845	26,222,088
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	32,587,239	32,699,659	0	26,228,845	26,222,088

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN GUAM DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	73,992	0	0	0	73,992
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	73,992	0	0	0	73,992
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	0	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	0	0	0	(a).....0	0	0	0	0	0	0
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	1	2,000,000	0	0	0	0	0	0	1	2,000,000
23. In force December 31 of current year.....	1	2,000,000	0	(a).....0	0	0	0	0	1	2,000,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

NONE

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	169,222	0	0	0	169,222
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	169,222	0	0	0	169,222
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	30,000	0	0	0	30,000
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	32,295	0	0	0	32,295
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	62,295	0	0	0	62,295

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	590,169	0	0	0	0	0	0	1	590,169
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	1	590,169	0	0	0	0	0	0	1	590,169
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	590,169	0	0	0	0	0	0	1	590,169
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	590,169	0	0	0	0	0	0	1	590,169
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	112	101,940,000	0	(a).....0	0	0	0	0	112	101,940,000
21. Issued during year.....	11	9,610,000	0	0	0	0	0	0	11	9,610,000
22. Other changes to in force (Net).....	2	(2,011,568)	0	0	0	0	0	0	2	(2,011,568)
23. In force December 31 of current year.....	125	109,538,432	0	(a).....0	0	0	0	0	125	109,538,432

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	26,041	26,131	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	26,041	26,131	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	26,041	26,131	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,420,996	0	0	0	4,420,996
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	4,420,996	0	0	0	4,420,996
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	8,865,705	0	0	0	8,865,705
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	2,776	0	0	0	2,776
12. Surrender values and withdrawals for life contracts.....	1,606,620	0	0	0	1,606,620
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	10,475,101	0	0	0	10,475,101

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	11	995,855	0	0	0	0	0	0	11	995,855
17. Incurred during current year.....	20	4,472,330	0	0	0	0	0	0	20	4,472,330
Settled during current year:										
18.1 By payment in full.....	21	4,500,187	0	0	0	0	0	0	21	4,500,187
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	21	4,500,187	0	0	0	0	0	0	21	4,500,187
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	21	4,500,187	0	0	0	0	0	0	21	4,500,187
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	10	967,998	0	0	0	0	0	0	10	967,998
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,560	1,189,583,896	0	(a)	0	0	0	0	3,560	1,189,583,896
21. Issued during year.....	90	66,246,177	0	0	0	0	0	0	90	66,246,177
22. Other changes to in force (Net).....	(179)	(88,082,128)	0	0	0	0	0	0	(179)	(88,082,128)
23. In force December 31 of current year.....	3,471	1,167,747,945	0	(a)	0	0	0	0	3,471	1,167,747,945

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	173,017	173,614	0	29,092	29,171
25.2 Guaranteed renewable (b).....	26,688	26,780	0	11,715	11,590
25.3 Non-renewable for stated reasons only (b).....	1,281	1,286	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	200,986	201,680	0	40,807	40,761
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	200,986	201,680	0	40,807	40,761

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,624,373	0	0	0	3,624,373
2. Annuity considerations.....	200	0	0	0	200
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	3,624,573	0	0	0	3,624,573
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,833,894	0	0	0	1,833,894
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	2,602	0	0	0	2,602
12. Surrender values and withdrawals for life contracts.....	1,504,717	0	0	0	1,504,717
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	3,341,213	0	0	0	3,341,213

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	187,765	0	0	0	0	0	0	2	187,765
17. Incurred during current year.....	9	1,783,894	0	0	0	0	0	0	9	1,783,894
Settled during current year:										
18.1 By payment in full.....	9	1,833,894	0	0	0	0	0	0	9	1,833,894
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	9	1,833,894	0	0	0	0	0	0	9	1,833,894
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	9	1,833,894	0	0	0	0	0	0	9	1,833,894
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	137,765	0	0	0	0	0	0	2	137,765
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,032	1,343,265,141	0	(a).....0	0	0	0	0	3,032	1,343,265,141
21. Issued during year.....	73	35,675,975	0	0	0	0	0	0	73	35,675,975
22. Other changes to in force (Net).....	(195)	(73,133,698)	0	0	0	0	0	0	(195)	(73,133,698)
23. In force December 31 of current year.....	2,910	1,305,807,418	0	(a).....0	0	0	0	0	2,910	1,305,807,418

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	259,978	260,875	0	98,707	92,347
25.2 Guaranteed renewable (b).....	17,191	17,251	0	0	0
25.3 Non-renewable for stated reasons only (b).....	3,834	3,847	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	281,003	281,973	0	98,707	92,347
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	281,003	281,973	0	98,707	92,347

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,871,578	0	0	0	12,871,578
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	12,871,578	0	0	0	12,871,578
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,012,549	0	0	0	10,012,549
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	63,634	0	0	0	63,634
12. Surrender values and withdrawals for life contracts.....	2,216,964	0	0	0	2,216,964
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	12,293,147	0	0	0	12,293,147

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	332,503	0	0	0	0	0	0	3	332,503
17. Incurred during current year.....	26	9,984,229	0	0	0	0	0	0	26	9,984,229
Settled during current year:										
18.1 By payment in full.....	25	9,546,695	0	0	0	0	0	0	25	9,546,695
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	25	9,546,695	0	0	0	0	0	0	25	9,546,695
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	25	9,546,695	0	0	0	0	0	0	25	9,546,695
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	770,037	0	0	0	0	0	0	4	770,037
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8,797	5,335,570,432	0	(a).....0	0	0	0	0	8,797	5,335,570,432
21. Issued during year.....	381	298,685,889	0	0	0	0	0	0	381	298,685,889
22. Other changes to in force (Net).....	(629)	(474,124,006)	0	0	0	0	0	0	(629)	(474,124,006)
23. In force December 31 of current year.....	8,549	5,160,132,315	0	(a).....0	0	0	0	0	8,549	5,160,132,315

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,124,358	1,128,237	0	183,280	293,213
25.2 Guaranteed renewable (b).....	15,531	15,585	0	0	0
25.3 Non-renewable for stated reasons only (b).....	16,109	16,165	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,155,998	1,159,987	0	183,280	293,213
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,155,998	1,159,987	0	183,280	293,213

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,784,637	0	0	0	6,784,637
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	6,784,637	0	0	0	6,784,637
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	27,673,892	0	0	0	27,673,892
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	131,757	0	0	0	131,757
12. Surrender values and withdrawals for life contracts.....	6,404,083	0	0	0	6,404,083
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	34,209,732	0	0	0	34,209,732

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	9	3,831,587	0	0	0	0	0	0	9	3,831,587
17. Incurred during current year.....	19	29,653,440	0	0	0	0	0	0	19	29,653,440
Settled during current year:										
18.1 By payment in full.....	20	32,537,926	0	0	0	0	0	0	20	32,537,926
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	20	32,537,926	0	0	0	0	0	0	20	32,537,926
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	20	32,537,926	0	0	0	0	0	0	20	32,537,926
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	947,101	0	0	0	0	0	0	8	947,101
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,816	2,401,690,106	0	(a).....0	0	0	0	0	4,816	2,401,690,106
21. Issued during year.....	159	105,161,340	0	0	0	0	0	0	159	105,161,340
22. Other changes to in force (Net).....	(334)	(203,098,391)	0	0	0	0	0	0	(334)	(203,098,391)
23. In force December 31 of current year.....	4,641	2,303,753,055	0	(a).....0	0	0	0	0	4,641	2,303,753,055

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	420,508	421,958	0	456,271	454,490
25.2 Guaranteed renewable (b).....	9,712	9,746	0	0	0
25.3 Non-renewable for stated reasons only (b).....	1,558	1,563	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	431,778	433,267	0	456,271	454,490
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	431,778	433,267	0	456,271	454,490

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,438,489	0	0	0	6,438,489
2. Annuity considerations.....	6,500	0	0	0	6,500
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	6,444,989	0	0	0	6,444,989
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,448,246	0	0	0	4,448,246
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	187,589	0	0	0	187,589
12. Surrender values and withdrawals for life contracts.....	6,599,921	0	0	0	6,599,921
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	11,235,756	0	0	0	11,235,756

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	693,371	0	0	0	0	0	0	3	693,371
17. Incurred during current year.....	18	4,929,935	0	0	0	0	0	0	18	4,929,935
Settled during current year:										
18.1 By payment in full.....	19	4,893,065	0	0	0	0	0	0	19	4,893,065
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	19	4,893,065	0	0	0	0	0	0	19	4,893,065
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	19	4,893,065	0	0	0	0	0	0	19	4,893,065
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	730,241	0	0	0	0	0	0	2	730,241
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,758	2,614,394,025	0	(a).....0	0	0	0	0	4,758	2,614,394,025
21. Issued during year.....	272	184,976,133	0	0	0	0	0	0	272	184,976,133
22. Other changes to in force (Net).....	(377)	(271,785,219)	0	0	0	0	0	0	(377)	(271,785,219)
23. In force December 31 of current year.....	4,653	2,527,584,939	0	(a).....0	0	0	0	0	4,653	2,527,584,939

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	422,236	423,693	0	367,083	366,649
25.2 Guaranteed renewable (b).....	25,307	25,394	0	5,500	5,150
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	447,543	449,087	0	372,583	371,799
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	447,543	449,087	0	372,583	371,799

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,380,823	0	0	0	4,380,823
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	4,380,823	0	0	0	4,380,823
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	3,077,042	0	0	0	3,077,042
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	416	0	0	0	416
12. Surrender values and withdrawals for life contracts.....	620,558	0	0	0	620,558
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	3,698,016	0	0	0	3,698,016

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	1,137,066	0	0	0	0	0	0	3	1,137,066
17. Incurred during current year.....	4	700,000	0	0	0	0	0	0	4	700,000
Settled during current year:										
18.1 By payment in full.....	6	502,650	0	0	0	0	0	0	6	502,650
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	6	502,650	0	0	0	0	0	0	6	502,650
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	6	502,650	0	0	0	0	0	0	6	502,650
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	1,334,416	0	0	0	0	0	0	1	1,334,416
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,652	1,981,456,769	0	(a).....0	0	0	0	0	3,652	1,981,456,769
21. Issued during year.....	158	122,590,108	0	0	0	0	0	0	158	122,590,108
22. Other changes to in force (Net).....	(250)	(151,356,272)	0	0	0	0	0	0	(250)	(151,356,272)
23. In force December 31 of current year.....	3,560	1,952,690,605	0	(a).....0	0	0	0	0	3,560	1,952,690,605

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	370,393	371,671	0	325,690	337,317
25.2 Guaranteed renewable (b).....	7,157	7,181	0	0	0
25.3 Non-renewable for stated reasons only (b).....	3,184	3,195	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	380,734	382,047	0	325,690	337,317
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	380,734	382,047	0	325,690	337,317

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,548,116	0	0	0	4,548,116
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	4,548,116	0	0	0	4,548,116
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,350,000	0	0	0	4,350,000
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	7,335	0	0	0	7,335
12. Surrender values and withdrawals for life contracts.....	713,981	0	0	0	713,981
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,071,316	0	0	0	5,071,316

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	4,125,166	0	0	0	0	0	0	4	4,125,166
17. Incurred during current year.....	7	3,900,000	0	0	0	0	0	0	7	3,900,000
Settled during current year:										
18.1 By payment in full.....	9	7,700,000	0	0	0	0	0	0	9	7,700,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	9	7,700,000	0	0	0	0	0	0	9	7,700,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	9	7,700,000	0	0	0	0	0	0	9	7,700,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	325,166	0	0	0	0	0	0	2	325,166
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,116	2,243,175,752	0	(a).....0	0	0	0	0	3,116	2,243,175,752
21. Issued during year.....	245	190,997,613	0	0	0	0	0	0	245	190,997,613
22. Other changes to in force (Net).....	(177)	(174,731,515)	0	0	0	0	0	0	(177)	(174,731,515)
23. In force December 31 of current year.....	3,184	2,259,441,850	0	(a).....0	0	0	0	0	3,184	2,259,441,850

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	517,174	518,959	0	151,921	175,324
25.2 Guaranteed renewable (b).....	7,099	7,123	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	524,273	526,082	0	151,921	175,324
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	524,273	526,082	0	151,921	175,324

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,309,694	0	0	0	9,309,694
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	48,963	XXX.....	0	XXX.....	48,963
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	9,358,657	0	0	0	9,358,657
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,785,048	0	0	0	7,785,048
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	49,083	0	0	0	49,083
12. Surrender values and withdrawals for life contracts.....	6,502,445	0	0	0	6,502,445
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	14,336,576	0	0	0	14,336,576

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	962,645	0	0	0	0	0	0	3	962,645
17. Incurred during current year.....	17	6,117,957	0	0	0	0	0	0	17	6,117,957
Settled during current year:										
18.1 By payment in full.....	19	6,961,469	0	0	0	0	0	0	19	6,961,469
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	19	6,961,469	0	0	0	0	0	0	19	6,961,469
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	19	6,961,469	0	0	0	0	0	0	19	6,961,469
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	119,133	0	0	0	0	0	0	1	119,133
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6,286	4,163,867,112	0	(a).....0	0	0	0	0	6,286	4,163,867,112
21. Issued during year.....	199	161,813,349	0	0	0	0	0	0	199	161,813,349
22. Other changes to in force (Net).....	(379)	(236,701,421)	0	0	0	0	0	0	(379)	(236,701,421)
23. In force December 31 of current year.....	6,106	4,088,979,040	0	(a).....0	0	0	0	0	6,106	4,088,979,040

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	616,477	618,603	0	229,001	251,703
25.2 Guaranteed renewable (b).....	30,034	30,138	0	4,261	4,261
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	646,511	648,741	0	233,262	255,964
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	646,511	648,741	0	233,262	255,964

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,541,574	0	0	0	8,541,574
2. Annuity considerations.....	390	0	0	0	390
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	8,541,964	0	0	0	8,541,964
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,818,350	0	0	0	5,818,350
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	101,700	0	0	0	101,700
12. Surrender values and withdrawals for life contracts.....	1,641,038	0	0	0	1,641,038
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	7,561,088	0	0	0	7,561,088

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	478,031	0	0	0	0	0	0	1	478,031
17. Incurred during current year.....	22	3,128,242	0	0	0	0	0	0	22	3,128,242
Settled during current year:										
18.1 By payment in full.....	21	2,856,368	0	0	0	0	0	0	21	2,856,368
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	21	2,856,368	0	0	0	0	0	0	21	2,856,368
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	21	2,856,368	0	0	0	0	0	0	21	2,856,368
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	749,905	0	0	0	0	0	0	2	749,905
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6,142	4,294,615,179	0	(a).....0	0	0	0	0	6,142	4,294,615,179
21. Issued during year.....	239	164,585,501	0	0	0	0	0	0	239	164,585,501
22. Other changes to in force (Net).....	(410)	(278,237,309)	0	0	0	0	0	0	(410)	(278,237,309)
23. In force December 31 of current year.....	5,971	4,180,963,371	0	(a).....0	0	0	0	0	5,971	4,180,963,371

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	779,593	782,282	0	429,364	325,970
25.2 Guaranteed renewable (b).....	24,261	24,344	0	0	0
25.3 Non-renewable for stated reasons only (b).....	3,087	3,098	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	806,941	809,724	0	429,364	325,970
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	806,941	809,724	0	429,364	325,970

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,071,138	0	0	0	1,071,138
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,071,138	0	0	0	1,071,138
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	925,871	0	0	0	925,871
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	52,929	0	0	0	52,929
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	978,800	0	0	0	978,800

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000	0	0	0	0	0	0	1	100,000
17. Incurred during current year.....	3	995,871	0	0	0	0	0	0	3	995,871
Settled during current year:										
18.1 By payment in full.....	3	850,000	0	0	0	0	0	0	3	850,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	3	850,000	0	0	0	0	0	0	3	850,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	3	850,000	0	0	0	0	0	0	3	850,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	245,871	0	0	0	0	0	0	1	245,871
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,163	605,718,499	0	(a).....0	0	0	0	0	1,163	605,718,499
21. Issued during year.....	29	16,946,029	0	0	0	0	0	0	29	16,946,029
22. Other changes to in force (Net).....	(63)	(23,252,557)	0	0	0	0	0	0	(63)	(23,252,557)
23. In force December 31 of current year.....	1,129	599,411,971	0	(a).....0	0	0	0	0	1,129	599,411,971

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	38,802	38,935	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	38,802	38,935	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	38,802	38,935	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,827,641	0	0	0	12,827,641
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	12,827,641	0	0	0	12,827,641
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	12,523,838	0	0	0	12,523,838
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	875,462	0	0	0	875,462
12. Surrender values and withdrawals for life contracts.....	16,828,488	0	0	0	16,828,488
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	30,227,788	0	0	0	30,227,788

DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	9	3,190,367	0	0	0	0	0	0	9	3,190,367
17. Incurred during current year.....	39	12,717,663	0	0	0	0	0	0	39	12,717,663
Settled during current year:										
18.1 By payment in full.....	36	12,222,368	0	0	0	0	0	0	36	12,222,368
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	36	12,222,368	0	0	0	0	0	0	36	12,222,368
18.4 Reduction by compromise.....	2	2,035,000	0	0	0	0	0	0	2	2,035,000
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	38	14,257,368	0	0	0	0	0	0	38	14,257,368
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	10	1,650,662	0	0	0	0	0	0	10	1,650,662
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	9,458	5,142,022,175	0	(a).....0	0	0	0	0	9,458	5,142,022,175
21. Issued during year.....	566	426,032,242	0	0	0	0	0	0	566	426,032,242
22. Other changes to in force (Net).....	(704)	(443,106,703)	0	0	0	0	0	0	(704)	(443,106,703)
23. In force December 31 of current year.....	9,320	5,124,947,714	0	(a).....0	0	0	0	0	9,320	5,124,947,714

