

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # 844695 1. Entity Name OHIO NATIONAL LIFE ASSURANCE CORPORATION	
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Principal Place of Business ONE FINANCIAL WAY CINCINNATI, OH 45242 US	Mailing Address P O BOX 237 CINCINNATI OHIO, 45201-237 US
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0962495	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD O'MALEY, DAVID B 5085 WILLOW HILLS LANE CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROBERTS, ARTHUR J 1271 CHAUCER PL MAINEVILLE, OH 45039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCDONOUGH, THERESE S 4323 BERRYHILL LN CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/28/07-80058-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theresa S McDonough Theresa S McDonough 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #