# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [X] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
THE OHIO NATIONAL LIFE INSURANCE CO PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 01/01/1967

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
OHIO NATIONAL LIFE INSURANCE

PO BOX 237
CINCINNATI, OH 45201

**2b** Employer Identification Number (EIN)
31-0397080

**2c** Plan Sponsor's telephone number
513-794-6100

**2d** Business code (see instructions)
524140

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2019 | THERESE MCDONOUGH |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1507 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 1196 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1040 |
| **b** | Retired or separated participants receiving benefits | **6b** | 98 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 354 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1492 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 6 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1498 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1367 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 3 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | [X] | **R** (Retirement Plan Information) |
| **(2)** | [ ] | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | [ ] | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [X] | 2 | **A** (Insurance Information) |
| **(4)** | [ ] | | **C** (Service Provider Information) |
| **(5)** | [X] | | **D** (DFE/Participating Plan Information) |
| **(6)** | [ ] | | **G** (Financial Transaction Schedules) |

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
THE OHIO NATIONAL LIFE INSURANCE CO PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
OHIO NATIONAL LIFE INSURANCE

**D** Employer Identification Number (EIN)
31-0397080

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
THE OHIO NATIONAL LIFE INSURANCE CO

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 31-0397080 | 67172 | GP9997 | 102 | 01/01/2018 | 12/31/2018 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 8544104 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 2805151 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 1131 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 9542068 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 140095 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 268280 | | |
| | (4) Transferred from separate account | 7c(4) | 48 | | |
| | (5) Other (specify below) | 7c(5) | 15498 | | |
| | ▶ LOAN REPAYMENTS | | | | |
| | (6) Total additions | | | 7c(6) | 423921 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 9965989 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 1407797 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | 14088 | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 1421885 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 8544104 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | | | **10b** | |

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
THE OHIO NATIONAL LIFE INSURANCE CO PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
OHIO NATIONAL LIFE INSURANCE

**D** Employer Identification Number (EIN)
31-0397080

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
THE OHIO NATIONAL LIFE INSURANCE CO

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 31-0397080 | 67172 | GP4997 | 1395 | 01/01/2018 | 12/31/2018 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 5112780 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 44371245 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 6015292 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 220538 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 125238 | | |
| | (4) Transferred from separate account | 7c(4) | 133643 | | |
| | (5) Other (specify below) | 7c(5) | 48105 | | |
| | ▶ LOAN REPAYMENTS | | | | |
| | (6) Total additions | | | 7c(6) | 527524 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 6542816 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 1373203 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 56833 | | |
| | ▶ LOANS | | | | |
| | (5) Total deductions | | | 7e(5) | 1430036 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 5112780 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | | | **10b** | |

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
THE OHIO NATIONAL LIFE INSURANCE CO PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
OHIO NATIONAL LIFE INSURANCE

**D** Employer Identification Number (EIN)
31-0397080

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS APPRECIATION PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-3685668-003 | P | 146517 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED MID-CAP INDEX

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 25-1689843-003 | P | 285266 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP TARGET VOLATILITY

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 46-1665803-003 | P | 70922 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: S&P MIDCAP 400 INDEX

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 20-3532428-003 | P | 164386 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN ALLOCATION VIP

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 20-8663335-003 | P | 96788 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS U.S. EQUITY INSIGHTS

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 36-4208957-003 | P | 173250 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ICON BALANCED PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 20-0996278-003 | P | 176537 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RISK MANAGED BALANCED PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 46-5132498-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11913 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON OVERSEAS FUND

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 84-1258455-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 614061 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 31-1406739-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1013082 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN SMALL CAP CORE

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 20-5044196-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 300077 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD EMERGING MARKETS EQUITY

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 13-3948052-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 562359 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 31-1377525-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1254921 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD RETIREMENT INTERNATIONAL EQU

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 13-3948048-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158134 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD RETIREMENT U.S. SMALL MID CA

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 22-3514370-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 513288 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD RETIREMENT U.S. EQUITY SELEC

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 13-3948045-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32361 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE DIVIDEND STRATEGY

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 56-2290373-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84175 |
|---|---|---|

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY PORTFOLIO | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 31-1248842-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2712919 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE 2025 | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-1256021-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1509319 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE 2035 | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-1256148-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 725790 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE 2045 | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-1257250-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1040784 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE IN RETIREMENT | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-1257443-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 469741 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE 2055 | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 27-4406485-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 479407 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE MICRO CAP | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 13-3890605-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 275858 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE SMALL CAP | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 13-3890607-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 334561 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK ADV LARGE CAP BRISTOL POR | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 04-3645520-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38005 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK BALANCED ALLOCATION OMNI | | |
| **b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 31-1248845-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 565754 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INVESCO ENDEAVOR FUND | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 77-0608563-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 63412 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FEDERATED HIGH INCOME BOND | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 31-1590479-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 348821 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MORGAN STANLEY VIF CORE PLUS FIXED | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 13-3905259-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 57322 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | ON BOND PORTFOLIO | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 31-1248844-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 847943 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PIMCO REAL RETURN PORTFOLIO | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 33-0821377-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 55339 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PIMCO TOTAL RETURN PORTFOLIO | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 33-0782446-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 712998 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PIMCO GLOBAL BOND OPPORTUNITIES | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 33-0782448-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 227861 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PIMCO SHORT-TERM PORTFOLIO | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 13-2740556-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 533356 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MORNINGSTAR CONSERVATIVE ETF ASSET | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-8444003-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 135505 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MORNINGSTAR INCOME & GROWTH ETF | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-8444008-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 156643 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MORNINGSTAR BALANCED ETF ASSET | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-8444009-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 325893 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MORNINGSTAR GROWTH ETF ASSET | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-8444011-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 328293 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MORNINGSTAR AGGRESSIVE GROWTH ETF | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-8444012-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 487796 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY VIP GOVERNMENT MONEY MKT | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 04-2766128-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8096364 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | ON FOREIGN PORTFOLIO | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 31-1431071-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 385266 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FEDERATED KAUFMANN FUND II | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 46-0470421-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 129758 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY VIP MID CAP PORTFOLIO | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 04-3438384-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 978616 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY VIP CONTRAFUND | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 04-3247643-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1201659 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY VIP GROWTH | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 04-2940579-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 725535 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FRANKLIN FLEX CAP GROWTH | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-2122223-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 109662 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON ENTERPRISE PORTFOLI

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 31-1480016-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 905768 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STRATEGIC GROWTH

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 36-4209666-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217190 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. INTERNATIONAL GROWTH

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 76-0396500-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100318 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: IVY VIP ASSET STRATEGY

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 48-1164309-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87155 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON RESEARCH FUND

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 84-1221432-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88220 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON GLOBAL RESEARCH

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 84-1168465-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16215 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED FUND

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 84-1202874-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 629254 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON FORTY PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 31-1431072-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 963345 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON VENTURE PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 31-1482004-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1678919 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 22-3361444-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144647 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON 20/20 FOCUS PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 22-3639880-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 195599 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS NEW DISCOVERY

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 04-3417481-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208366 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS MA INVESTORS GROWTH STOCK

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 13-2740556-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60272 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 04-3504553-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95676 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY VIF GROWTH

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 13-3905268-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 451403 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK SMALL CAP GROWTH BRYTON

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 41-2039065-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206383 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK ADV LG CAP CORE BRISTOL G

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 20-8675401-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91989 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP REAL ESTATE PORTFOLIO

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 04-3702559-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 328161 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: IVY FUNDS VIP NATURAL RESOURCES

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 43-2076728-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53778 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: IVY FUNDS VIP SCIENCE & TECHNOLOGY

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 48-1191284-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 477318 |
|---|---|---|

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MORGAN STANLEY VIF U.S. REAL ESTATE | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 13-3905252-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 358783 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GEODE S&P 500 INDEX | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 31-1480018-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4476185 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GEODE NASDAQ-100 INDEX | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 31-1707899-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1788802 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PIMCO COMMODITY REAL RETURN | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 20-1214735-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 244338 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | CLEARBRIDGE SMALL CAP | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 31-1590476-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 457212 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FEDERATED STRATEGIC VALUE DIVIDEND | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 31-1590485-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 214400 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FRANKLIN INCOME VIP FUND | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 94-3152672-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 168435 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GOLDMAN SACHS LARGE CAP VALUE | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 36-4200266-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 179893 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GOLDMAN SACHS SMALL CAP VALUE | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 13-3682901-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 83934 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | JP MORGAN MID CAP VALUE | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 38-3347502-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 682550 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | CLEARBRIDGE LARGE CAP VALUE | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 13-3986368-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 205820 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MFS TOTAL RETURN | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 04-3226595-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 143227 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | NEUBERGER BERMAN MID CAP INTRINSIC | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 13-4183852-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 59836 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TEMPLETON FOREIGN VIP | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 94-3152672-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 103551 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | ROYCE OPPORTUNITY FUND | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 13-3913303-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 58881 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY VIP EQUITY INCOME | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 04-2940581-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 392784 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | ALLIANCE BERNSTEIN VPS DYNAMIC ASSE | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 27-4573122-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 34254 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FEDERATED MANAGED VOLATILITY FUND I | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 25-6425525-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 65608 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GOLDMAN SACHS GLOBAL TRENDS ALLOCAT | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 45-3064361-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 48981 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INVESCO VI BALANCED RISK ALLOCATION | | |
| **b** Name of sponsor of entity listed in (a): | THE OHIO NATIONAL LIFE INSURANCE CO | | |
| **c** EIN-PN 26-3697524-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3144 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON U.S. LOW VOLATILITY

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 46-0730557-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324744 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD GLOBAL DYNAMIC MULTI ASSET

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 45-4726521-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89812 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON DYNAMIC MULTI STRATEGY V

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 45-3263972-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82222 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL DIVERSIFIED

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 45-4806945-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64804 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOPS MANAGED RISK BALANCED

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 27-5316462-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25412 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOPS MANAGED RISK MODERATE

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 27-5316624-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6934 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOPS MANAGED RISK GROWTH

**b** Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 27-5316768-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64971 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
THE OHIO NATIONAL LIFE INSURANCE CO PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
OHIO NATIONAL LIFE INSURANCE

**D** Employer Identification Number (EIN)
31-0397080

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 4326915 | 4787807 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 871946 | 749676 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 55967879 | 47176396 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 15557360 | 13656884 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 76724100 | 66370763 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 76724100 | 66370763 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 4873245 | |
| | **(B)** Participants | 2a(1)(B) | 568437 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 341 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 5442023 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 36918 | |
| | **(F)** Other | 2b(1)(F) | 393518 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 430436 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | -3304627 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2567832 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 12799799 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 1132 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 12800931 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 120238 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 12921169 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -10353337 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: SCHULTE & UHRIG, CPAS INC **(2)** EIN: 31-1138983

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 6000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
THE OHIO NATIONAL LIFE INSURANCE CO PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
OHIO NATIONAL LIFE INSURANCE

**D** Employer Identification Number (EIN)
31-0397080

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-0397080

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 0

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# THE OHIO NATIONAL LIFE INSURANCE COMPANY
# PROFIT SHARING PLAN

## FINANCIAL STATEMENTS
## AND SUPPLEMENTAL SCHEDULES

## YEARS ENDED DECEMBER 31, 2018 AND 2017

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Schulte & Uhrig
Certified Public Accountants, Inc

# INDEPENDENT AUDITORS' REPORT

To the Trustees of
The Ohio National Life Insurance Company
Profit Sharing Plan

**Report on the Financial Statements**
We have audited the accompanying financial statements of The Ohio National Life Insurance Company Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2018 and 2017, and the changes in net assets available for benefits for the years ended December 31, 2018 and 2017, in accordance with accounting principles generally accepted in the United States of America.

