

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800790

FILED
Apr 05, 2011
Secretary of State

Entity Name: THE OHIO NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

ONE FINANCIAL WAY
CINCINNATI, OH 45242 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 237
CINCINNATI, OH 45201 US

New Mailing Address:

FEI Number: 31-0397080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: HUFFMAN, GARY T
Address: 187 CONGRESS RUN ROAD
City-St-Zip: CINCINNATI, OH 45215

Title: S
Name: MCDONOUGH, THERESE S
Address: 4323 BERRYHILL LN.
City-St-Zip: CINCINNATI, OH 45242

Title: VP/T
Name: SANDER, JOSEPH R
Address: 4602 PEAKVIEW CT
City-St-Zip: LIBERTY TWP, OH 45011

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH RICHARD SANDER

VP/T

04/05/2011

Electronic Signature of Signing Officer or Director

Date