



LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2023  
OF THE CONDITION AND AFFAIRS OF

OHIO NATIONAL LIFE ASSURANCE CORPORATION

NAIC Group Code 0704 0704 NAIC Company Code 89206 Employer's ID Number 31-0962495  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [ X ] Fraternal Benefit Societies [ ]

Incorporated/Organized 06/26/1979 Commenced Business 08/22/1979

Statutory Home Office One Financial Way Cincinnati, OH, US 45242  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One Financial Way Cincinnati, OH, US 45242 513-794-6100  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records One Financial Way Cincinnati, OH, US 45242 513-794-6100-6015  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Amber Dawn Roberts 513-794-6100-6015  
(Name) (Area Code) (Telephone Number)  
amber\_roberts@constellationinsurance.com 513-794-4622  
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer William Charles Price Treasurer Doris Lee Paul  
Secretary Therese Susan McDonough Senior Vice President & Chief Risk Officer Scott Niel Shepherd

OTHER

Lori Dianne Dashewich #, Senior Vice President, Chief Accounting Officer & Controller, Interim CFO Patrick Henry McEvoy, Senior Vice President Gary Russell Rodmaker, Senior Vice President

DIRECTORS OR TRUSTEES

Michael Akker Anurag Chandra Philippe Francois Charette  
Julia Smoot Janson Gregory Svend Nielsen John Michael Schlotman  
Steven Carl Verney

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.

William Charles Price Therese Susan McDonough Lori Dianne Dashewich  
President & Chief Executive Officer Secretary Senior Vice President, Chief Accounting Officer & Controller, Interim CFO

Subscribed and sworn to before me this 10th day of May, 2023

Stephanie Coleman  
Notary Public  
Expires November 24, 2025

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



STEPHANIE COLEMAN  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Expires Nov. 24, 2025