**Report on Supplementary Information**
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes as of December 31, 2018, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Schulte & Uhrig CPAs

Schulte & Uhrig, CPAs
Blue Ash, Ohio
October 10, 2019

THE OHIO NATIONAL LIFE INSURANCE COMPANY
PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

| | 2018 | 2017 |
|---|---|---|
| ASSETS | | |
| Investments at fair value (see note 3) | $ 60,833,280 | $ 71,525,239 |
| Receivables: | | |
| Employer contribution | 4,787,807 | 4,326,915 |
| Notes receivable from participants | 749,677 | 871,946 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 66,370,763 | $ 76,724,100 |

See accompanying notes to the financial statements

THE OHIO NATIONAL LIFE INSURANCE COMPANY
PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2018 AND 2017

| | 2018 | 2017 |
|---|---|---|
| ADDITIONS: | | |
| Investment income: | | |
| Net appreciation in fair value of investments (see note 3) | $ (3,304,627) | $ 7,504,648 |
| Interest | 393,518 | 412,428 |
| | (2,911,109) | 7,917,076 |
| Interest income on notes receivable from participants | 36,918 | 38,333 |
| Contributions: | | |
| Employer | 4,873,245 | 4,326,915 |
| Participants | 568,437 | 515,346 |
| Other income | 341 | 1,137 |
| | 5,442,023 | 4,843,398 |
| TOTAL ADDITIONS | 2,567,832 | 12,798,807 |
| DEDUCTIONS: | | |
| Benefits paid to participants | 12,799,799 | 4,591,148 |
| Deemed distributions | 120,238 | 79,858 |
| Insurance premiums | 1,132 | 4,421 |
| TOTAL DEDUCTIONS | 12,921,169 | 4,675,427 |
| NET INCREASE | (10,353,337) | 8,123,380 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | 76,724,100 | 68,600,720 |
| END OF YEAR | $ 66,370,763 | $ 76,724,100 |

See accompanying notes to the financial statements

THE OHIO NATIONAL LIFE INSURANCE COMPANY
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

## NOTE 1 DESCRIPTION OF PLAN

The following description of The Ohio National Life Insurance Company (Company) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

GENERAL - The Plan is a defined contribution plan covering substantially all full-time common law employees of the Company who have completed 1,000 hours of service within 12 consecutive months of service.The Plan is subject to the provisions of ERISA. The Trustees are responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Trustees.

CONTRIBUTIONS – Each year, participants may contribute up to 10% of after-tax annual compensation, as defined in the Plan. Participants direct the investment of their and the Company's contributions (in 1% increments) to either the fixed accumulation or the variable accumulation account C's subaccounts. The Plan currently offers 95 account C's subaccounts as investment options for participants. The Company may make 1) qualified non elective contributions, 2) non elective contributions, and 3) top-heavy contributions, to the Plan. The amount and type of the Company contribution is to be determined annually. Contributions are subject to certain IRS limitations.

PARTICIPANT ACCOUNTS - Each participant's account is credited with the participant's contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. Plan forfeitures are used to reduce the Company contribution. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested in Company non elective contributions after three years of credited service. A participant is 100 percent vested in qualified non elecive contributions at all times.

NOTES RECEIVABLE FROM PARTICIPANTS - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The loans bear interest at rates ranging from 4.25% to 6.25%, which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through bi-weekly payroll deductions.

PAYMENT OF BENEFITS - On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments, life annuity, joint and survivor annuity, or an annuity contract.

FORFEITED ACCOUNTS - At December 31, 2018 and 2017, forfeited nonvested accounts totaled $11,955 and $7,224 respectively. These amounts will be used to reduce the employer contributions.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

BASIS OF ACCOUNTING - The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contract which is substantially equal to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

USE OF ESTIMATES - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liabilitiy in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTES RECEIVABLE FROM PARTICIPANTS - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

PAYMENT OF BENEFITS - Benefits are recorded when paid.

EXPENSES - All expenses of maintaining the Plan are paid by the Company.