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,239,207	1,243,482	0	1,124,326	1,095,080
25.2 Guaranteed renewable (b).....	27,585	27,680	0	28,157	2,450
25.3 Non-renewable for stated reasons only (b).....	3,424	3,435	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,270,216	1,274,597	0	1,152,483	1,097,530
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,270,216	1,274,597	0	1,152,483	1,097,530

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,561,980	0	0	0	6,561,980
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	17,073	XXX.....	0	XXX.....	17,073
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	6,579,053	0	0	0	6,579,053
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,517,100	0	0	0	7,517,100
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	161,777	0	0	0	161,777
12. Surrender values and withdrawals for life contracts.....	1,935,659	0	0	0	1,935,659
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	9,614,536	0	0	0	9,614,536

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	17	4,743,201	0	0	0	0	0	0	17	4,743,201
Settled during current year:										
18.1 By payment in full.....	13	4,093,201	0	0	0	0	0	0	13	4,093,201
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	13	4,093,201	0	0	0	0	0	0	13	4,093,201
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	13	4,093,201	0	0	0	0	0	0	13	4,093,201
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	650,000	0	0	0	0	0	0	4	650,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,712	2,514,509,168	0	(a).....0	0	0	0	0	4,712	2,514,509,168
21. Issued during year.....	191	110,439,308	0	0	0	0	0	0	191	110,439,308
22. Other changes to in force (Net).....	(308)	(196,824,144)	0	0	0	0	0	0	(308)	(196,824,144)
23. In force December 31 of current year.....	4,595	2,428,124,332	0	(a).....0	0	0	0	0	4,595	2,428,124,332

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	467,821	469,435	0	152,519	161,958
25.2 Guaranteed renewable (b).....	19,289	19,356	0	20,140	0
25.3 Non-renewable for stated reasons only (b).....	3,115	3,126	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	490,225	491,917	0	172,659	161,958
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	490,225	491,917	0	172,659	161,958

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,192,605	0	0	0	7,192,605
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	7,192,605	0	0	0	7,192,605
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,138,441	0	0	0	2,138,441
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	131,101	0	0	0	131,101
12. Surrender values and withdrawals for life contracts.....	9,516,198	0	0	0	9,516,198
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	11,785,740	0	0	0	11,785,740

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	2,545,000	0	0	0	0	0	0	3	2,545,000
17. Incurred during current year.....	23	3,064,847	0	0	0	0	0	0	23	3,064,847
Settled during current year:										
18.1 By payment in full.....	22	2,961,847	0	0	0	0	0	0	22	2,961,847
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	22	2,961,847	0	0	0	0	0	0	22	2,961,847
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	22	2,961,847	0	0	0	0	0	0	22	2,961,847
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	2,648,000	0	0	0	0	0	0	4	2,648,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,892	2,273,769,366	0	(a).....0	0	0	0	0	4,892	2,273,769,366
21. Issued during year.....	280	186,118,839	0	0	0	0	0	0	280	186,118,839
22. Other changes to in force (Net).....	(326)	(185,264,236)	0	0	0	0	0	0	(326)	(185,264,236)
23. In force December 31 of current year.....	4,846	2,274,623,969	0	(a).....0	0	0	0	0	4,846	2,274,623,969

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	485,710	487,386	0	452,974	450,256
25.2 Guaranteed renewable (b).....	14,540	14,590	0	12	12
25.3 Non-renewable for stated reasons only (b).....	7,959	7,986	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	508,209	509,962	0	452,986	450,268
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	508,209	509,962	0	452,986	450,268

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



* 8 9 2 0 6 2 0 1 9 4 3 0 5 6 1 0 0 *

DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	0	0	0	0	0
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	0	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

NONE

DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	0	0	0	(a).....0	0	0	0	0	0	0
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,401,253	0	0	0	2,401,253
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	2,401,253	0	0	0	2,401,253
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,309,924	0	0	0	5,309,924
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	15,728	0	0	0	15,728
12. Surrender values and withdrawals for life contracts.....	563,098	0	0	0	563,098
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,888,750	0	0	0	5,888,750

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	2,031,905	0	0	0	0	0	0	3	2,031,905
17. Incurred during current year.....	5	1,261,000	0	0	0	0	0	0	5	1,261,000
Settled during current year:										
18.1 By payment in full.....	7	3,261,000	0	0	0	0	0	0	7	3,261,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	7	3,261,000	0	0	0	0	0	0	7	3,261,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	7	3,261,000	0	0	0	0	0	0	7	3,261,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	31,905	0	0	0	0	0	0	1	31,905
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,451	883,568,600	0	(a).....0	0	0	0	0	1,451	883,568,600
21. Issued during year.....	65	43,926,724	0	0	0	0	0	0	65	43,926,724
22. Other changes to in force (Net).....	(86)	(75,027,233)	0	0	0	0	0	0	(86)	(75,027,233)
23. In force December 31 of current year.....	1,430	852,468,091	0	(a).....0	0	0	0	0	1,430	852,468,091

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	191,626	192,287	0	268,040	274,596
25.2 Guaranteed renewable (b).....	3,746	3,758	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	195,372	196,045	0	268,040	274,596
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	195,372	196,045	0	268,040	274,596

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,607,420	0	0	0	2,607,420
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	2,607,420	0	0	0	2,607,420
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,487,500	0	0	0	2,487,500
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	25,260	0	0	0	25,260
12. Surrender values and withdrawals for life contracts.....	353,503	0	0	0	353,503
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	2,866,263	0	0	0	2,866,263

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	7	2,385,147	0	0	0	0	0	0	7	2,385,147
Settled during current year:										
18.1 By payment in full.....	5	2,035,000	0	0	0	0	0	0	5	2,035,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	5	2,035,000	0	0	0	0	0	0	5	2,035,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	5	2,035,000	0	0	0	0	0	0	5	2,035,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	350,147	0	0	0	0	0	0	2	350,147
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,084	1,063,394,675	0	(a).....0	0	0	0	0	2,084	1,063,394,675
21. Issued during year.....	60	38,796,127	0	0	0	0	0	0	60	38,796,127
22. Other changes to in force (Net).....	(125)	(65,985,741)	0	0	0	0	0	0	(125)	(65,985,741)
23. In force December 31 of current year.....	2,019	1,036,205,061	0	(a).....0	0	0	0	0	2,019	1,036,205,061

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	111,901	112,287	0	37,232	37,232
25.2 Guaranteed renewable (b).....	6,100	6,121	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	118,001	118,408	0	37,232	37,232
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	118,001	118,408	0	37,232	37,232

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



* 8 9 2 0 6 2 0 1 9 4 3 0 3 5 1 0 0 *

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,123,880	0	0	0	1,123,880
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,123,880	0	0	0	1,123,880
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	618,492	0	0	0	618,492
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	255,071	0	0	0	255,071
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	873,563	0	0	0	873,563

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	130,690	0	0	0	0	0	0	2	130,690
17. Incurred during current year.....	8	918,492	0	0	0	0	0	0	8	918,492
Settled during current year:										
18.1 By payment in full.....	9	853,492	0	0	0	0	0	0	9	853,492
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	9	853,492	0	0	0	0	0	0	9	853,492
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	9	853,492	0	0	0	0	0	0	9	853,492
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	195,690	0	0	0	0	0	0	1	195,690
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,001	473,506,297	0	(a).....0	0	0	0	0	1,001	473,506,297
21. Issued during year.....	31	33,200,000	0	0	0	0	0	0	31	33,200,000
22. Other changes to in force (Net).....	(86)	(48,081,455)	0	0	0	0	0	0	(86)	(48,081,455)
23. In force December 31 of current year.....	946	458,624,842	0	(a).....0	0	0	0	0	946	458,624,842

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	70,269	70,511	0	27,125	30,875
25.2 Guaranteed renewable (b).....	5,260	5,278	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	75,529	75,789	0	27,125	30,875
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	75,529	75,789	0	27,125	30,875

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,354,116	0	0	0	4,354,116
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	950,000	XXX.....	0	XXX.....	950,000
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	5,304,116	0	0	0	5,304,116
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,241,703	0	0	0	4,241,703
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	61,080	0	0	0	61,080
12. Surrender values and withdrawals for life contracts.....	1,198,674	0	0	0	1,198,674
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,501,457	0	0	0	5,501,457

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	628,463	0	0	0	0	0	0	5	628,463
17. Incurred during current year.....	28	5,430,757	0	0	0	0	0	0	28	5,430,757
Settled during current year:										
18.1 By payment in full.....	32	4,576,190	0	0	0	0	0	0	32	4,576,190
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	32	4,576,190	0	0	0	0	0	0	32	4,576,190
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	32	4,576,190	0	0	0	0	0	0	32	4,576,190
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	1,483,030	0	0	0	0	0	0	1	1,483,030
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,633	1,210,631,902	0	(a).....0	0	0	0	0	3,633	1,210,631,902
21. Issued during year.....	84	42,588,389	0	0	0	0	0	0	84	42,588,389
22. Other changes to in force (Net).....	(240)	(80,467,956)	0	0	0	0	0	0	(240)	(80,467,956)
23. In force December 31 of current year.....	3,477	1,172,752,335	0	(a).....0	0	0	0	0	3,477	1,172,752,335

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	145,043	145,544	0	79,910	72,091
25.2 Guaranteed renewable (b).....	11,915	11,956	0	4,317	4,450
25.3 Non-renewable for stated reasons only (b).....	8,381	8,410	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	165,339	165,910	0	84,227	76,541
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	165,339	165,910	0	84,227	76,541

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,399,368	0	0	0	2,399,368
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	2,399,368	0	0	0	2,399,368
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	900,000	0	0	0	900,000
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	257,887	0	0	0	257,887
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	1,157,887	0	0	0	1,157,887

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	4	850,000	0	0	0	0	0	0	4	850,000
Settled during current year:										
18.1 By payment in full.....	4	850,000	0	0	0	0	0	0	4	850,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	4	850,000	0	0	0	0	0	0	4	850,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	4	850,000	0	0	0	0	0	0	4	850,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,888	1,152,069,791	0	(a)	0	0	0	0	1,888	1,152,069,791
21. Issued during year.....	67	60,109,000	0	0	0	0	0	0	67	60,109,000
22. Other changes to in force (Net).....	(93)	(74,880,018)	0	0	0	0	0	0	(93)	(74,880,018)
23. In force December 31 of current year.....	1,862	1,137,298,773	0	(a)	0	0	0	0	1,862	1,137,298,773

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	164,051	164,617	0	13,833	13,833
25.2 Guaranteed renewable (b).....	10,254	10,289	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	174,305	174,906	0	13,833	13,833
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	174,305	174,906	0	13,833	13,833

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,224,225	0	0	0	11,224,225
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	300,863	XXX	0	XXX	300,863
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	11,525,088	0	0	0	11,525,088
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,537,278	0	0	0	4,537,278
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	66,325	0	0	0	66,325
12. Surrender values and withdrawals for life contracts.....	780,199	0	0	0	780,199
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,383,802	0	0	0	5,383,802

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	1,876,634	0	0	0	0	0	0	2	1,876,634
17. Incurred during current year.....	15	5,908,644	0	0	0	0	0	0	15	5,908,644
Settled during current year:										
18.1 By payment in full.....	12	4,571,343	0	0	0	0	0	0	12	4,571,343
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	12	4,571,343	0	0	0	0	0	0	12	4,571,343
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	12	4,571,343	0	0	0	0	0	0	12	4,571,343
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	3,213,935	0	0	0	0	0	0	5	3,213,935
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6,430	4,598,694,617	0	(a).....0	0	0	0	0	6,430	4,598,694,617
21. Issued during year.....	336	272,622,355	0	0	0	0	0	0	336	272,622,355
22. Other changes to in force (Net).....	(340)	(309,593,009)	0	0	0	0	0	0	(340)	(309,593,009)
23. In force December 31 of current year.....	6,426	4,561,723,963	0	(a).....0	0	0	0	0	6,426	4,561,723,963

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,005,213	1,008,681	0	843,319	763,425
25.2 Guaranteed renewable (b).....	0	0	0	37,100	35,300
25.3 Non-renewable for stated reasons only (b).....	40,023	40,161	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,045,236	1,048,842	0	880,419	798,725
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,045,236	1,048,842	0	880,419	798,725

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,121,262	0	0	0	1,121,262
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,121,262	0	0	0	1,121,262
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	500,000	0	0	0	500,000
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	245,871	0	0	0	245,871
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	745,871	0	0	0	745,871

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	3	270,994	0	0	0	0	0	0	3	270,994
Settled during current year:										
18.1 By payment in full.....	2	170,994	0	0	0	0	0	0	2	170,994
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	2	170,994	0	0	0	0	0	0	2	170,994
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	2	170,994	0	0	0	0	0	0	2	170,994
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	628	326,385,602	0	(a).....0	0	0	0	0	628	326,385,602
21. Issued during year.....	23	25,350,000	0	0	0	0	0	0	23	25,350,000
22. Other changes to in force (Net).....	(56)	(38,447,673)	0	0	0	0	0	0	(56)	(38,447,673)
23. In force December 31 of current year.....	595	313,287,929	0	(a).....0	0	0	0	0	595	313,287,929

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	78,587	78,858	0	54,400	86,832
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	78,587	78,858	0	54,400	86,832
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	78,587	78,858	0	54,400	86,832

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,681,271	0	0	0	1,681,271
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,681,271	0	0	0	1,681,271
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,143,904	0	0	0	1,143,904
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	20,627	0	0	0	20,627
12. Surrender values and withdrawals for life contracts.....	192,771	0	0	0	192,771
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	1,357,302	0	0	0	1,357,302

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	2	883,004	0	0	0	0	0	0	2	883,004
Settled during current year:										
18.1 By payment in full.....	2	883,004	0	0	0	0	0	0	2	883,004
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	2	883,004	0	0	0	0	0	0	2	883,004
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	2	883,004	0	0	0	0	0	0	2	883,004
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,131	813,363,416	0	(a).....0	0	0	0	0	1,131	813,363,416
21. Issued during year.....	49	29,968,761	0	0	0	0	0	0	49	29,968,761
22. Other changes to in force (Net).....	(41)	(29,503,047)	0	0	0	0	0	0	(41)	(29,503,047)
23. In force December 31 of current year.....	1,139	813,829,130	0	(a).....0	0	0	0	0	1,139	813,829,130

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	125,605	126,038	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	125,605	126,038	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	125,605	126,038	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	835,358	0	0	0	835,358
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	835,358	0	0	0	835,358
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	160,000	0	0	0	160,000
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	6,487	0	0	0	6,487
12. Surrender values and withdrawals for life contracts.....	207,484	0	0	0	207,484
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	373,971	0	0	0	373,971

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	520	442,639,152	0	(a).....0	0	0	0	0	520	442,639,152
21. Issued during year.....	11	11,950,000	0	0	0	0	0	0	11	11,950,000
22. Other changes to in force (Net).....	(3)	5,598,327	0	0	0	0	0	0	(3)	5,598,327
23. In force December 31 of current year.....	528	460,187,479	0	(a).....0	0	0	0	0	528	460,187,479

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	84,410	84,701	0	0	0
25.2 Guaranteed renewable (b).....	106	106	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	84,516	84,807	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	84,516	84,807	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	27,796,582	0	0	0	27,796,582
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	67,316,409	XXX	0	XXX	67,316,409
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	95,112,991	0	0	0	95,112,991
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	21,144,152	0	0	0	21,144,152
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	363,463	0	0	0	363,463
12. Surrender values and withdrawals for life contracts.....	11,329,005	0	0	0	11,329,005
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	32,836,620	0	0	0	32,836,620

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	45	4,115,465	0	0	0	0	0	0	45	4,115,465
17. Incurred during current year.....	97	25,148,165	0	0	0	0	0	0	97	25,148,165
Settled during current year:										
18.1 By payment in full.....	93	23,463,293	0	0	0	0	0	0	93	23,463,293
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	93	23,463,293	0	0	0	0	0	0	93	23,463,293
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	93	23,463,293	0	0	0	0	0	0	93	23,463,293
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	49	5,800,337	0	0	0	0	0	0	49	5,800,337
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	21,332	10,548,917,880	0	(a).....0	0	0	0	0	21,332	10,548,917,880
21. Issued during year.....	939	627,879,637	0	0	0	0	0	0	939	627,879,637
22. Other changes to in force (Net).....	(1,412)	(884,157,801)	0	0	0	0	0	0	(1,412)	(884,157,801)
23. In force December 31 of current year.....	20,859	10,292,639,716	0	(a).....0	0	0	0	0	20,859	10,292,639,716

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,968,856	1,975,649	0	993,497	969,704
25.2 Guaranteed renewable (b).....	44,108	44,261	0	0	5,333
25.3 Non-renewable for stated reasons only (b).....	57,686	57,885	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,070,650	2,077,795	0	993,497	975,037
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,070,650	2,077,795	0	993,497	975,037

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,862,523	0	0	0	4,862,523
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	4,862,523	0	0	0	4,862,523
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,054,488	0	0	0	2,054,488
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	490,814	0	0	0	490,814
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	2,545,302	0	0	0	2,545,302

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	5,397,848	0	0	0	0	0	0	6	5,397,848
17. Incurred during current year.....	12	2,114,510	0	0	0	0	0	0	12	2,114,510
Settled during current year:										
18.1 By payment in full.....	15	3,381,038	0	0	0	0	0	0	15	3,381,038
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	15	3,381,038	0	0	0	0	0	0	15	3,381,038
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	15	3,381,038	0	0	0	0	0	0	15	3,381,038
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	4,131,320	0	0	0	0	0	0	3	4,131,320
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,659	1,982,769,725	0	(a).....0	0	0	0	0	3,659	1,982,769,725
21. Issued during year.....	148	98,215,180	0	0	0	0	0	0	148	98,215,180
22. Other changes to in force (Net).....	(274)	(164,876,967)	0	0	0	0	0	0	(274)	(164,876,967)
23. In force December 31 of current year.....	3,533	1,916,107,938	0	(a).....0	0	0	0	0	3,533	1,916,107,938

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	521,461	523,260	0	36,000	36,100
25.2 Guaranteed renewable (b).....	4,829	4,845	0	0	0
25.3 Non-renewable for stated reasons only (b).....	6,602	6,625	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	532,892	534,730	0	36,000	36,100
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	532,892	534,730	0	36,000	36,100

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,949,162	0	0	0	5,949,162
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	5,949,162	0	0	0	5,949,162
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,197,443	0	0	0	4,197,443
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	5,588,894	0	0	0	5,588,894
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	9,786,337	0	0	0	9,786,337

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	442,109	0	0	0	0	0	0	1	442,109
17. Incurred during current year.....	10	3,298,602	0	0	0	0	0	0	10	3,298,602
Settled during current year:										
18.1 By payment in full.....	8	1,298,602	0	0	0	0	0	0	8	1,298,602
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	8	1,298,602	0	0	0	0	0	0	8	1,298,602
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	8	1,298,602	0	0	0	0	0	0	8	1,298,602
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	2,442,109	0	0	0	0	0	0	3	2,442,109
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,359	2,590,704,642	0	(a).....0	0	0	0	0	4,359	2,590,704,642
21. Issued during year.....	197	125,364,291	0	0	0	0	0	0	197	125,364,291
22. Other changes to in force (Net).....	(276)	(164,950,383)	0	0	0	0	0	0	(276)	(164,950,383)
23. In force December 31 of current year.....	4,280	2,551,118,550	0	(a).....0	0	0	0	0	4,280	2,551,118,550

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	406,164	407,565	0	183,159	139,275
25.2 Guaranteed renewable (b).....	13,595	13,642	0	0	664
25.3 Non-renewable for stated reasons only (b).....	19,723	19,791	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	439,482	440,998	0	183,159	139,939
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	439,482	440,998	0	183,159	139,939

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	26,042	0	0	0	26,042
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	26,042	0	0	0	26,042
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	0	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	0	0	0	(a).....	0	0	0	0	0	0
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	9	8,624,938	0	0	0	0	0	0	9	8,624,938
23. In force December 31 of current year.....	9	8,624,938	0	(a).....	0	0	0	0	9	8,624,938

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	5,461	5,479	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,461	5,479	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,461	5,479	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	14,516,496	0	0	0	14,516,496
2. Annuity considerations.....	141,907	0	0	0	141,907
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	14,658,403	0	0	0	14,658,403
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	6,875,305	0	0	0	6,875,305
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	539,376	0	0	0	539,376
12. Surrender values and withdrawals for life contracts.....	2,057,192	0	0	0	2,057,192
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	9,471,873	0	0	0	9,471,873

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	61	5,766,982	0	0	0	0	0	0	61	5,766,982
Settled during current year:										
18.1 By payment in full.....	60	5,173,999	0	0	0	0	0	0	60	5,173,999
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	60	5,173,999	0	0	0	0	0	0	60	5,173,999
18.4 Reduction by compromise.....	1	100,000	0	0	0	0	0	0	1	100,000
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	61	5,273,999	0	0	0	0	0	0	61	5,273,999
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	492,983	0	0	0	0	0	0	0	492,983
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	13,969	6,879,326,837	0	(a).....0	0	0	0	0	13,969	6,879,326,837
21. Issued during year.....	522	346,458,390	0	0	0	0	0	0	522	346,458,390
22. Other changes to in force (Net).....	(771)	(568,440,732)	0	0	0	0	0	0	(771)	(568,440,732)
23. In force December 31 of current year.....	13,720	6,657,344,495	0	(a).....0	0	0	0	0	13,720	6,657,344,495

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,536,281	1,541,581	0	279,772	297,713
25.2 Guaranteed renewable (b).....	89,657	89,966	0	81,488	93,372
25.3 Non-renewable for stated reasons only (b).....	13,574	13,621	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,639,512	1,645,168	0	361,260	391,085
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,639,512	1,645,168	0	361,260	391,085

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,588,858	0	0	0	3,588,858
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	3,588,858	0	0	0	3,588,858
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,146,382	0	0	0	2,146,382
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	966,442	0	0	0	966,442
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	3,112,824	0	0	0	3,112,824

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	2	2,146,382	0	0	0	0	0	0	2	2,146,382
Settled during current year:										
18.1 By payment in full.....	2	2,146,382	0	0	0	0	0	0	2	2,146,382
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	2	2,146,382	0	0	0	0	0	0	2	2,146,382
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	2	2,146,382	0	0	0	0	0	0	2	2,146,382
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	970	969,267,933	0	(a).....0	0	0	0	0	970	969,267,933
21. Issued during year.....	26	15,086,500	0	0	0	0	0	0	26	15,086,500
22. Other changes to in force (Net).....	(67)	(48,495,488)	0	0	0	0	0	0	(67)	(48,495,488)
23. In force December 31 of current year.....	929	935,858,945	0	(a).....0	0	0	0	0	929	935,858,945

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,086,760	1,090,509	0	231,045	231,045
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	29,703	29,806	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,116,463	1,120,315	0	231,045	231,045
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,116,463	1,120,315	0	231,045	231,045

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,701,456	0	0	0	1,701,456
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,701,456	0	0	0	1,701,456
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,678,414	0	0	0	1,678,414
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	13,654	0	0	0	13,654
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	1,692,068	0	0	0	1,692,068

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	251,740	0	0	0	0	0	0	1	251,740
17. Incurred during current year.....	5	1,750,000	0	0	0	0	0	0	5	1,750,000
Settled during current year:										
18.1 By payment in full.....	4	1,250,000	0	0	0	0	0	0	4	1,250,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	4	1,250,000	0	0	0	0	0	0	4	1,250,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	4	1,250,000	0	0	0	0	0	0	4	1,250,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	751,740	0	0	0	0	0	0	2	751,740
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,310	712,015,838	0	(a).....0	0	0	0	0	1,310	712,015,838
21. Issued during year.....	41	21,755,757	0	0	0	0	0	0	41	21,755,757
22. Other changes to in force (Net).....	(78)	(45,239,982)	0	0	0	0	0	0	(78)	(45,239,982)
23. In force December 31 of current year.....	1,273	688,531,613	0	(a).....0	0	0	0	0	1,273	688,531,613

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	111,109	111,493	0	0	0
25.2 Guaranteed renewable (b).....	2,500	2,508	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	113,609	114,001	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	113,609	114,001	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,378,929	0	0	0	4,378,929
2. Annuity considerations.....	\$ amount.....	0	0	0	0
3. Deposit-type contract funds.....	0	XXX.....	0	XXX.....	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	4,378,929	0	0	0	4,378,929
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,840,000	0	0	0	1,840,000
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	19,381	0	0	0	19,381
12. Surrender values and withdrawals for life contracts.....	563,324	0	0	0	563,324
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	2,422,705	0	0	0	2,422,705

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	1,080,355	0	0	0	0	0	0	2	1,080,355
17. Incurred during current year.....	9	1,810,000	0	0	0	0	0	0	9	1,810,000
Settled during current year:										
18.1 By payment in full.....	9	2,060,000	0	0	0	0	0	0	9	2,060,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	9	2,060,000	0	0	0	0	0	0	9	2,060,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	9	2,060,000	0	0	0	0	0	0	9	2,060,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	830,355	0	0	0	0	0	0	2	830,355
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,456	1,859,303,530	0	(a).....0	0	0	0	0	3,456	1,859,303,530
21. Issued during year.....	131	83,844,771	0	0	0	0	0	0	131	83,844,771
22. Other changes to in force (Net).....	(190)	(113,162,165)	0	0	0	0	0	0	(190)	(113,162,165)
23. In force December 31 of current year.....	3,397	1,829,986,136	0	(a).....0	0	0	0	0	3,397	1,829,986,136

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	380,541	381,853	0	77,284	86,135
25.2 Guaranteed renewable (b).....	9,084	9,115	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	389,625	390,968	0	77,284	86,135
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	389,625	390,968	0	77,284	86,135

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	435,102	0	0	0	435,102
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	435,102	0	0	0	435,102
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	296,027	0	0	0	296,027
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	765,009	0	0	0	765,009
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	1,061,036	0	0	0	1,061,036

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	461	238,204,522	0	(a).....0	0	0	0	0	461	238,204,522
21. Issued during year.....	19	14,880,000	0	0	0	0	0	0	19	14,880,000
22. Other changes to in force (Net).....	(36)	(31,281,771)	0	0	0	0	0	0	(36)	(31,281,771)
23. In force December 31 of current year.....	444	221,802,751	0	(a).....0	0	0	0	0	444	221,802,751

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	115,905	116,305	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	115,905	116,305	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	115,905	116,305	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	15,738,219	0	0	0	15,738,219
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	15,738,219	0	0	0	15,738,219
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,656,181	0	0	0	10,656,181
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	125,181	0	0	0	125,181
12. Surrender values and withdrawals for life contracts.....	5,304,988	0	0	0	5,304,988
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	16,086,350	0	0	0	16,086,350

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	475,411	0	0	0	0	0	0	1	475,411
17. Incurred during current year.....	34	13,143,803	0	0	0	0	0	0	34	13,143,803
Settled during current year:										
18.1 By payment in full.....	29	10,628,517	0	0	0	0	0	0	29	10,628,517
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	29	10,628,517	0	0	0	0	0	0	29	10,628,517
18.4 Reduction by compromise.....	1	125,000	0	0	0	0	0	0	1	125,000
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	30	10,753,517	0	0	0	0	0	0	30	10,753,517
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	2,865,697	0	0	0	0	0	0	5	2,865,697
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8,129	5,122,183,872	0	(a).....0	0	0	0	0	8,129	5,122,183,872
21. Issued during year.....	333	322,333,499	0	0	0	0	0	0	333	322,333,499
22. Other changes to in force (Net).....	(467)	(360,254,564)	0	0	0	0	0	0	(467)	(360,254,564)
23. In force December 31 of current year.....	7,995	5,084,262,807	0	(a).....0	0	0	0	0	7,995	5,084,262,807

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,128,070	1,131,962	0	319,144	347,014
25.2 Guaranteed renewable (b).....	8,489	8,518	0	0	0
25.3 Non-renewable for stated reasons only (b).....	70,970	71,215	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,207,529	1,211,695	0	319,144	347,014
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,207,529	1,211,695	0	319,144	347,014

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	33,630,292	0	0	0	33,630,292
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	205,928	XXX	0	XXX	205,928
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	33,836,220	0	0	0	33,836,220
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	26,200,269	0	0	0	26,200,269
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	6,177	0	0	0	6,177
12. Surrender values and withdrawals for life contracts.....	3,709,384	0	0	0	3,709,384
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	29,915,830	0	0	0	29,915,830

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	14	13,802,272	0	0	0	0	0	0	14	13,802,272
17. Incurred during current year.....	55	23,614,015	0	0	0	0	0	0	55	23,614,015
Settled during current year:										
18.1 By payment in full.....	55	31,185,857	0	0	0	0	0	0	55	31,185,857
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	55	31,185,857	0	0	0	0	0	0	55	31,185,857
18.4 Reduction by compromise.....	1	500,000	0	0	0	0	0	0	1	500,000
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	56	31,685,857	0	0	0	0	0	0	56	31,685,857
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	13	5,730,430	0	0	0	0	0	0	13	5,730,430
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	20,513	14,006,810,074	0	(a).....0	0	0	0	0	20,513	14,006,810,074
21. Issued during year.....	1,002	838,456,487	0	0	0	0	0	0	1,002	838,456,487
22. Other changes to in force (Net).....	(1,251)	(937,592,025)	0	0	0	0	0	0	(1,251)	(937,592,025)
23. In force December 31 of current year.....	20,264	13,907,674,536	0	(a).....0	0	0	0	0	20,264	13,907,674,536

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	2,570,390	2,579,257	0	1,962,137	1,865,241
25.2 Guaranteed renewable (b).....	9,587	9,620	0	0	0
25.3 Non-renewable for stated reasons only (b).....	46,004	46,163	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,625,981	2,635,040	0	1,962,137	1,865,241
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,625,981	2,635,040	0	1,962,137	1,865,241

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,164,183	0	0	0	7,164,183
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	7,164,183	0	0	0	7,164,183
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	3,244,247	0	0	0	3,244,247
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	1,036,255	0	0	0	1,036,255
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	4,280,502	0	0	0	4,280,502

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	92,073	0	0	0	0	0	0	1	92,073
17. Incurred during current year.....	10	3,104,604	0	0	0	0	0	0	10	3,104,604
Settled during current year:										
18.1 By payment in full.....	8	1,851,529	0	0	0	0	0	0	8	1,851,529
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	8	1,851,529	0	0	0	0	0	0	8	1,851,529
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	8	1,851,529	0	0	0	0	0	0	8	1,851,529
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	1,345,148	0	0	0	0	0	0	3	1,345,148
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6,316	4,592,663,202	0	(a).....0	0	0	0	0	6,316	4,592,663,202
21. Issued during year.....	456	348,140,855	0	0	0	0	0	0	456	348,140,855
22. Other changes to in force (Net).....	(354)	(307,344,065)	0	0	0	0	0	0	(354)	(307,344,065)
23. In force December 31 of current year.....	6,418	4,633,459,992	0	(a).....0	0	0	0	0	6,418	4,633,459,992

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	581,610	583,617	0	809,625	563,023
25.2 Guaranteed renewable (b).....	10,128	10,163	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	591,738	593,780	0	809,625	563,023
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	591,738	593,780	0	809,625	563,023

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,982,675	0	0	0	9,982,675
2. Annuity considerations.....	55	0	0	0	55
3. Deposit-type contract funds.....	174,973	XXX.....	0	XXX.....	174,973
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	10,157,703	0	0	0	10,157,703
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,939,703	0	0	0	7,939,703
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	94,951	0	0	0	94,951
12. Surrender values and withdrawals for life contracts.....	5,318,088	0	0	0	5,318,088
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	13,352,742	0	0	0	13,352,742

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	915,554	0	0	0	0	0	0	4	915,554
17. Incurred during current year.....	25	7,523,175	0	0	0	0	0	0	25	7,523,175
Settled during current year:										
18.1 By payment in full.....	25	5,699,857	0	0	0	0	0	0	25	5,699,857
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	25	5,699,857	0	0	0	0	0	0	25	5,699,857
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	25	5,699,857	0	0	0	0	0	0	25	5,699,857
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	2,738,872	0	0	0	0	0	0	4	2,738,872
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7,383	4,679,870,389	0	(a).....0	0	0	0	0	7,383	4,679,870,389
21. Issued during year.....	401	322,182,689	0	0	0	0	0	0	401	322,182,689
22. Other changes to in force (Net).....	(496)	(323,814,692)	0	0	0	0	0	0	(496)	(323,814,692)
23. In force December 31 of current year.....	7,288	4,678,238,386	0	(a).....0	0	0	0	0	7,288	4,678,238,386

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	570,137	572,104	0	800,031	825,880
25.2 Guaranteed renewable (b).....	7,205	7,230	0	0	0
25.3 Non-renewable for stated reasons only (b).....	4,749	4,766	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	582,091	584,100	0	800,031	825,880
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	582,091	584,100	0	800,031	825,880

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,653	0	0	0	9,653
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	9,653	0	0	0	9,653
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	0	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	4,510,254	0	(a).....0	0	0	0	0	12	4,510,254
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(6)	(2,635,254)	0	0	0	0	0	0	(6)	(2,635,254)
23. In force December 31 of current year.....	6	1,875,000	0	(a).....0	0	0	0	0	6	1,875,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	208	209	0	0	0
25.2 Guaranteed renewable (b).....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	208	209	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	208	209	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	555,345	0	0	0	555,345
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	555,345	0	0	0	555,345
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	140,790	0	0	0	140,790
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	794	0	0	0	794
12. Surrender values and withdrawals for life contracts.....	59,298	0	0	0	59,298
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	200,882	0	0	0	200,882

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	1	138,290	0	0	0	0	0	0	1	138,290
Settled during current year:										
18.1 By payment in full.....	1	138,290	0	0	0	0	0	0	1	138,290
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	138,290	0	0	0	0	0	0	1	138,290
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	138,290	0	0	0	0	0	0	1	138,290
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	561	295,466,899	0	(a).....0	0	0	0	0	561	295,466,899
21. Issued during year.....	11	9,350,000	0	0	0	0	0	0	11	9,350,000
22. Other changes to in force (Net).....	(19)	(13,192,254)	0	0	0	0	0	0	(19)	(13,192,254)
23. In force December 31 of current year.....	553	291,624,645	0	(a).....0	0	0	0	0	553	291,624,645

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	20,719	20,790	0	0	0
25.2 Guaranteed renewable (b).....	3,873	3,886	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	24,592	24,676	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	24,592	24,676	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,910,782	0	0	0	7,910,782
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	7,910,782	0	0	0	7,910,782
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,435,122	0	0	0	4,435,122
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	1,453,368	0	0	0	1,453,368
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,888,490	0	0	0	5,888,490

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	500,000	0	0	0	0	0	0	2	500,000
17. Incurred during current year.....	16	5,047,231	0	0	0	0	0	0	16	5,047,231
Settled during current year:										
18.1 By payment in full.....	17	5,047,231	0	0	0	0	0	0	17	5,047,231
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	17	5,047,231	0	0	0	0	0	0	17	5,047,231
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	17	5,047,231	0	0	0	0	0	0	17	5,047,231
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	500,000	0	0	0	0	0	0	1	500,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6,246	4,058,190,964	0	(a)	0	0	0	0	6,246	4,058,190,964
21. Issued during year.....	293	284,284,914	0	0	0	0	0	0	293	284,284,914
22. Other changes to in force (Net).....	(383)	(238,015,213)	0	0	0	0	0	0	(383)	(238,015,213)
23. In force December 31 of current year.....	6,156	4,104,460,665	0	(a)	0	0	0	0	6,156	4,104,460,665

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	595,836	597,892	0	796,601	785,675
25.2 Guaranteed renewable (b).....	21,227	21,300	0	17,400	17,423
25.3 Non-renewable for stated reasons only (b).....	9,554	9,587	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	626,617	628,779	0	814,001	803,098
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	626,617	628,779	0	814,001	803,098

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,995,330	0	0	0	5,995,330
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	5,995,330	0	0	0	5,995,330
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,971,757	0	0	0	4,971,757
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	52,009	0	0	0	52,009
12. Surrender values and withdrawals for life contracts.....	3,572,622	0	0	0	3,572,622
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	8,596,388	0	0	0	8,596,388

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	10	671,673	0	0	0	0	0	0	10	671,673
17. Incurred during current year.....	21	4,566,170	0	0	0	0	0	0	21	4,566,170
Settled during current year:										
18.1 By payment in full.....	18	4,213,563	0	0	0	0	0	0	18	4,213,563
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	18	4,213,563	0	0	0	0	0	0	18	4,213,563
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	18	4,213,563	0	0	0	0	0	0	18	4,213,563
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	13	1,024,280	0	0	0	0	0	0	13	1,024,280
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5,630	3,007,853,097	0	(a)	0	0	0	0	5,630	3,007,853,097
21. Issued during year.....	267	209,160,407	0	0	0	0	0	0	267	209,160,407
22. Other changes to in force (Net).....	(445)	(321,485,484)	0	0	0	0	0	0	(445)	(321,485,484)
23. In force December 31 of current year.....	5,452	2,895,528,020	0	(a)	0	0	0	0	5,452	2,895,528,020

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	620,105	622,244	0	64,098	58,866
25.2 Guaranteed renewable (b).....	28,958	29,058	0	0	0
25.3 Non-renewable for stated reasons only (b).....	2,496	2,505	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	651,559	653,807	0	64,098	58,866
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	651,559	653,807	0	64,098	58,866

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code....0704

NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,359,973	0	0	0	1,359,973
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,359,973	0	0	0	1,359,973
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,244,094	0	0	0	2,244,094
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	45,652	0	0	0	45,652
12. Surrender values and withdrawals for life contracts.....	548,163	0	0	0	548,163
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	2,837,909	0	0	0	2,837,909

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	11	2,657,958	0	0	0	0	0	0	11	2,657,958
Settled during current year:										
18.1 By payment in full.....	9	2,425,000	0	0	0	0	0	0	9	2,425,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	9	2,425,000	0	0	0	0	0	0	9	2,425,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	9	2,425,000	0	0	0	0	0	0	9	2,425,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	232,958	0	0	0	0	0	0	2	232,958
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,042	366,248,367	0	(a).....0	0	0	0	0	1,042	366,248,367
21. Issued during year.....	54	35,877,248	0	0	0	0	0	0	54	35,877,248
22. Other changes to in force (Net).....	(66)	(30,042,926)	0	0	0	0	0	0	(66)	(30,042,926)
23. In force December 31 of current year.....	1,030	372,082,689	0	(a).....0	0	0	0	0	1,030	372,082,689

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	241,535	242,369	0	589,405	587,868
25.2 Guaranteed renewable (b).....	2,188	2,195	0	0	0
25.3 Non-renewable for stated reasons only (b).....	898	901	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	244,621	245,465	0	589,405	587,868
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	244,621	245,465	0	589,405	587,868

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code....0704 NAIC Company Code....89206

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	870,327	0	0	0	870,327
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	870,327	0	0	0	870,327
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	0	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	365,000	0	0	0	365,000
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	1,218	0	0	0	1,218
12. Surrender values and withdrawals for life contracts.....	85,027	0	0	0	85,027
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	451,245	0	0	0	451,245

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	3	365,000	0	0	0	0	0	0	3	365,000
Settled during current year:										
18.1 By payment in full.....	3	365,000	0	0	0	0	0	0	3	365,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	3	365,000	0	0	0	0	0	0	3	365,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	3	365,000	0	0	0	0	0	0	3	365,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	858	415,555,873	0	(a).....0	0	0	0	0	858	415,555,873
21. Issued during year.....	31	28,570,000	0	0	0	0	0	0	31	28,570,000
22. Other changes to in force (Net).....	(64)	(26,440,766)	0	0	0	0	0	0	(64)	(26,440,766)
23. In force December 31 of current year.....	825	417,685,107	0	(a).....0	0	0	0	0	825	417,685,107

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	43,301	43,450	0	0	0
25.2 Guaranteed renewable (b).....	516	518	0	0	0
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	0	0	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	43,817	43,968	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	43,817	43,968	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

OHIO NATIONAL LIFE ASSURANCE CORPORATION
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	4,826,957
2. Current year's realized pre-tax capital gains/(losses) of \$.....85,235,590 transferred into the reserve net of taxes of \$.....17,899,474.....	67,336,116
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	(58,109,014)
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	14,054,059
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	1,637,092
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	12,416,966

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2019.....	1,237,939	4,981,976	(4,582,822)	1,637,092
2. 2020.....	925,124	9,114,887	(8,163,138)	1,876,873
3. 2021.....	735,517	8,259,949	(7,313,031)	1,682,435
4. 2022.....	591,278	7,359,459	(6,413,750)	1,536,987
5. 2023.....	435,957	6,438,639	(5,475,474)	1,399,121
6. 2024.....	298,744	5,511,419	(4,519,191)	1,290,972
7. 2025.....	223,985	4,696,422	(3,780,817)	1,139,590
8. 2026.....	162,035	4,130,599	(3,348,152)	944,482
9. 2027.....	96,496	3,509,697	(2,873,713)	732,480
10. 2028.....	51,219	2,862,658	(2,393,805)	520,072
11. 2029.....	25,683	2,183,107	(1,905,440)	303,349
12. 2030.....	4,597	1,709,191	(1,538,027)	175,762
13. 2031.....	(9,211)	1,434,931	(1,289,302)	136,417
14. 2032.....	(10,814)	1,135,185	(1,020,211)	104,159
15. 2033.....	(4,818)	811,267	(730,107)	76,342
16. 2034.....	1,763	513,126	(463,628)	51,261
17. 2035.....	6,466	331,391	(299,197)	38,660
18. 2036.....	9,835	308,435	(275,583)	42,688
19. 2037.....	11,918	287,635	(253,140)	46,413
20. 2038.....	11,074	262,706	(226,201)	47,578
21. 2039.....	8,543	237,500	(198,815)	47,229
22. 2040.....	6,309	215,154	(176,997)	44,466
23. 2041.....	4,182	201,401	(165,923)	39,660
24. 2042.....	1,334	179,482	(147,999)	32,817
25. 2043.....	390	164,493	(136,617)	28,266
26. 2044.....	575	144,454	(121,314)	23,715
27. 2045.....	401	123,717	(104,564)	19,554
28. 2046.....	254	98,469	(83,224)	15,499
29. 2047.....	134	70,696	(59,751)	11,079
30. 2048.....	47	42,922	(36,277)	6,693
31. 2049 and Later.....	0	15,149	(12,804)	2,345
32. Total (Lines 1 to 31).....	4,826,957	67,336,116	(58,109,014)	14,054,059

OHIO NATIONAL LIFE ASSURANCE CORPORATION
ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	18,782,620	2,817,394	21,600,014	49,561	(0)	49,561	21,649,575
2. Realized capital gains/(losses) net of taxes - General Account.....	(1,642,240)	0	(1,642,240)	0	0	0	(1,642,240)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	933,614	0	933,614	(1,021)	0	(1,021)	932,593
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....	0	0	0	0	0	0	0
7. Basic contribution.....	2,824,676	613,666	3,438,341	0	0	0	3,438,341
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	20,898,670	3,431,059	24,329,729	48,540	(0)	48,540	24,378,269
9. Maximum reserve.....	13,989,551	3,570,253	17,559,804	82,517	0	82,517	17,642,321
10. Reserve objective.....	8,321,915	2,746,377	11,068,292	51,963	0	51,963	11,120,255
11. 20% of (Line 10 minus Line 8).....	(2,515,351)	(136,936)	(2,652,287)	685	0	685	(2,651,603)
12. Balance before transfers (Lines 8 + 11).....	18,383,319	3,294,123	21,677,442	49,225	(0)	49,225	21,726,666
13. Transfers.....	(276,131)	276,130	(1)	0	0	0	(1)
14. Voluntary contribution.....	0	0	0	0	0	0	0
15. Adjustment down to maximum/up to zero.....	(4,117,637)	0	(4,117,637)	0	0	0	(4,117,637)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	13,989,551	3,570,253	17,559,804	49,225	(0)	49,225	17,609,028

OHIO NATIONAL LIFE ASSURANCE CORPORATION
ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	53,081,421	XXX	XXX	53,081,421	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	996,590,451	XXX	XXX	996,590,451	0.0005	498,295	0.0016	1,594,545	0.0033	3,288,748
3	2	High quality.....	737,405,448	XXX	XXX	737,405,448	0.0021	1,548,551	0.0064	4,719,395	0.0106	7,816,498
4	3	Medium quality.....	37,096,038	XXX	XXX	37,096,038	0.0099	367,251	0.0263	975,626	0.0376	1,394,811
5	4	Low quality.....	14,726,922	XXX	XXX	14,726,922	0.0245	360,810	0.0572	842,380	0.0817	1,203,190
6	5	Lower quality.....	524,313	XXX	XXX	524,313	0.0630	33,032	0.1128	59,143	0.1880	98,571
7	6	In or near default.....	326,027	XXX	XXX	326,027	0.0000	0	0.2370	77,268	0.2370	77,268
8		Total unrated multi-class securities acquired by conversion.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total long-term bonds (sum of Lines 1 through 8).....	1,839,750,620	XXX	XXX	1,839,750,620	XXX	2,807,939	XXX	8,268,356	XXX	13,879,086
		PREFERRED STOCKS										
10	1	Highest quality.....	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11	2	High quality.....	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12	3	Medium quality.....	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13	4	Low quality.....	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14	5	Lower quality.....	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16		Affiliated life with AVR.....	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations.....	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	31,145,451	XXX	XXX	31,145,451	0.0005	15,573	0.0016	49,833	0.0033	102,780
20	2	High quality.....	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
21	3	Medium quality.....	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
22	4	Low quality.....	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
23	5	Lower quality.....	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
24	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25		Total short-term bonds (sum of Lines 18 through 24).....	31,145,451	XXX	XXX	31,145,451	XXX	15,573	XXX	49,833	XXX	102,780
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27	1	Highest quality.....	2,328,638	XXX	XXX	2,328,638	0.0005	1,164	0.0016	3,726	0.0033	7,685
28	2	High quality.....	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29	3	Medium quality.....	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30	4	Low quality.....	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31	5	Lower quality.....	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33		Total derivative instruments.....	2,328,638	XXX	XXX	2,328,638	XXX	1,164	XXX	3,726	XXX	7,685
34		Total (Lines 9 + 17 + 25 + 33).....	1,873,224,709	XXX	XXX	1,873,224,709	XXX	2,824,676	XXX	8,321,915	XXX	13,989,551

OHIO NATIONAL LIFE ASSURANCE CORPORATION
ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality.....	.0	.0	XXX.....	.0	.0011	.0	.0057	.0	.0074	.0
36		Farm mortgages - CM2 - high quality.....	.0	.0	XXX.....	.0	.0040	.0	.0114	.0	.0149	.0
37		Farm mortgages - CM3 - medium quality.....	.0	.0	XXX.....	.0	.0069	.0	.0200	.0	.0257	.0
38		Farm mortgages - CM4 - low medium quality.....	.0	.0	XXX.....	.0	.0120	.0	.0343	.0	.0428	.0
39		Farm mortgages - CM5 - low quality.....	.0	.0	XXX.....	.0	.0183	.0	.0486	.0	.0628	.0
40		Residential mortgages-insured or guaranteed.....	.0	.0	XXX.....	.0	.0003	.0	.0007	.0	.0011	.0
41		Residential mortgages-all other.....	958,579	.0	XXX.....	958,579	.0015	1,438	.0034	3,259	.0046	4,409
42		Commercial mortgages-insured or guaranteed.....	.0	.0	XXX.....	.0	.0003	.0	.0007	.0	.0011	.0
43		Commercial mortgages-all other - CM1 - highest quality.....	389,188,794	.0	XXX.....	389,188,794	.0011	428,108	.0057	2,218,376	.0074	2,879,997
44		Commercial mortgages-all other - CM2 - high quality.....	46,029,993	.0	XXX.....	46,029,993	.0040	184,120	.0114	524,742	.0149	685,847
45		Commercial mortgages-all other - CM3 - medium quality.....	.0	.0	XXX.....	.0	.0069	.0	.0200	.0	.0257	.0
46		Commercial mortgages-all other - CM4 - low medium quality.....	.0	.0	XXX.....	.0	.0120	.0	.0343	.0	.0428	.0
47		Commercial mortgages-all other - CM5 - low quality.....	.0	.0	XXX.....	.0	.0183	.0	.0486	.0	.0628	.0
		Overdue, not in process:										
48		Farm mortgages.....	.0	.0	XXX.....	.0	.0480	.0	.0868	.0	.1371	.0
49		Residential mortgages-insured or guaranteed.....	.0	.0	XXX.....	.0	.0006	.0	.0014	.0	.0023	.0
50		Residential mortgages-all other.....	.0	.0	XXX.....	.0	.0029	.0	.0066	.0	.0103	.0
51		Commercial mortgages-insured or guaranteed.....	.0	.0	XXX.....	.0	.0006	.0	.0014	.0	.0023	.0
52		Commercial mortgages-all other.....	.0	.0	XXX.....	.0	.0480	.0	.0868	.0	.1371	.0
		In process of foreclosure:										
53		Farm mortgages.....	.0	.0	XXX.....	.0	.0000	.0	.1942	.0	.1942	.0
54		Residential mortgages-insured or guaranteed.....	.0	.0	XXX.....	.0	.0000	.0	.0046	.0	.0046	.0
55		Residential mortgages-all other.....	.0	.0	XXX.....	.0	.0000	.0	.0149	.0	.0149	.0
56		Commercial mortgages-insured or guaranteed.....	.0	.0	XXX.....	.0	.0000	.0	.0046	.0	.0046	.0
57		Commercial mortgages-all other.....	.0	.0	XXX.....	.0	.0000	.0	.1942	.0	.1942	.0
58		Total Schedule B mortgages (sum of Lines 35 through 57).....	436,177,366	.0	XXX.....	436,177,366	XXX.....	613,666	XXX.....	2,746,377	XXX.....	3,570,253
59		Schedule DA mortgages.....	.0	.0	XXX.....	.0	.0034	.0	.0114	.0	.0149	.0
60		Total mortgage loans on real estate (Lines 58 + 59).....	436,177,366	.0	XXX.....	436,177,366	XXX.....	613,666	XXX.....	2,746,377	XXX.....	3,570,253

OHIO NATIONAL LIFE ASSURANCE CORPORATION

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public.....	789	XXX	XXX	789	0.0000	0	(a).....0.2431	192	(a).....0.2431	192
2		Unaffiliated private.....	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3		Federal Home Loan Bank.....	8,487,100	XXX	XXX	8,487,100	0.0000	0	0.0061	51,771	0.0097	82,325
4		Affiliated life with AVR.....	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....	0	0	0	0	XXX	0	XXX	0	XXX	0
6		Fixed income highest quality.....	0	0	0	0	XXX	0	XXX	0	XXX	0
7		Fixed income high quality.....	0	0	0	0	XXX	0	XXX	0	XXX	0
8		Fixed income medium quality.....	0	0	0	0	XXX	0	XXX	0	XXX	0
9		Fixed income low quality.....	0	0	0	0	XXX	0	XXX	0	XXX	0
10		Fixed income lower quality.....	0	0	0	0	XXX	0	XXX	0	XXX	0
11		Fixed income in or near default.....	0	0	0	0	XXX	0	XXX	0	XXX	0
12		Unaffiliated common stock public.....	0	0	0	0	0.0000	0	(a).....0.0000	0	(a).....0.0000	0
13		Unaffiliated common stock private.....	0	0	0	0	0.0000	0	0.1945	0	0.1945	0
14		Real estate.....	0	0	0	0	(b).....0.0000	0	(b).....0.0000	0	(b).....0.0000	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual).....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16		Affiliated - all other.....	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17		Total common stock (sum of Lines 1 through 16).....	8,487,889	0	0	8,487,889	XXX	0	XXX	51,963	XXX	82,517
		REAL ESTATE										
18		Home office property (General Account only).....	0	0	0	0	0.0000	0	0.0912	0	0.0912	0
19		Investment properties.....	0	0	0	0	0.0000	0	0.0912	0	0.0912	0
20		Properties acquired in satisfaction of debt.....	0	0	0	0	0.0000	0	0.1337	0	0.1337	0
21		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations.....	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24	2	High quality.....	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25	3	Medium quality.....	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26	4	Low quality.....	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27	5	Lower quality.....	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year,
and all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
CLAIMS RESISTED DURING CURRENT YEAR							
Death Claims - Ordinary							
6830848.....	6036.....	PA.....	2009.....	100,000	289	100,000	Claim resisted due to suicide within the first 2 policy years. Refund of premium paid.
C6042516.....	12248.....	MI.....	2017.....	35,000	0	35,000	Policy lapsed prior to death due to non payment of premiums.
7233600.....	12658.....	TX.....	2018.....	500,000	194	500,000	Claim resisted due to suicide within the first 2 policy years. Refund of premium paid.
7203152.....	12498.....	GA.....	2018.....	700,000	7,760	700,000	Claim resisted due to suicide within the first 2 policy years. Refund of premium paid.
C6046123.....	13063.....	TN.....	2019.....	125,000	0	125,000	Policy Lapsed.....
6937867.....	13435.....	MI.....	2019.....	2,000,000	16,806	2,000,000	Aviation Exclusion applied- refund of premiums w/interest....
7121021.....	13565.....	CA.....	2018.....	250,000	0	250,000	Competing Claimants - the full claim will be paid, but we will be filing Interpleader. The benefit will be paid to the court, and the court will decide who is entitled to the death benefit and process the payout.
2799999. Death Claims - Ordinary.....				3,710,000	25,049	3,710,000	XXX.....
3199999. Subtotal - Resisted Death Claims.....				3,710,000	25,049	3,710,000	XXX.....
5299999. Subtotal - Claims Resisted of During Current Year.....				3,710,000	25,049	3,710,000	XXX.....
5399999. Totals.....				3,710,000	25,049	3,710,000	XXX.....

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	19,535,068	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	18,619,683	XXX.....	714,826	XXX..	200,559	XXX.....	0	XXX.....	0	XXX.....
2.	Premiums earned.....	19,546,545	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	18,585,765	XXX.....	720,437	XXX..	240,343	XXX.....	0	XXX.....	0	XXX.....
3.	Incurred claims.....	12,773,155	65.3	0	0.0	0	0.0	0	0.0	12,687,209	68.3	4,342	0.6	81,604	34.0	0	0.0	0	0.0
4.	Cost containment expenses.....	203,186	1.0	0	0.0	0	0.0	0	0.0	200,571	1.1	2,169	0.3	446	0.2	0	0.0	0	0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	12,976,341	66.4	0	0.0	0	0.0	0	0.0	12,887,780	69.3	6,511	0.9	82,050	34.1	0	0.0	0	0.0
6.	Increase in contract reserves.....	(2,261,806)	(11.6)	0	0.0	0	0.0	0	0.0	(2,002,780)	(10.8)	(194,041)	(26.9)	(64,985)	(27.0)	0	0.0	0	0.0
7.	Commissions (a).....	4,087,594	20.9	0	0.0	0	0.0	0	0.0	4,007,566	21.6	70,357	9.8	9,671	4.0	0	0.0	0	0.0
8.	Other general insurance expenses.....	11,516,810	58.9	0	0.0	0	0.0	0	0.0	11,125,355	59.9	232,598	32.3	158,857	66.1	0	0.0	0	0.0
9.	Taxes, licenses and fees.....	1,332,092	6.8	0	0.0	0	0.0	0	0.0	1,286,815	6.9	26,903	3.7	18,374	7.6	0	0.0	0	0.0
10.	Total other expenses incurred.....	16,936,496	86.6	0	0.0	0	0.0	0	0.0	16,419,736	88.3	329,858	45.8	186,902	77.8	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	2,673,578	13.7	0	0.0	0	0.0	0	0.0	2,472,994	13.3	200,584	27.8	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	(10,778,064)	(55.1)	0	0.0	0	0.0	0	0.0	(11,191,965)	(60.2)	377,525	52.4	36,376	15.1	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14.	Gain from underwriting after dividends or refunds.....	(10,778,064)	(55.1)	0	0.0	0	0.0	0	0.0	(11,191,965)	(60.2)	377,525	52.4	36,376	15.1	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Surrenders / ROP Benefits.....	2,673,578	13.7	0	0.0	0	0.0	0	0.0	2,472,994	13.3	200,584	27.8	0	0.0	0	0.0	0	0.0
1102.		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1103.		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above).	2,673,578	13.7	0	0.0	0	0.0	0	0.0	2,472,994	13.3	200,584	27.8	0	0.0	0	0.0	0	0.0

(a) Includes \$.....0 reported as 'Contract, membership and other fees retained by agents.'

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	5	6	7	8	9
					Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	(1,467,648)	0	0	0	(1,492,408)	109,519	(84,759)	0	0
2. Advance premiums.....	231,045	0	0	0	226,722	3,591	732	0	0
3. Reserve for rate credits.....	0	0	0	0	0	0	0	0	0
4. Total premium reserves, current year.....	(1,236,603)	0	0	0	(1,265,686)	113,110	(84,027)	0	0
5. Total premium reserves, prior year.....	(1,225,127)	0	0	0	(1,299,605)	118,721	(44,243)	0	0
6. Increase in total premium reserves.....	(11,476)	0	0	0	33,919	(5,611)	(39,784)	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	19,148,769	0	0	0	16,336,732	2,629,223	182,814	0	0
2. Reserve for future contingent benefits.....	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year.....	19,148,769	0	0	0	16,336,732	2,629,223	182,814	0	0
4. Total contract reserves, prior year.....	21,410,575	0	0	0	18,339,512	2,823,264	247,799	0	0
5. Increase in contract reserves.....	(2,261,806)	0	0	0	(2,002,780)	(194,041)	(64,985)	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	66,204,603	0	0	0	65,352,640	706,660	145,303	0	0
2. Total prior year.....	65,157,215	0	0	0	64,064,819	1,005,229	87,167	0	0
3. Increase.....	1,047,388	0	0	0	1,287,821	(298,569)	58,136	0	0

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PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	11,469,664	0	0	0	11,162,813	283,383	23,468	0	0
1.2 On claims incurred during current year.....	256,103	0	0	0	236,575	19,528	0	0	0
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	56,820,834	0	0	0	56,452,604	318,844	49,386	0	0
2.2 On claims incurred during current year.....	9,383,769	0	0	0	8,900,036	387,816	95,917	0	0
3. Test:									
3.1 Lines 1.1 and 2.1.....	68,290,498	0	0	0	67,615,417	602,227	72,854	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	65,157,215	0	0	0	64,064,819	1,005,229	87,167	0	0
3.3 Line 3.1 minus Line 3.2.....	3,133,283	0	0	0	3,550,598	(403,002)	(14,313)	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	322,363	0	0	0	287,619	33,787	957	0	0
2. Premiums earned.....	349,092	0	0	0	311,470	36,618	1,004	0	0
3. Incurred claims.....	410,095	0	0	0	452,087	(41,992)	0	0	0
4. Commissions.....	24,449	0	0	0	22,137	2,232	80	0	0
B. Reinsurance Ceded:									
1. Premiums written.....	14,508,071	0	0	0	14,242,544	0	265,527	0	0
2. Premiums earned.....	14,366,762	0	0	0	14,106,242	0	260,520	0	0
3. Incurred claims.....	17,568,517	0	0	0	17,338,291	(6,035)	236,261	0	0
4. Commissions.....	4,688,476	0	0	0	4,623,260	0	65,216	0	0

(a) Includes \$0 premium deficiency reserve.

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	0	0	29,931,576	29,931,576
2. Beginning claim reserves and liabilities.....	0	0	156,801,481	156,801,481
3. Ending claim reserves and liabilities.....	0	0	159,541,684	159,541,684
4. Claims paid.....	0	0	27,191,373	27,191,373
B. Assumed Reinsurance:				
5. Incurred claims.....	0	0	410,094	410,094
6. Beginning claim reserves and liabilities.....	0	0	5,841,542	5,841,542
7. Ending claim reserves and liabilities.....	0	0	5,133,973	5,133,973
8. Claims paid.....	0	0	1,117,663	1,117,663
C. Ceded Reinsurance:				
9. Incurred claims.....	0	0	17,568,517	17,568,517
10. Beginning claim reserves and liabilities.....	0	0	100,919,342	100,919,342
11. Ending claim reserves and liabilities.....	0	0	109,929,801	109,929,801
12. Claims paid.....	0	0	8,558,058	8,558,058
D. Net:				
13. Incurred claims.....	0	0	12,773,153	12,773,153
14. Beginning claim reserves and liabilities.....	0	0	61,723,681	61,723,681
15. Ending claim reserves and liabilities.....	0	0	54,745,856	54,745,856
16. Claims paid.....	0	0	19,750,978	19,750,978
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....	0	0	12,976,339	12,976,339
18. Beginning reserves and liabilities.....	0	0	61,730,211	61,730,211
19. Ending reserves and liabilities.....	0	0	54,752,667	54,752,667
20. Paid claims and cost containment expenses.....	0	0	19,953,883	19,953,883

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld under Coinsurance

NONE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
61301.....	47-0098400....	05/01/1985	Ameritas Life Insurance Corporation.....	NE.....	QA/I.....	LTDI.....	98,718	4,575	1,711,360	10,492	0	0
64017.....	75-0300900....	11/23/1987	Jefferson National Life Insurance Company.....	TX.....	QA/I.....	LTDI.....	147,350	15,753	3,308,770	36,554	0	0
57320.....	47-0339250....	09/09/1990	Woodmen of the World.....	NE.....	QA/I.....	LTDI.....	79,424	6,997	1,241,876	7,607	0	0
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates.....						325,492	27,325	6,262,006	54,653	0	0
1099999.	Total - Non-Affiliates.....						325,492	27,325	6,262,006	54,653	0	0
1199999.	Total - U.S.....						325,492	27,325	6,262,006	54,653	0	0
9999999.	Total.....						325,492	27,325	6,262,006	54,653	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
65676.....	35-0472300....	09/05/2000	The Lincoln National Life Insurance Comp.....	IN.....	0	48,137
65676.....	35-0472300....	01/01/2002	The Lincoln National Life Insurance Comp.....	IN.....	0	290,029
65676.....	35-0472300....	06/01/1998	The Lincoln National Life Insurance Comp.....	IN.....	60,727	60,727
86231.....	39-0989781....	01/01/2006	Transamerica Life Insurance Company.....	IA.....	214,862	58,766
80659.....	82-4533188....	04/01/2004	US Business of Canada Life Assurance Company.....	MI.....	18,000	153,000
80659.....	82-4533188....	01/19/2005	US Business of Canada Life Assurance Company.....	MI.....	0	45,000
80659.....	82-4533188....	01/01/2017	US Business of Canada Life Assurance Company.....	MI.....	0	977,221
64688.....	75-6020048....	10/10/2009	SCOR Global Life American Reins Co.....	DE.....	0	377,517
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				9,804,007	15,210,901
Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates						
00000.....	AA-3190770....	01/01/2006	Chubb Tempest Reins Ltd.....	BMU.....	137,431	2,383
0999999.	Total - Life and Annuity Non-Affiliates - Non-U.S. Non-Affiliates.....				137,431	2,383
1099999.	Total - Life and Annuity Non-Affiliates.....				9,941,438	15,213,284
1199999.	Total - Life and Annuity.....				9,941,438	34,260,584
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
39845.....	48-0921045....	09/01/1967	Westport Ins. Corp.....	MO.....	31,747	0
86258.....	13-2572994....	01/01/1999	General Re Life Corporation.....	CT.....	264,007	39,547
66346.....	58-0828824....	01/01/1999	Munich American Reassurance Company.....	GA.....	721,803	218,360
82627.....	06-0839705....	02/01/1981	Swiss Re Life & Health America, Inc.....	MO.....	8,203,433	704,960
67598.....	04-1768571....	11/01/1988	Paul Revere Life Insurance Company.....	MA.....	2,237,757	124,066
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				11,458,746	1,086,933
2199999.	Total - Accident and Health Non-Affiliates.....				11,458,746	1,086,933
2299999.	Total - Accident and Health.....				11,458,746	1,086,933
2399999.	Total U.S.....				21,262,753	35,345,134
2499999.	Total Non-U.S.....				137,431	2,383
9999999.	Total.....				21,400,184	35,347,517

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

43.5

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
93572.....	43-1235868....	01/01/2003	RGA Reins Co.....	MO.....	CO/I.....	DIS.....	0	16,029	15,885	365	0	0	0	0
93572.....	43-1235868....	04/01/2003	RGA Reins Co.....	MO.....	YRT/I.....	OL.....	76,548,282	1,436,769	1,386,759	1,190,122	0	0	0	0
93572.....	43-1235868....	04/01/2003	RGA Reins Co.....	MO.....	CO/I.....	DIS.....	0	58,391	60,901	1,328	0	0	0	0
93572.....	43-1235868....	04/01/2004	RGA Reins Co.....	MO.....	YRT/I.....	OL.....	105,377,602	1,021,674	952,127	846,286	0	0	0	0
93572.....	43-1235868....	04/01/2004	RGA Reins Co.....	MO.....	CO/I.....	DIS.....	0	306	246	7	0	0	0	0
93572.....	43-1235868....	01/19/2005	RGA Reins Co.....	MO.....	YRT/I.....	OL.....	67,317,215	716,999	636,976	593,914	0	0	0	0
93572.....	43-1235868....	01/19/2005	RGA Reins Co.....	MO.....	CO/I.....	DIS.....	0	4,498	4,662	102	0	0	0	0
93572.....	43-1235868....	06/04/2007	RGA Reins Co.....	MO.....	YRT/I.....	OL.....	5,731,297	8,469	9,169	7,015	0	0	0	0
93572.....	43-1235868....	10/01/2007	RGA Reins Co.....	MO.....	YRT/I.....	OL.....	121,799,377	1,314,372	1,174,627	1,088,737	0	0	0	0
93572.....	43-1235868....	10/01/2007	RGA Reins Co.....	MO.....	CO/I.....	DIS.....	0	901	414	20	0	0	0	0
93572.....	43-1235868....	07/01/2008	RGA Reins Co.....	MO.....	YRT/I.....	OL.....	8,617,863	25,875	24,055	21,433	0	0	0	0
93572.....	43-1235868....	10/10/2009	RGA Reins Co.....	MO.....	YRT/I.....	OL.....	235,778,954	2,184,660	2,035,440	1,809,624	0	0	0	0
93572.....	43-1235868....	10/10/2009	RGA Reins Co.....	MO.....	CO/I.....	DIS.....	0	20,968	79,322	477	0	0	0	0
93572.....	43-1235868....	01/01/2014	RGA Reins Co.....	MO.....	YRT/I.....	OL.....	47,874,181	247,817	242,090	205,275	0	0	0	0
93572.....	43-1235868....	01/01/2017	RGA Reins Co.....	MO.....	YRT/I.....	OL.....	83,069,855	183,620	64,673	152,099	0	0	0	0
93572.....	43-1235868....	01/01/2017	RGA Reins Co.....	MO.....	CO/I.....	DIS.....	0	0	244	0	0	0	0	0
93572.....	43-1235868....	07/01/2019	RGA Reins Co.....	MO.....	CO/I.....	OL.....	1,753,733,235	1,059,389,391	0	3,880,178	0	0	0	0
93572.....	43-1235868....	07/01/2019	RGA Reins Co.....	MO.....	CO/I.....	FA.....	0	23,120,065	0	0	0	0	0	0
64688.....	75-6020048....	04/01/2004	SCOR Global Life Amer Reins Co.....	DE.....	YRT/I.....	OL.....	3,274,651	25,285	37,970	24,284	0	0	0	0
64688.....	75-6020048....	01/19/2005	SCOR Global Life Amer Reins Co.....	DE.....	YRT/I.....	OL.....	1,308,844	4,406	3,590	4,232	0	0	0	0
64688.....	75-6020048....	01/01/2006	SCOR Global Life Amer Reins Co.....	DE.....	YRT/I.....	OL.....	7,117,315	39,623	38,506	38,054	0	0	0	0
64688.....	75-6020048....	10/01/2007	SCOR Global Life Amer Reins Co.....	DE.....	YRT/I.....	OL.....	44,956,083	703,360	668,642	675,506	0	0	0	0
64688.....	75-6020048....	10/10/2009	SCOR Global Life Amer Reins Co.....	DE.....	YRT/I.....	OL.....	149,153,503	1,880,492	1,693,073	1,806,022	0	0	0	0
64688.....	75-6020048....	10/10/2009	SCOR Global Life Amer Reins Co.....	DE.....	CO/I.....	DIS.....	0	20,968	23,159	3,247	0	0	0	0
64688.....	75-6020048....	01/01/2014	SCOR Global Life Amer Reins Co.....	DE.....	YRT/I.....	OL.....	72,395,882	295,010	287,610	283,327	0	0	0	0
97071.....	13-3126819....	06/04/2007	SCOR Global Life USA Reins Co.....	DE.....	YRT/I.....	OL.....	8,752,860	23,153	22,627	25,134	0	0	0	0
97071.....	13-3126819....	10/01/2007	SCOR Global Life USA Reins Co.....	DE.....	YRT/I.....	OL.....	21,927,594	58,679	38,602	63,700	0	0	0	0
97071.....	13-3126819....	10/01/2007	SCOR Global Life USA Reins Co.....	DE.....	CO/I.....	DIS.....	0	541	414	164	0	0	0	0
97071.....	13-3126819....	10/10/2009	SCOR Global Life USA Reins Co.....	DE.....	YRT/I.....	OL.....	200,220,225	1,560,854	1,438,259	1,694,424	0	0	0	0
97071.....	13-3126819....	10/10/2009	SCOR Global Life USA Reins Co.....	DE.....	CO/I.....	DIS.....	0	20,968	79,322	6,372	0	0	0	0
97071.....	13-3126819....	01/01/2017	SCOR Global Life USA Reins Co.....	DE.....	YRT/I.....	OL.....	118,215,086	200,241	135,045	217,377	0	0	0	0
97071.....	13-3126819....	01/01/2017	SCOR Global Life USA Reins Co.....	DE.....	CO/I.....	DIS.....	0	0	244	0	0	0	0	0
87572.....	23-2038295....	01/19/2005	Scottish Re US Inc.....	DE.....	YRT/I.....	OL.....	6,893,167	40,375	37,894	30,754	0	0	0	0
87572.....	23-2038295....	01/01/2006	Scottish Re US Inc.....	DE.....	YRT/I.....	OL.....	61,596,973	249,554	236,103	190,087	0	0	0	0
68713.....	84-0499703....	08/01/1993	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	1,322,059	45,076	41,759	41,766	0	0	0	0
68713.....	84-0499703....	01/01/1994	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	8,495,102	111,038	179,053	102,884	0	0	0	0
68713.....	84-0499703....	10/01/1995	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	22,887,982	528,138	609,332	489,353	0	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

43.6

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
68713.....	84-0499703....	10/01/1995	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	18,421	18,831	176	0	0	0	0
68713.....	84-0499703....	07/01/1997	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	14,030,001	442,524	783,617	410,026	0	0	0	0
68713.....	84-0499703....	07/01/1997	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	0	207	0	0	0	0	0
68713.....	84-0499703....	03/09/1998	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	6,783,208	172,526	164,984	159,856	0	0	0	0
68713.....	84-0499703....	06/01/1998	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	10,519,381	157,595	233,354	146,022	0	0	0	0
68713.....	84-0499703....	06/01/1998	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	21,685	19,456	208	0	0	0	0
68713.....	84-0499703....	06/08/1998	Security Life of Denver Ins Co.....	CO.....	CO/I.....	OL.....	3,465,000	41,993	737,523	733	0	0	0	0
68713.....	84-0499703....	06/08/1998	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	3,167,084	33,144	29,583	30,710	0	0	0	0
68713.....	84-0499703....	06/08/1998	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	31,210	24,800	299	0	0	0	0
68713.....	84-0499703....	08/01/1998	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	104,199	4,517	4,089	4,185	0	0	0	0
68713.....	84-0499703....	02/01/1999	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	4,403,137	57,692	80,275	53,455	0	0	0	0
68713.....	84-0499703....	02/01/1999	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	355	331	3	0	0	0	0
68713.....	84-0499703....	04/15/1999	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	75,758,000	785,363	953,915	727,687	0	0	0	0
68713.....	84-0499703....	04/15/1999	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	97,303	88,763	932	0	0	0	0
68713.....	84-0499703....	03/15/2000	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	14,550,660	95,137	95,645	88,150	0	0	0	0
68713.....	84-0499703....	03/15/2000	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	1,739	1,672	17	0	0	0	0
68713.....	84-0499703....	09/01/2000	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	3,230,500	20,552	20,417	19,043	0	0	0	0
68713.....	84-0499703....	09/01/2000	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	339	285	3	0	0	0	0
68713.....	84-0499703....	09/30/2000	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	24,728,593	340,463	313,219	315,461	0	0	0	0
68713.....	84-0499703....	07/31/2001	Security Life of Denver Ins Co.....	CO.....	CO/I.....	XXXL.....	302,465,399	5,302,540	6,887,057	92,605	0	0	0	0
68713.....	84-0499703....	07/31/2001	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	22,016,193	162,546	208,431	150,609	0	0	0	0
68713.....	84-0499703....	07/31/2001	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	132,731	143,470	1,271	0	0	0	0
68713.....	84-0499703....	01/01/2002	Security Life of Denver Ins Co.....	CO.....	CO/I.....	XXXL.....	22,841,095	811,251	926,103	14,168	0	0	0	0
68713.....	84-0499703....	01/01/2002	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	34,554,823	353,378	323,798	327,426	0	0	0	0
68713.....	84-0499703....	01/01/2002	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	7,352	7,148	70	0	0	0	0
68713.....	84-0499703....	05/01/2002	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	139,145,178	2,190,272	2,165,293	2,029,423	0	0	0	0
68713.....	84-0499703....	05/01/2002	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	29,450	30,392	282	0	0	0	0
68713.....	84-0499703....	07/01/2002	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	24,150,507	468,274	421,890	433,885	0	0	0	0
68713.....	84-0499703....	01/01/2003	Security Life of Denver Ins Co.....	CO.....	CO/I.....	XXXL.....	54,310,835	1,203,008	1,337,318	21,010	0	0	0	0
68713.....	84-0499703....	01/01/2003	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	16,926,944	269,240	272,208	249,468	0	0	0	0
68713.....	84-0499703....	01/01/2003	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	8,676	8,737	83	0	0	0	0
68713.....	84-0499703....	04/01/2003	Security Life of Denver Ins Co.....	CO.....	CO/I.....	XXXL.....	665,964,010	15,840,422	18,010,549	276,640	0	0	0	0
68713.....	84-0499703....	04/01/2003	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	73,523,113	834,146	803,443	772,888	0	0	0	0
68713.....	84-0499703....	04/01/2003	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	190,579	293,494	1,825	0	0	0	0
68713.....	84-0499703....	04/01/2003	Security Life of Denver Ins Co.....	CO.....	CO/I.....	AXXX.....	0	11,383,503	11,724,915	198,804	0	0	0	0
68713.....	84-0499703....	04/01/2004	Security Life of Denver Ins Co.....	CO.....	CO/I.....	XXXL.....	661,417,633	16,806,536	18,330,020	293,513	0	0	0	0
68713.....	84-0499703....	04/01/2004	Security Life of Denver Ins Co.....	CO.....	YRT/I.....	OL.....	61,522,339	854,909	794,410	792,126	0	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

43.7

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
68713.....	84-0499703....	04/01/2004	Security Life of Denver Ins Co.....	CO.....	CO/I.....	DIS.....	0	150,275	243,871	1,439	0	0	0	0
82627.....	06-0839705....	11/01/1981	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	193,150	882	779	706	0	0	0	0
82627.....	06-0839705....	01/01/1982	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	360,000	2,848	2,934	2,279	0	0	0	0
82627.....	06-0839705....	01/01/1982	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	0	194	0	0	0	0	0
82627.....	06-0839705....	06/06/1983	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	101,658	3,180	2,991	2,544	0	0	0	0
82627.....	06-0839705....	06/01/1984	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	1,963,450	69,054	62,581	55,242	0	0	0	0
82627.....	06-0839705....	06/01/1984	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	16,456	16,807	1,428	0	0	0	0
82627.....	06-0839705....	01/01/1987	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	26,484,945	676,090	636,690	540,863	0	0	0	0
82627.....	06-0839705....	01/01/1990	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	900,000	5,553	5,067	4,442	0	0	0	0
82627.....	06-0839705....	01/01/1990	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	774	2,491	67	0	0	0	0
82627.....	06-0839705....	11/14/1991	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	10,711,562	132,550	128,056	106,038	0	0	0	0
82627.....	06-0839705....	10/16/1992	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	0	144	0	0	0	0	0
82627.....	06-0839705....	10/16/1992	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	0	0	11,148	0	0	0	0	0
82627.....	06-0839705....	08/01/1993	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	1,728,690	53,876	49,845	43,100	0	0	0	0
82627.....	06-0839705....	01/01/1994	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	28,513,353	380,359	588,878	304,282	0	0	0	0
82627.....	06-0839705....	10/01/1995	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	61,302,101	1,298,755	1,336,198	1,038,986	0	0	0	0
82627.....	06-0839705....	10/01/1995	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	55,648	56,744	4,830	0	0	0	0
82627.....	06-0839705....	07/01/1997	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	32,053,718	814,341	812,731	651,461	0	0	0	0
82627.....	06-0839705....	07/01/1997	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	0	622	0	0	0	0	0
82627.....	06-0839705....	03/09/1998	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	14,837,139	356,974	340,591	285,574	0	0	0	0
82627.....	06-0839705....	06/01/1998	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	17,995,941	292,079	440,887	233,659	0	0	0	0
82627.....	06-0839705....	06/01/1998	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	0	1,708	0	0	0	0	0
82627.....	06-0839705....	08/01/1998	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	127,072	7,004	6,359	5,603	0	0	0	0
82627.....	06-0839705....	02/01/1999	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	4,311,645	57,357	79,971	45,885	0	0	0	0
82627.....	06-0839705....	02/01/1999	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	355	331	31	0	0	0	0
82627.....	06-0839705....	04/15/1999	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	77,222,123	795,128	1,328,297	636,091	0	0	0	0
82627.....	06-0839705....	04/15/1999	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	97,303	88,763	8,446	0	0	0	0
82627.....	06-0839705....	03/15/2000	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	14,550,660	95,137	95,645	76,108	0	0	0	0
82627.....	06-0839705....	03/15/2000	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	1,739	1,672	151	0	0	0	0
82627.....	06-0839705....	09/01/2000	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	1,916,750	13,434	13,551	10,747	0	0	0	0
82627.....	06-0839705....	09/01/2000	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	262	285	23	0	0	0	0
82627.....	06-0839705....	09/05/2000	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	35,420,722	248,193	236,004	198,551	0	0	0	0
82627.....	06-0839705....	09/29/2000	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	508,289	75,492	66,383	60,392	0	0	0	0
82627.....	06-0839705....	09/30/2000	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	13,120,202	178,427	166,053	142,739	0	0	0	0
82627.....	06-0839705....	10/02/2000	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	1,863,295	12,840	12,257	10,272	0	0	0	0
82627.....	06-0839705....	07/31/2001	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	15,790,755	113,745	152,896	90,994	0	0	0	0
82627.....	06-0839705....	07/31/2001	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	306	847	27	0	0	0	0
82627.....	06-0839705....	01/01/2002	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	25,174,945	211,782	201,201	169,423	0	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
82627.....	06-0839705....	07/01/2002	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	14,855,990	233,877	213,113	187,099	0	0	0	0
82627.....	06-0839705....	01/01/2003	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	12,248,433	150,561	164,521	120,446	0	0	0	0
82627.....	06-0839705....	01/19/2005	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	6,893,179	40,375	37,894	32,299	0	0	0	0
82627.....	06-0839705....	01/01/2006	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	123,193,998	499,109	472,207	399,280	0	0	0	0
82627.....	06-0839705....	07/01/2008	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	12,690,420	38,371	35,383	30,696	0	0	0	0
82627.....	06-0839705....	01/01/2010	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	228,727,390	275,703	257,543	220,559	0	0	0	0
82627.....	06-0839705....	07/01/2011	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	XXXL.....	6,784,758,528	146,907,809	145,833,206	9,060,854	0	0	0	0
82627.....	06-0839705....	07/01/2011	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	1,431,159	1,582,859	124,227	0	0	0	0
82627.....	06-0839705....	03/19/2013	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	10,165,777	2,626	2,435	2,101	0	0	0	0
82627.....	06-0839705....	01/01/2014	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	98,049,613	452,750	394,393	362,194	0	0	0	0
82627.....	06-0839705....	01/01/2017	Swiss Re Life & Hlth Amer Inc.....	MO.....	CO/I.....	DIS.....	0	0	244	0	0	0	0	0
82627.....	06-0839705....	01/01/2017	Swiss Re Life & Hlth Amer Inc.....	MO.....	YRT/I.....	OL.....	106,897,151	248,636	164,913	198,905	0	0	0	0
86231.....	39-0989781....	01/01/2006	Transamerica Life Ins Co.....	IA.....	CO/I.....	XXXL.....	1,302,628,822	28,002,408	29,369,507	1,708,543	0	0	0	0
86231.....	39-0989781....	01/01/2006	Transamerica Life Ins Co.....	IA.....	YRT/I.....	OL.....	111,776,868	1,340,331	1,264,496	1,474,201	0	0	0	0
86231.....	39-0989781....	01/01/2006	Transamerica Life Ins Co.....	IA.....	CO/I.....	DIS.....	0	388,983	372,174	18,953	0	0	0	0
86231.....	39-0989781....	06/04/2007	Transamerica Life Ins Co.....	IA.....	YRT/I.....	OL.....	3,579,881	10,228	11,149	11,249	0	0	0	0
86231.....	39-0989781....	10/01/2007	Transamerica Life Ins Co.....	IA.....	YRT/I.....	OL.....	125,032,469	1,212,320	1,083,920	1,333,405	0	0	0	0
86231.....	39-0989781....	10/01/2007	Transamerica Life Ins Co.....	IA.....	CO/I.....	DIS.....	0	1,081	414	53	0	0	0	0
80659.....	82-4533188....	08/01/1982	US Business of Canada Life Assur Co.....	MI.....	YRT/I.....	OL.....	508,289	12,631	11,591	10,415	0	0	0	0
80659.....	82-4533188....	09/10/1987	US Business of Canada Life Assur Co.....	MI.....	YRT/I.....	OL.....	152,487	5,305	4,514	4,374	0	0	0	0
80659.....	82-4533188....	04/01/2004	US Business of Canada Life Assur Co.....	MI.....	CO/I.....	XXXL.....	452,524,619	11,068,080	12,594,549	943,675	0	0	0	0
80659.....	82-4533188....	04/01/2004	US Business of Canada Life Assur Co.....	MI.....	YRT/I.....	OL.....	14,720,500	55,942	45,279	46,129	0	0	0	0
80659.....	82-4533188....	04/01/2004	US Business of Canada Life Assur Co.....	MI.....	CO/I.....	DIS.....	0	105,857	243,768	10,012	0	0	0	0
80659.....	82-4533188....	01/19/2005	US Business of Canada Life Assur Co.....	MI.....	CO/I.....	XXXL.....	412,144,736	8,983,910	9,586,268	765,977	0	0	0	0
80659.....	82-4533188....	01/19/2005	US Business of Canada Life Assur Co.....	MI.....	YRT/I.....	OL.....	8,830,848	20,479	15,251	16,887	0	0	0	0
80659.....	82-4533188....	01/19/2005	US Business of Canada Life Assur Co.....	MI.....	CO/I.....	DIS.....	0	158,465	247,671	14,987	0	0	0	0
80659.....	82-4533188....	07/01/2005	US Business of Canada Life Assur Co.....	MI.....	CO/I.....	XXXL.....	153,742,893	4,640,365	4,898,822	395,642	0	0	0	0
80659.....	82-4533188....	07/01/2005	US Business of Canada Life Assur Co.....	MI.....	CO/I.....	DIS.....	0	20,353	42,251	1,925	0	0	0	0
80659.....	82-4533188....	09/01/2005	US Business of Canada Life Assur Co.....	MI.....	CO/I.....	XXXL.....	202,758,240	4,136,436	4,542,118	352,677	0	0	0	0
80659.....	82-4533188....	09/01/2005	US Business of Canada Life Assur Co.....	MI.....	CO/I.....	DIS.....	0	80,994	99,853	7,660	0	0	0	0
80659.....	82-4533188....	01/01/2014	US Business of Canada Life Assur Co.....	MI.....	YRT/I.....	OL.....	54,196,479	216,174	194,572	178,256	0	0	0	0
80659.....	82-4533188....	11/01/2016	US Business of Canada Life Assur Co.....	MI.....	YRT/I.....	OL.....	21,004,597	62,183	62,968	51,276	0	0	0	0
80659.....	82-4533188....	01/01/2017	US Business of Canada Life Assur Co.....	MI.....	YRT/I.....	OL.....	47,145,907	85,987	43,624	70,904	0	0	0	0
80659.....	82-4533188....	01/01/2017	US Business of Canada Life Assur Co.....	MI.....	CO/I.....	DIS.....	0	0	244	0	0	0	0	0
62413.....	36-0947200....	01/01/1987	WILCAC Life Ins Co.....	IL.....	YRT/I.....	OL.....	0	0	11,215	(14,239)	0	0	0	0
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						...38,876,002,426	1,720,464,053	677,840,582	130,592,357	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						...38,876,002,426	1,720,464,053	677,840,582	130,592,357	0	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance	
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year			
1199999.	Total - General Account - Authorized.....							93,993,512,756	2,870,597,285	1,773,223,372	205,465,111	0	0	0	0
General Account - Unauthorized - Affiliates - U.S. - Captive															
15363.....	80-0955278....	12/31/2013	Kenwood Re Inc.....	VT.....	CO/I.....	XXXL.....	46,512,878,152	559,911,205	547,587,277	65,148,299	0	0	0	0	
15363.....	80-0955278....	12/31/2013	Kenwood Re Inc.....	VT.....	CO/I.....	DIS.....	0	6,837,208	8,788,162	1,642,552	0	0	0	0	
13575.....	26-3791519....	06/30/2009	Montgomery Re.....	VT.....	CO/I.....	XXXL.....	0	0	2,074,880	0	0	0	0	0	
13575.....	26-3791519....	06/30/2009	Montgomery Re.....	VT.....	CO/I.....	DIS.....	0	0	20,721	0	0	0	0	0	
13575.....	26-3791519....	05/01/2011	Montgomery Re Inc.....	VT.....	CO/I.....	AXXX.....	431,853,928	183,749,684	178,511,664	5,584,226	0	0	0	0	
13575.....	26-3791519....	07/01/2012	Montgomery Re Inc.....	VT.....	CO/I.....	XXXL.....	8,852,794,441	121,549,856	119,823,955	7,601,266	0	0	0	0	
13575.....	26-3791519....	07/01/2012	Montgomery Re Inc.....	VT.....	CO/I.....	DIS.....	0	899,421	1,112,075	189,129	0	0	0	0	
1288888.	Total - General Account - Unauthorized - Affiliates - U.S. - Captive.....							55,797,526,521	872,947,374	857,918,734	80,165,472	0	0	0	0
1499999.	Total - General Account - Unauthorized - Affiliates - U.S. - Total.....							55,797,526,521	872,947,374	857,918,734	80,165,472	0	0	0	0
1899999.	Total - General Account - Unauthorized - Affiliates.....							55,797,526,521	872,947,374	857,918,734	80,165,472	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates															
00000.....	AA-3190770...	01/01/2006	Chubb Tempest Reins LTD.....	BMU.....	YRT/I.....	OL.....	38,932,323	360,932	356,143	319,468	0	0	0	0	
00000.....	AA-3190770...	01/01/2006	Chubb Tempest Reins LTD.....	BMU.....	YRT/I.....	DIS.....	0	40	61	929	0	0	0	0	
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates.....							38,932,323	360,972	356,204	320,397	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates.....							38,932,323	360,972	356,204	320,397	0	0	0	0
2299999.	Total - General Account - Unauthorized.....							55,836,458,844	873,308,346	858,274,938	80,485,869	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....							149,829,971,600	3,743,905,631	2,631,498,310	285,950,980	0	0	0	0
6999999.	Total U.S.....							149,791,039,277	3,743,544,659	2,631,142,106	285,630,583	0	0	0	0
7099999.	Total Non-U.S.....							38,932,323	360,972	356,204	320,397	0	0	0	0
9999999.	Total.....							149,829,971,600	3,743,905,631	2,631,498,310	285,950,980	0	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
39845.....	48-0921045....	.09/01/1967	Westport Ins. Corp.....	MO.....	QA/I.....	LTDI.....	(117,044)	0	0	0	0	0	0
86258.....	13-2572994....	.01/01/1999	General Re Life Corporation.....	CT.....	QA/I.....	LTDI.....	3,476,605	1,913,169	4,360,157	0	0	0	0
66346.....	58-0828824....	.01/01/1999	Munich American Reassurance Company.....	GA.....	QA/I.....	LTDI.....	7,111,371	3,374,537	11,336,042	0	0	0	0
82627.....	06-0839705....	.02/01/1981	Swiss Re Life & Health America, Inc.....	MO.....	QA/I.....	LTDI.....	3,676,787	1,911,038	84,267,699	0	0	0	0
67598.....	04-1768571....	.11/01/1988	Paul Revere Life Ins Co.....	MA.....	QA/I.....	LTDI.....	360,353	110,568	11,491,636	0	0	0	0
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						14,508,072	7,309,312	111,455,534	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						14,508,072	7,309,312	111,455,534	0	0	0	0
1199999.	Total - General Account - Authorized.....						14,508,072	7,309,312	111,455,534	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						14,508,072	7,309,312	111,455,534	0	0	0	0
6999999.	Total - U.S.....						14,508,072	7,309,312	111,455,534	0	0	0	0
9999999.	Total.....						14,508,072	7,309,312	111,455,534	0	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8

