2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2009
Secretary of State

DOCUMENT# 844695

Entity Name: OHIO NATIONAL LIFE ASSURANCE CORPORATION

Current Principal Place of Business:

ONE FINANCIAL WAY
CINCINNATI, OH 45242 US

New Principal Place of Business:

Current Mailing Address:

POB 237
CINCINNATI, OH 45201237 US

New Mailing Address:

PO BOX 237
CINCINNATI, OH 45201237 US

FEI Number: 31-0962495 **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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: O'MALEY, DAVID B
Address: 5085 WILLOW HILLS LANE
City-St-Zip: CINCINNATI, OH 45243

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

Title: VPT ( ) Delete
Name: SANDER, JOSEPH R
Address: 4602 PEAKVIEW CT
City-St-Zip: HAMILTON, OH 45011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH RICHARD SANDER VPT 08/03/2009

Electronic Signature of Signing Officer or Director Date