SUBSEQUENT EVENTS- The Plan has evaluated subsequent events through October 10, 2019, the date the financial statements were available to be issued. There were no subsequent events to report.

## NOTE 3 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that priortizes the inputs to valuation techniques used to measure fair value. The heirarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

*Level 1*
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liablities in active markets that the Plan has the ability to access.

*Level 2*
Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term , the level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3*
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

*Fixed Accumulation Account*: Valued at fair value by using a unit value of $1.00. All transactions occur at $1.00 per unit.

*Mutual Funds:* Valued at the quoted net asset value of shares held by the Plan at year end.

**NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017.

| | Assets at Fair Value as of December 31, 2018 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| December 31, 2018 | | | | |
| Mutual funds: | | | | |
| Blend funds | $ 13,862,550 | $ - | $ - | $ 13,862,550 |
| Bond funds | 2,783,640 | | | 2,783,640 |
| ETF funds | 1,434,130 | | | 1,434,130 |
| Fixed funds | 8,125,049 | | | 8,125,049 |
| Growth funds | 9,682,253 | | | 9,682,253 |
| Index funds | 7,727,365 | | | 7,727,365 |
| Value funds | 2,750,523 | | | 2,750,523 |
| Managed Volatility funds | 810,886 | | | 810,886 |
| Fixed Accumulation Account | - | 13,656,884 | - | 13,656,884 |
| Total | $ 47,176,396 | $ 13,656,884 | $ - | $ 60,833,280 |

| | Assets at Fair Value as of December 31, 2017 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| December 31, 2017 | | | | |
| Mutual funds: | | | | |
| Blend funds | $ 17,999,197 | $ - | $ - | $ 17,999,197 |
| Bond funds | 2,795,122 | | | 2,795,122 |
| ETF funds | 1,691,841 | | | 1,691,841 |
| Fixed funds | 8,372,013 | | | 8,372,013 |
| Growth funds | 11,370,947 | | | 11,370,947 |
| Index funds | 9,116,574 | | | 9,116,574 |
| Value funds | 3,605,211 | | | 3,605,211 |
| Managed Volatility funds | 1,016,974 | | | 1,016,974 |
| Fixed Accumulation Account | - | 15,557,360 | - | 15,557,360 |
| Total | $ 55,967,879 | $ 15,557,360 | $ - | $ 71,525,239 |

## NOTE 4 INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2001, the Plan entered into a benefit-responsive deposit administration contract (GP9997) with The Ohio National Life Insurance Company (Ohio National). On June 2, 2016, an additional contract (GP4997) began. Both contracts are ongoing as of December 31, 2018. The amounts on the report represent a combination of the values appearing on the two contracts. Ohio National maintains the Plan's funds in accounts called the Fixed Accumulation and Variable Accumulation subaccounts. The value of the Fixed Accumulation Account is guaranteed by Ohio National and is part of their general assets. The Fixed account is credited with earnings on the underlying investments and charged for participant withdrawals and insurance premiums charged by Ohio National. The contract is included in the net assets available for benefits at fair value as determined using the market approach based on market prices of similar contracts. Because fair value and contract value closely approximate each other there is no adjustment from fair value to contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and insurance premiums. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Annuities purchased from Ohio National by the Plan are paid by Ohio National and are not considered assets of the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2018 and 2017 was $60,833,279 and $71,525,239 respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting. Interest rates were approximately 2.58% and 2.65% for 2018 and 2017. The Variable Accumulation subaccounts are not guaranteed. Their value is based on the investment performance of the securities maintained by Ohio National in separate accounts.

Certain events limit the ability of the Plan to transact at contract value with Ohio National. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occuring.

## NOTE 5 RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTONS

The participant's separate accounts are held and managed by The Ohio National Life Insurance Company. Ohio National Life Insurance Company is the plan administrator as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are deducted from participants' earnings and cannot be separately identified.

Administrative fees of $11,000 and $10,700 for 2018 and 2017 respectively, were paid by the Company.