General Account - Life and Annuity - Affiliates - U.S. - Captive

15363.....	80-0955278.	.12/31/2013	Kenwood Re Inc.....	559,911,205	8,265,487	0	568,176,692	0	0.....	233,504,439	0	353,472,633	6,068,536	568,176,692
15363.....	80-0955278.	.12/31/2013	Kenwood Re Inc.....	6,837,208	0	0	6,837,208	0	0.....	7,733,625	0	0	0	6,837,208
13575.....	26-3791519.	.05/01/2011	Montgomery Re.....	183,749,684	675,989	0	184,425,673	0	0.....	180,250,286	0	100,995,862	917,100	184,425,673
13575.....	26-3791519.	.07/01/2012	Montgomery Re.....	121,549,856	3,958,380	0	125,508,236	0	0.....	119,235,015	0	66,808,455	611,400	125,508,236
13575.....	26-3791519.	.07/01/2012	Montgomery Re.....	899,421	0	0	899,421	0	0.....	1,959,074	0	0	0	899,421
0199999.	Total - General Account - Life and Annuity - Affiliates - U.S. - Captive.....			872,947,374	12,899,856	0	885,847,230	0	XXX.....	542,682,439	0	521,276,950	7,597,036	885,847,230
0399999.	Total - General Account - Life and Annuity - Affiliates - U.S. - Total.....			872,947,374	12,899,856	0	885,847,230	0	XXX.....	542,682,439	0	521,276,950	7,597,036	885,847,230
0799999.	Total - General Account - Life and Annuity - Affiliates.....			872,947,374	12,899,856	0	885,847,230	0	XXX.....	542,682,439	0	521,276,950	7,597,036	885,847,230

General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates

00000.....	AA-3190770	.01/01/2006	Chubb Tempest Reins LTD.....	360,972	139,814	0	500,786	463,000	0.....	0	0	0	38,188	500,786
0999999.	Total - General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates.....			360,972	139,814	0	500,786	463,000	XXX.....	0	0	0	38,188	500,786
1099999.	Total - General Account - Life and Annuity - Non-Affiliates.....			360,972	139,814	0	500,786	463,000	XXX.....	0	0	0	38,188	500,786
1199999.	Total - General Account - Life and Annuity.....			873,308,346	13,039,670	0	886,348,016	463,000	XXX.....	542,682,439	0	521,276,950	7,635,224	886,348,016
2399999.	Total - General Account.....			873,308,346	13,039,670	0	886,348,016	463,000	XXX.....	542,682,439	0	521,276,950	7,635,224	886,348,016
3599999.	Total - U.S.....			872,947,374	12,899,856	0	885,847,230	0	XXX.....	542,682,439	0	521,276,950	7,597,036	885,847,230
3699999.	Total - Non-U.S.....			360,972	139,814	0	500,786	463,000	XXX.....	0	0	0	38,188	500,786
9999999.	Total.....			873,308,346	13,039,670	0	886,348,016	463,000	XXX.....	542,682,439	0	521,276,950	7,635,224	886,348,016

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(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
0001.....	2.....	121000248.....	Wells Fargo Bank, National Association.....	46,300
0001.....	2.....	021000089.....	Citibank, N.A.....	46,300
0001.....	2.....	021000021.....	JPMorgan Chase Bank, N.A.....	46,300
0001.....	2.....	026009593.....	Bank of America, N.A.....	46,300
0001.....	2.....	026002574.....	Barclays Bank PLC.....	34,725
0001.....	2.....	021001088.....	HSBC Bank USA, National Association.....	34,725
0001.....	2.....	026009632.....	The Bank of Tokyo-Mitsubishi UFJ, LTD.....	46,300
0001.....	2.....	026009917.....	Australia and New Zealand Banking Group Limited.....	23,150
0001.....	2.....	121000248.....	Wells Fargo Bank, National Association as Fronting Bank for ING Bank N.V., London Brannck.....	34,725
0001.....	2.....	011000028.....	State Street Bank and Trust Company.....	23,150
0001.....	2.....	026004093.....	Royal Bank of Canada	34,725
0001.....	2.....	026002561.....	Standard Chartered Bank.....	23,150
0001.....	2.....	021000018.....	The Bank of New York Mellon.....	23,150

OHIO NATIONAL LIFE ASSURANCE CORPORATION

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating 1 thru 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral							23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	20 Funds Deposited by and Withheld from Reinsurers	21 Other	22 Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)				

NONE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

		1	2	3	4	5
		2019	2018	2017	2016	2015
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	300,459	275,201	281,952	352,829	342,605
2.	Commissions and reinsurance expense allowances.....	64,291	30,383	37,530	39,956	38,830
3.	Contract claims.....	284,378	258,364	210,299	195,567	197,739
4.	Surrender benefits and withdrawals for life contracts.....	0	0	0	0	0
5.	Dividends to policyholders and refunds to members.....	0	0	0	0	0
6.	Reserve adjustments on reinsurance ceded.....	0	0	0	0	0
7.	Increase in aggregate reserves for life and accident and health contracts.....	1,117,089	86,456	106,074	0	0
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	0	0	0	0	0
9.	Aggregate reserves for life and accident and health contracts.....	3,862,670	2,745,582	2,659,125	0	0
10.	Liability for deposit-type contracts.....	0	0	0	0	0
11.	Contract claims unpaid.....	35,348	39,509	19,060	22,213	30,188
12.	Amounts recoverable on reinsurance.....	21,400	11,686	9,708	6,436	8,153
13.	Experience rating refunds due or unpaid.....	0	0	0	0	0
14.	Policyholders' dividends and refunds to members (not included in Line 10).....	0	0	0	0	0
15.	Commissions and reinsurance expense allowances due.....	0	0	0	0	0
16.	Unauthorized reinsurance offset.....	0	0	0	0	0
17.	Offset for reinsurance with certified reinsurers.....	0	0	0	0	0
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F).....	0	0	0	0	0
19.	Letters of credit (L).....	463	357	356	240	815
20.	Trust agreements (T).....	542,682	501,528	497,505	464,858	433,553
21.	Other (O).....	521,277	500,647	471,325	430,353	389,925
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple beneficiary trust.....	0	0	0	0	0
23.	Funds deposited by and withheld from (F).....	0	0	0	0	0
24.	Letters of credit (L).....	0	0	0	0	0
25.	Trust agreements (T).....	0	0	0	0	0
26.	Other (O).....	0	0	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	2,475,533,030	0	2,475,533,030
2. Reinsurance (Line 16).....	21,961,125	0	21,961,125
3. Premiums and considerations (Line 15).....	145,433,927	0	145,433,927
4. Net credit for ceded reinsurance.....	XXX.....	3,898,017,992	3,898,017,992
5. All other admitted assets (balance).....	87,345,962	0	87,345,962
6. Total assets excluding Separate Accounts (Line 26).....	2,730,274,044	3,898,017,992	6,628,292,036
7. Separate Account assets (Line 27).....	268,294,779	0	268,294,779
8. Total assets (Line 28).....	2,998,568,823	3,898,017,992	6,896,586,815
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	2,177,249,697	3,862,670,475	6,039,920,172
10. Liability for deposit-type contracts (Line 3).....	106,555,377	0	106,555,377
11. Claim reserves (Line 4).....	31,659,212	35,347,517	67,006,729
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....	0	0	0
13. Premium & annuity considerations received in advance (Line 8).....	811,755	0	811,755
14. Other contract liabilities (Line 9).....	34,357,457	0	34,357,457
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....	0	0	0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....	0	0	0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....	0	0	0
19. All other liabilities (balance).....	122,197,657	0	122,197,657
20. Total liabilities excluding Separate Accounts (Line 26).....	2,472,831,155	3,898,017,992	6,370,849,147
21. Separate Account liabilities (Line 27).....	268,294,779	0	268,294,779
22. Total liabilities (Line 28).....	2,741,125,934	3,898,017,992	6,639,143,926
23. Capital & surplus (Line 38).....	257,442,888	XXX.....	257,442,888
24. Total liabilities, capital & surplus (Line 39).....	2,998,568,822	3,898,017,992	6,896,586,814
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	3,862,670,475		
26. Claim reserves.....	35,347,517		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	3,898,017,992		
34. Premiums and considerations.....	0		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	0		
41. Total net credit for ceded reinsurance.....	3,898,017,992		

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

			Direct Business Only					
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
States, Etc.								
1.	Alabama.....	AL	5,523,327	240	579,393	0	0	6,102,960
2.	Alaska.....	AK	349,354	0	45,161	0	0	394,515
3.	Arizona.....	AZ	6,163,706	60	596,700	0	500,011	7,260,477
4.	Arkansas.....	AR	3,045,649	0	204,811	0	0	3,250,460
5.	California.....	CA	42,682,952	0	996,625	0	0	43,679,577
6.	Colorado.....	CO	10,461,187	85	1,385,574	0	17,073	11,863,919
7.	Connecticut.....	CT	8,087,799	0	357,570	0	0	8,445,369
8.	Delaware.....	DE	791,761	0	73,676	0	0	865,437
9.	District of Columbia.....	DC	698,077	0	85,256	0	0	783,333
10.	Florida.....	FL	33,764,145	0	4,008,734	0	0	37,772,879
11.	Georgia.....	GA	11,473,081	0	713,284	0	0	12,186,365
12.	Hawaii.....	HI	169,222	0	26,041	0	0	195,263
13.	Idaho.....	ID	3,624,373	200	281,003	0	0	3,905,576
14.	Illinois.....	IL	12,871,578	0	1,155,998	0	0	14,027,576
15.	Indiana.....	IN	6,784,637	0	431,778	0	0	7,216,415
16.	Iowa.....	IA	4,420,996	0	200,987	0	0	4,621,983
17.	Kansas.....	KS	6,438,489	6,500	447,543	0	0	6,892,532
18.	Kentucky.....	KY	4,380,823	0	380,734	0	0	4,761,557
19.	Louisiana.....	LA	4,548,116	0	524,273	0	0	5,072,389
20.	Maine.....	ME	1,071,138	0	38,802	0	0	1,109,940
21.	Maryland.....	MD	8,541,574	390	806,941	0	0	9,348,905
22.	Massachusetts.....	MA	9,309,694	0	646,511	0	48,963	10,005,168
23.	Michigan.....	MI	12,827,641	0	1,270,215	0	0	14,097,856
24.	Minnesota.....	MN	6,561,980	0	490,225	0	17,073	7,069,278
25.	Mississippi.....	MS	2,401,253	0	195,372	0	0	2,596,625
26.	Missouri.....	MO	7,192,605	0	508,208	0	0	7,700,813
27.	Montana.....	MT	2,607,420	0	118,001	0	0	2,725,421
28.	Nebraska.....	NE	4,354,116	0	165,339	0	950,000	5,469,455
29.	Nevada.....	NV	1,681,271	0	125,605	0	0	1,806,876
30.	New Hampshire.....	NH	2,399,368	0	174,305	0	0	2,573,673
31.	New Jersey.....	NJ	11,224,225	0	1,045,236	0	300,863	12,570,324
32.	New Mexico.....	NM	1,121,262	0	78,587	0	0	1,199,849
33.	New York.....	NY	835,358	0	84,516	0	0	919,874
34.	North Carolina.....	NC	11,015,345	7,880	1,245,732	0	0	12,268,957
35.	North Dakota.....	ND	1,123,880	0	75,529	0	0	1,199,409
36.	Ohio.....	OH	27,796,582	0	2,070,651	0	67,316,409	97,183,642
37.	Oklahoma.....	OK	4,862,523	0	532,892	0	0	5,395,415
38.	Oregon.....	OR	5,949,162	0	439,483	0	0	6,388,645
39.	Pennsylvania.....	PA	14,516,496	141,907	1,639,512	0	0	16,297,915
40.	Rhode Island.....	RI	1,701,456	0	113,609	0	0	1,815,065
41.	South Carolina.....	SC	4,378,929	0	389,625	0	0	4,768,554
42.	South Dakota.....	SD	435,102	0	115,905	0	0	551,007
43.	Tennessee.....	TN	15,738,219	0	1,207,530	0	0	16,945,749
44.	Texas.....	TX	33,630,292	0	2,625,981	0	205,928	36,462,201
45.	Utah.....	UT	7,164,183	0	591,738	0	0	7,755,921
46.	Vermont.....	VT	555,345	0	24,592	0	0	579,937
47.	Virginia.....	VA	9,982,675	55	582,092	0	174,973	10,739,795
48.	Washington.....	WA	7,910,782	0	626,617	0	0	8,537,399
49.	West Virginia.....	WV	1,359,973	0	244,621	0	0	1,604,594
50.	Wisconsin.....	WI	5,995,330	0	651,559	0	0	6,646,889
51.	Wyoming.....	WY	870,327	0	43,817	0	0	914,144
52.	American Samoa.....	AS	0	0	0	0	0	0
53.	Guam.....	GU	73,992	0	0	0	0	73,992
54.	Puerto Rico.....	PR	3,588,858	0	1,116,463	0	0	4,705,321
55.	US Virgin Islands.....	VI	9,653	0	208	0	0	9,861
56.	Northern Mariana Islands.....	MP	0	0	0	0	0	0
57.	Canada.....	CAN	6,133	0	621	0	0	6,754
58.	Aggregate Other Alien.....	OT	26,042	0	5,461	0	0	31,503
59.	Totals.....		397,099,456	157,317	32,587,242	0	69,531,293	499,375,308

OHIO NATIONAL LIFE ASSURANCE CORPORATION

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0704	Ohio National Mutual Holdings, Inc.	0.....	31-1614095..	0	0		Ohio National Mutual Holdings, Inc.....	OH.....	UIP.....		Ownership, Board of Directors, Management	0.000		N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	31-1614097..	0	0		Ohio National Financial Sevice, Inc.....	OH.....	UIP.....	Ohio National Mutual Holdings, Inc.....	Ownership, Board of Directors, Management	...100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	AA-0056843.	0	0		Sycamore Re, Ltd.....	CYM.....	IA.....	Ohio National Financial Services, Inc.....	Ownership, Board of Directors, Management	...100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	46-3873878..	0	0		Ohio National Foreign Holdings, LLC.....	DE.....	NIA.....	Sycamore Re LTD.....	Ownership, Board of Directors, Management	...100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	0.....	0	0		ON Netherlands Holdings B.V.....	NLD.....	NIA.....	Ohio National Foreign Holdings, LLC.....	Ownership, Board of Directors, Management	...100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	31-1702660..	0	0		ON Global Holdings, SMLLC.....	DE.....	NIA.....	ON Netherlands Holdings B.V.....	Ownership, Board of Directors, Management	...100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	0.....	0	0		Ohio National Sudamerica S.A.....	CHL.....	NIA.....	ON Global Holding, SMLLC.....	Ownership, Board of Directors, Management	...100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	0.....	0	0		Ohio National Seguros de Vida S.A.....	CHL.....	NIA.....	Ohio National Sudamerica S.A.....	Ownership, Board of Directors, Management	...100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	0.....	0	0		Ohio National Seguros de Vida S.A.....	PER.....	IA.....	ON Netherlands Holdings B.V.....	Ownership, Board of Directors, Management	...100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	0.....	0	0		O.N. International do Brasil Participações Ltda.	BRA.....	NIA.....	ON Netherlands Holdings B.V.....	Ownership, Board of Directors, Management	...100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....