Several employees of the plan sponsor provide administrative services to the Plan. These services include plan oversight and day-to-day plan administration. The Plan is not charged by the Company plan sponsor for the services of the employees to the Plan.

## NOTE 6 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their accounts.

The Plan had an automatic partial termination due to a layoff September 6, 2018. All affected participants became fully vested in accrued benefits at that date. The Plan committee decided to go back and 100% vest the participants who were laid off on December 31, 2017 as well.

## NOTE 7 TAX STATUS

The plan is an adoption of a volume submitter profit sharing plan sponsored by Sungard Business Systems, LLC. The plan sponsor has been informed by letter from the Internal Revenue Service, dated March 31, 2008, that the form of the plan is acceptable under Section 401 of the Internal Revenue Code for use by employers for the benefit of their employees.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## NOTE 9 CHANGE IN ACCOUNTING PRINCIPLE

Effective January 1, 2016, the Plan adopted FASB ASU No. 2015-07, *Fair Value Measurement* and FASB ASU No. 2015-12, *Plan Accounting*. There is no effect on income or ending net assets available for benefits for years ending December 31, 2018 and 2017.

## NOTE 10 SUBSEQUENT EVENTS

Effective January 1, 2019, the Niles Lankford Group (NLG) was engaged to provide certain administrative services to the Plan as a third-party administrator. In prior years, Ohio National had always administered the Plan in-house.

Effective July 1, 2019, the Plan was amended to change the entry dates of participation in regard to profit sharing.

Effective July 1, 2019, the Plan was amended to require participants to pay a loan application fee.

THE OHIO NATIONAL LIFE INSURANCE COMPANY
PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE (CONTINUED)
FORM 5500, SCH H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES AT END OF YEAR
YEAR ENDED DECEMBER 31, 2018
PLAN: 003 EIN: 31-0397090

| (a) | (b) Identity of issue borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| * | Ohio National Life | Fixed | | 13,656,884 |
| * | Alliance Bernstein | Dynamic Asset Allocation | | 34,254 |
| * | BlackRock | Equity Portfolio | | 2,712,919 |
| * | BlackRock | Advantage Small Cap Growth | | 206,383 |
| * | BlackRock | Advantage Large Cap Core | | 91,989 |
| * | BlackRock | Advantage Large Cap | | 38,005 |
| * | BlackRock | Balanced Allocation | | 565,754 |
| * | ClearBridge | Large Cap Value | | 205,820 |
| * | ClearBridge | Dividend Strategy | | 84,175 |
| * | ClearBridge | Small Cap | | 457,212 |
| * | Dreyfus | Appreciation | | 146,517 |
| * | Federated | High Income Bond | | 348,821 |
| * | Federated | Kaufmann Fund II | | 129,758 |
| * | Federated | Managed Volatility Fund II | | 65,608 |
| * | Federated | Mid-Cap Index | | 285,266 |
| * | Federated | Strategic Value Portfolio | | 214,400 |
| * | Fidelity | VIP Mid Cap Portfolio | | 978,616 |
| * | Fidelity | VIP Contrafund | | 1,201,659 |
| * | Fidelity | VIP Growth | | 725,535 |
| * | Fidelity | VIP Equity Income | | 392,784 |
| * | Fidelity | VIP Government Money Market | | 8,096,364 |
| * | Fidelity | VIP Real Estate Portfolio | | 328,161 |
| * | Fidelity | VIP Target Volatility | | 70,922 |
| * | Franklin | Allocation VIP Fund | | 96,788 |
| * | Franklin | Income VIP Fund | | 168,435 |
| * | Franklin | Flex Cap Growth Securities | | 109,662 |
| * | Geode | S&P 400 Index | | 164,386 |
| * | Geode | S&P 500 Index | | 4,476,185 |
| * | Geode | Nasdaq - 100 Index | | 1,788,802 |
| * | Goldman Sachs | Global Trends Allocation | | 48,981 |
| * | Goldman Sachs | Large Cap Value Fund | | 179,893 |
| * | Goldman Sachs | Small Cap Value Fund | | 83,934 |
| * | Goldman Sachs | U.S. Equity | | 173,250 |
| * | Goldman Sachs | Strategic Growth Fund | | 217,190 |
| * | ICON | Balanced Portfolio | | 176,537 |
| * | Invesco | Endeavor | | 63,412 |
| * | Invesco | VI Intl Growth Fund | | 100,318 |
| * | Invesco | VI Balanced Risk Allocation | | 3,144 |
| * | Ivy Funds | VIP Asset Strategy | | 87,155 |
| * | Ivy Funds | VIP Natural Resources | | 53,778 |
| * | Ivy Funds | VIP Science & Technology | | 477,318 |
| * | Janus Henderson | Enterprise Portfolio | | 905,768 |
| * | Janus Henderson | Research | | 5,259 |
| * | Janus Henderson | Global Research | | 681 |
| * | Janus Henderson | Global Research VIT | | 15,534 |
| * | Janus Henderson | Overseas | | 11,037 |
| * | Janus Henderson | Overseas VIT | | 603,024 |
| * | Janus Henderson | Research VIT | | 82,961 |
| * | Janus Henderson | Balanced | | 18,371 |
| * | Janus Henderson | Balanced VIT | | 610,883 |
| * | Janus Henderson | Forty Portfolio | | 963,345 |
| * | Janus Henderson | Risk Managed Balanced | | 11,913 |
| * | Janus Henderson | Venture Portfolio | | 1,678,919 |
| * | Janus Henderson | U.S. Low Volatility | | 324,744 |
| * | Jennison | Capital Appreciation | | 1,013,082 |
| * | JP Morgan | Small Cap Core | | 300,077 |
| * | JP Morgan | Mid Cap Value | | 682,550 |