OHIO NATIONAL LIFE ASSURANCE CORPORATION

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0704	Ohio National Mutual Holdings, Inc.	0.....	06-1187459..	0	0		Fiduciary Capital Management, Inc.....	CT.....	NIA.....	Ohio National Financial Services, Inc.....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	82-2868171..	0	0		Princeton Captive Re, Inc.....	OH.....	NIA.....	Ohio National Financial Services, Inc.....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	67172...	31-0397080..	0	0		The Ohio National Life Insurance Company.....	OH.....	UDP.....	Ohio National Financial Services, Inc.....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	89206...	31-0962495..	0	0		Ohio National Life Assurance Corporation.....	OH.....	RE.....	The Ohio National Life Insurance Company....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	85472...	13-2740556..	0	0		National Security Life and Annuity Company.....	NY.....	IA.....	The Ohio National Life Insurance Company....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	13575...	26-3791519..	0	0		Montgomery Re, Inc.....	VT.....	IA.....	The Ohio National Life Insurance Company....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	15363...	80-0955278..	0	0		Kenwood Re, Inc.....	VT.....	IA.....	The Ohio National Life Insurance Company....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	15855...	47-4249160..	0	0		Camargo Re Captive, Inc.....	OH.....	IA.....	The Ohio National Life Insurance Company....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	16481...	83-2532656..	0	0		Sunrise Captive Re, LLC.....	OH.....	IA.....	The Ohio National Life Insurance Company....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....

OHIO NATIONAL LIFE ASSURANCE CORPORATION

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0704	Ohio National Mutual Holdings, Inc.	0.....	31-1454693..	0	0		Ohio National Investments, Inc.....	OH.....	NIA.....	The Ohio National Life Insurance Company....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	Y.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	31-1454699..	0	0		Ohio National Equities, Inc.....	OH.....	NIA.....	The Ohio National Life Insurance Company....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	Y.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	31-0742113..	0	0		The O.N. Equity Sales Company.....	OH.....	NIA.....	The Ohio National Life Insurance Company....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	Y.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	32-0071428..	0	0		Ohio National Insurance Agency, Inc.....	OH.....	NIA.....	The O.N. Equity Sales Company.....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	31-0784369..	0	0		O.N. Investment Management Company.....	OH.....	NIA.....	The O.N. Equity Sales Company.....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	31-1684349..	0	0		ON Flight, Inc.....	OH.....	NIA.....	Ohio National Financial Services, Inc.....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	26-4812790..	0	0		Financial Way Realty, Inc.....	OH.....	NIA.....	Ohio National Financial Services, Inc.....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....
0704	Ohio National Mutual Holdings, Inc.	0.....	46-5464819..	0	0		ON Tech, LLC.....	DE.....	NIA.....	Ohio National Financial Services, Inc.....	Ownership, Board of Directors, Management	100.000	Ohio National Mutual Holdings, Inc.....	N.....	0.....

OHIO NATIONAL LIFE ASSURANCE CORPORATION

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	31-1614095.....	Ohio National Mutual Holdings, Inc.....	0	0	0	0	0	0		0	0	0
00000.....	31-1614097.....	Ohio National Financial Services, Inc.....	0	0	0	0	0	0		0	0	0
67172.....	31-0397080.....	The Ohio National Life Insurance Company.....	106,000,000	0	0	0	52,858,796	(24,966,746)		0	133,892,050	(908,100,183)
89206.....	31-0962495.....	Ohio National Life Assurance Corporation.....	(106,000,000)	0	0	0	(52,859,412)	94,593,703		0	(64,265,709)	2,042,128,061
00000.....	31-1702660.....	ON Global Holdings, SMLLC.....	0	0	0	0	0	0		0	0	0
00000.....	00-0000000.....	Ohio National Sudamerica S.A.....	0	0	0	0	0	0		0	0	0
00000.....	00-0000000.....	Ohio National Seguros de Vida S.A.....	0	0	0	0	0	0		0	0	0
00000.....	06-1187459.....	Fiduciary Capital Management, Inc.....	0	0	0	0	0	0		0	0	0
00000.....	31-1684349.....	ON Flight, Inc.....	0	0	0	0	0	0		0	0	0
85472.....	13-2740556.....	National Security Life and Annuity Co.....	0	0	0	0	0	0		0	0	0
00000.....	31-1454693.....	Ohio National Investments, Inc.....	0	0	0	0	0	0		0	0	0
00000.....	31-1454699.....	Ohio National Equities, Inc.....	0	0	0	0	0	0		0	0	0
00000.....	31-0742113.....	The O.N. Equity Sales Company.....	0	0	0	0	616	0		0	616	0
00000.....	32-0071428.....	Ohio National Insurance Agency, Inc.....	0	0	0	0	0	0		0	0	0
00000.....	31-0784369.....	O.N. Investment Management Company.....	0	0	0	0	0	0		0	0	0
00000.....	AA-0056843.....	Sycamore Re, Ltd.....	0	0	0	0	0	0		0	0	0
13575.....	26-3791519.....	Montgomery Re, Inc.....	0	0	0	0	0	(13,491,284)		0	(13,491,284)	(310,833,330)
00000.....	26-4812790.....	Financial Way Reality, Inc.....	0	0	0	0	0	0		0	0	0
15363.....	80-0955278.....	Kenwood Re, Inc.....	0	0	0	0	0	(24,696,948)		0	(24,696,948)	(575,014,055)
15855.....	47-4249160.....	Camargo Re Captive, Inc.....	0	0	0	0	0	(31,438,725)		0	(31,438,725)	(248,180,493)
16481.....	83-2532656.....	Sunrise Captive Re, LLC.....	0	0	0	0	0	0		0	0	0
00000.....	46-3873878.....	ON Foreign Holdings, LLC.....	0	0	0	0	0	0		0	0	0
00000.....	00-0000000.....	ON Netherlands Holdings B.V.....	0	0	0	0	0	0		0	0	0
00000.....	00-0000000.....	Ohio National Seguros de Vida S.A.....	0	0	0	0	0	0		0	0	0
00000.....	46-5464819.....	ONTech, LLC.....	0	0	0	0	0	0		0	0	0
00000.....	00-0000000.....	O.N. International do Brasil Participações Ltda.....	0	0	0	0	0	0		0	0	0
00000.....	82-2868171.....	Princeton Captive Re, Inc.....	0	0	0	0	0	0		0	0	0
9999999.....	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.**

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	YES
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	YES
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
46.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
50.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

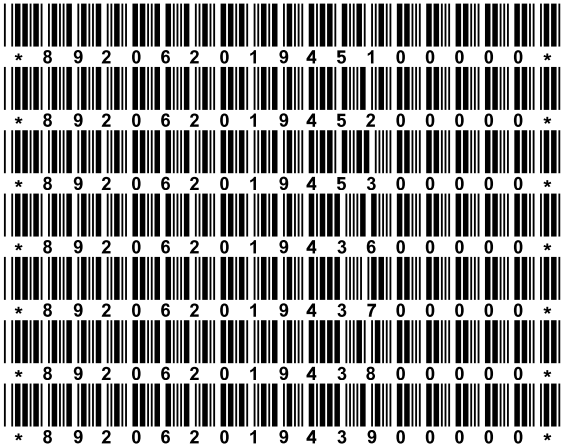
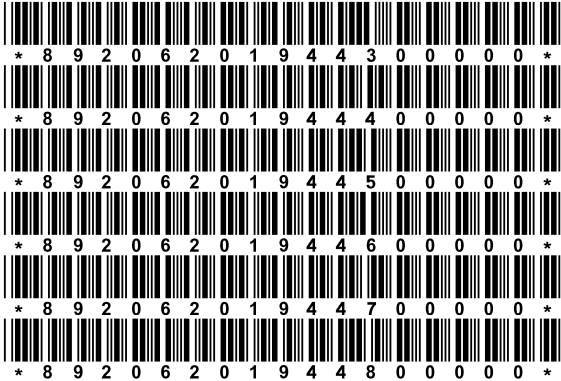
EXPLANATIONS:

BAR CODE:

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16.
17.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24.
25.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33.
34. The data for this supplement is not required to be filed.
35.



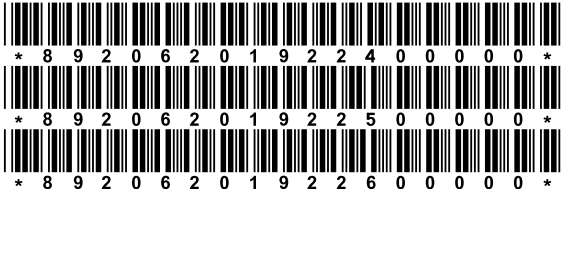
OHIO NATIONAL LIFE ASSURANCE CORPORATION
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

36. The data for this supplement is not required to be filed.



37. The data for this supplement is not required to be filed.



38. The data for this supplement is not required to be filed.



39. The data for this supplement is not required to be filed.



40.

41.

42. The data for this supplement is not required to be filed.



43. The data for this supplement is not required to be filed.



44.

45. The data for this supplement is not required to be filed.



46. The data for this supplement is not required to be filed.



47. The data for this supplement is not required to be filed.



48.

49. The data for this supplement is not required to be filed.



50.

OHIO NATIONAL LIFE ASSURANCE CORPORATION
Overflow Page for Write-Ins

Additional Write-ins for Summary of Operations:

		1	2
		Current Year	Prior Year
08.304	Miscellaneous gains/(losses).....	2,272,522	0
08.397	Summary of remaining write-ins for Line 8.3.....	2,272,522	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations - Summary:

	1	2	3	4	5	6	7	8	9
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Other Lines of Business	YRT Mortality Risk Only
08.304. Miscellaneous gains/(losses).....	2,272,522	2,223,023	0	49,499	0	0	0	0	0
08.397. Summary of remaining write-ins for Line 8.3.....	2,272,522	2,223,023	0	49,499	0	0	0	0	0

Additional Write-ins for Analysis of Operations - Individual Life Insurance:

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life Insurance	Universal Life	Universal Life with Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life (c) N/A Fraternal	Other Individual Life	YRT Mortality Risk Only
08.304. Miscellaneous gains/(losses).....	2,223,023	0	0	0	0	2,223,023	0	0	0	0	0	0
08.397. Summary of remaining write-ins for Line 8.3.....	2,223,023	0	0	0	0	2,223,023	0	0	0	0	0	0

* 8 9 2 0 6 2 0 1 9 4 5 6 0 0 1 0 0 *

For the Year Ended December, 31, 2019

NAIC Group Code: 0704

NAIC Company Code: 89206

456.1

[illegible]

OHIO NATIONAL LIFE ASSURANCE CORPORATION
VM-20 RESERVES SUPPLEMENT - PART 2

Reserves for Policies Not Based on VM-20 as a Result of the Three Year Transition Period
For the Year Ended December 31, 2019
(To Be filed by March 1)
(\$000 Omitted Except for Number of Policies)

Three Transition Period						
	Prior Year		Current Year			
	1 Gross Reserve	2 Net Reserve	3 Gross Reserve	4 Net Reserve	5 Number of Policies	6 Face Amount
1. Life Insurance Reserves						
1.1 Term Life.....	47,781	42,258	88,154	84,493	37,233	30,534,372
1.2 Universal Life with Secondary Guarantee.....	19,673	18,916	982	981	40	15,065
1.3 Non-participating Whole Life.....	0	0	0	0	0	0
1.4 Participating Whole Life.....	0	0	0	0	0	0
1.5 Universal Life without Secondary Guarantee.....	41,485	41,464	84,149	82,676	4,810	2,105,397
1.6 Variable Universal Life.....	464	463	18	18	11	3,750
1.7 Variable Life.....	0	0	0	0	0	0
1.8 Indexed Life.....	0	0	0	0	0	0
1.9 Aggregate write-ins for other products.....	0	0	0	0	0	0
2. Total Life Insurance Reserves (Sum of Lines 1.1 through 1.9).....	109,403	103,101	173,303	168,168	42,094	32,658,584
DETAILS OF WRITE-INS						
1.901	0	0	0	0	0	0
1.902	0	0	0	0	0	0
1.903	0	0	0	0	0	0
1.998 Summary of remaining write-ins for Line 1.9 from overflow page.....	0	0	0	0	0	0
1.999 Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above).....	0	0	0	0	0	0

VM-20 RESERVES SUPPLEMENT - PART 3

Life PBR Exemption
For the Year Ended December 31, 2019
(To be Filed by March 1)

Life PBR Exemption as Defined in the NAIC Adopted Valuation Manual (VM)

1. Has the company filed and been granted a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?

Yes [] No []
2. If the response to Question 1 is "Yes", then check the source of the granted "Life PBR Exemption" definition. (Check either 2.1, 2.2 or 2.3)

2.1 NAIC Adopted VM []

2.2 State Statute SVL [] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?

Yes [] No []

b. If the answer to "a" above is yes, provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

NONE
- 2.3 State Regulation [] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Regulation different from the NAIC adopted VM?

Yes [] No []

b. If the answer to "a" above is yes, provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

VM-20 RESERVES SUPPLEMENT - PART 4

Other Exclusions from Life PBR
For the Year Ended December 31, 2019
(To be Filed by March 1)

1. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?

Yes [] No []

If the answer to question 1 is "Yes" please discuss any business not covered under the Single Exemption.

NONE
2. If the answer to question 1 is "Yes", does the company have risks for policies issued outside its state of domicile?

Yes [] No []

If the answer to question 2 is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.
3. Is all of the company's individual life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?

Yes [] No []



SCHEDULE O SUPPLEMENT

For the year ended December 31, 2019
(To Be Filed March 1)

Of The.....OHIO NATIONAL LIFE ASSURANCE CORPORATION

Address (City, State, Zip Code).....Cincinnati, OH 45242

NAIC Group Code.....0704

NAIC Company Code.....89206

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2015	2 2016	3 2017	4 2018	5 2019 (a)
1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. Prior.....	9,930	9,539	9,287	8,592	8,158
2. 2015.....	146	637	596	546	1,752
3. 2016.....	XXX	160	482	468	662
4. 2017.....	XXX	XXX	86	632	592
5. 2018.....	XXX	XXX	XXX	171	305
6. 2019.....	XXX	XXX	XXX	XXX	256

Section C - Credit Accident and Health

1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0

(a) See the Annual Audited Financial Reports section of the Annual Statement Instructions.

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. Prior.....	0	0	0	0	0
2. 2015.....	351	0	0	0	0
3. 2016.....	XXX	145	0	0	0
4. 2017.....	XXX	XXX	136	0	0
5. 2018.....	XXX	XXX	XXX	237	0
6. 2019.....	XXX	XXX	XXX	XXX	203

Section C - Credit Accident and Health

1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....	0	0	0	XXX	XXX
2. 2016.....	XXX	0	0	0	XXX
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. 2015.....	7,356	6,726	6,051	XXX	XXX
2. 2016.....	XXX	6,037	3,250	2,824	XXX
3. 2017.....	XXX	XXX	5,005	3,338	2,795
4. 2018.....	XXX	XXX	XXX	6,091	3,610
5. 2019.....	XXX	XXX	XXX	XXX	9,640

Section C - Credit Accident and Health

1. 2015.....	0	0	0	XXX	XXX
2. 2016.....	XXX	0	0	0	XXX
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....	0	0	0	0	0
2. 2016.....	XXX	0	0	0	0
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. 2015.....	7,356	6,726	6,051	5,483	4,176
2. 2016.....	XXX	6,037	3,250	2,824	2,391
3. 2017.....	XXX	XXX	5,005	3,338	2,795
4. 2018.....	XXX	XXX	XXX	6,091	3,610
5. 2019.....	XXX	XXX	XXX	XXX	9,640

Section C - Credit Accident and Health

1. 2015.....	0	0	0	0	0
2. 2016.....	XXX	0	0	0	0
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

SUPPLEMENTAL SCHEDULE O - PART 5
(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		0
2. Ordinary life.....	Standard Factor and Other.....	30,769
3. Individual annuity.....		0
4. Supplementary contracts.....		0
5. Credit life.....		0
6. Group life.....		0
7. Group annuities.....		0
8. Group accident and health.....		0
9. Credit accident and health.....		0
10. Other accident and health.....	Standard Factor and Other.....	66,205
11. Total.....		96,974

Sch. O - Pt. 1 - Sn. D
NONE

Sch. O - Pt. 1 - Sn. E
NONE

Sch. O - Pt. 1 - Sn. F
NONE

Sch. O - Pt. 1 - Sn. G
NONE

Sch. O - Pt. 2 - Sn. D
NONE

Sch. O - Pt. 2 - Sn. E
NONE

Sch. O - Pt. 2 - Sn. F
NONE

Sch. O - Pt. 2 - Sn. G
NONE

Sch. O - Pt. 3 - Sn. D
NONE

Sch. O - Pt. 3 - Sn. E
NONE

Sch. O - Pt. 3 - Sn. F
NONE

Sch. O - Pt. 3 - Sn. G
NONE

Sch. O - Pt. 4 - Sn. D
NONE

Sch. O - Pt. 4 - Sn. E
NONE

Sch. O - Pt. 4 - Sn. F
NONE

Sch. O - Pt. 4 - Sn. G
NONE

2019 ALPHABETICAL INDEX

LIFE ANNUAL STATEMENT BLANK

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Asset Valuation Reserve Equity	32	Schedule D – Part 5	E15
Asset Valuation Reserve Replications (Synthetic) Assets	35	Schedule D – Part 6 – Section 1	E16
Asset Valuation Reserve	29	Schedule D – Part 6 – Section 2	E16
Assets	2	Schedule D – Summary By Country	SI04
Cash Flow	5	Schedule D – Verification Between Years	SI03
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