THE OHIO NATIONAL LIFE INSURANCE COMPANY
PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE (CONTINUED)
FORM 5500, SCH H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
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YEAR ENDED DECEMBER 31, 2018
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|---|---|---|---|---|
| * | Lazard | Emerging Market | | 562,359 |
| * | Lazard | International Equity | | 1,254,921 |
| * | Lazard | Retirement Internatl Equity | | 158,134 |
| * | Lazard | Global Dynamic Multi-Asset | | 89,812 |
| * | Lazard | Retirement U.S. Small Mid Cap | | 513,288 |
| * | Lazard | U.S. Equity Select | | 32,361 |
| * | Legg Mason | Dynamic Multi-Strategy VIT | | 82,222 |
| * | MFS | Total Return | | 143,227 |
| * | MFS | New Discovery | | 208,366 |
| * | MFS | MA Investors Growth Stock | | 60,272 |
| * | MFS | Mid Cap Growth | | 95,676 |
| * | Morgan Stanley | VIF Core Plus Fixed Income | | 57,322 |
| * | Morgan Stanley | VIF U.S. Real Estate | | 358,783 |
| * | Morgan Stanley | VIF Growth | | 451,403 |
| * | Morningstar | Conservative ETF Asset | | 135,505 |
| * | Morningstar | Income & Growth ETF | | 156,643 |
| * | Morningstar | Balanced ETF Asset | | 325,893 |
| * | Morningstar | Growth ETF Asset | | 328,293 |
| * | Morningstar | Aggressive Growth ETF | | 487,796 |
| * | Neuberger Berman | Mid Cap Intrinsic Value | | 59,836 |
| * | One Choice 2025 | Portfolio | | 1,509,319 |
| * | One Choice 2035 | Portfolio | | 725,790 |
| * | One Choice 2045 | Portfolio | | 1,040,784 |
| * | One Choice in Retire | Portfolio | | 469,741 |
| * | One Choice 2055 | Portfolio | | 479,407 |
| * | ONF | Bond | | 847,943 |
| * | ONF | Forfeitures | | 28,685 |
| * | PIMCO | Real Return Portfolio | | 55,339 |
| * | PIMCO | Total Return | | 712,998 |
| * | PIMCO | Global Bond | | 227,861 |
| * | PIMCO | Global Diversified | | 64,804 |
| * | PIMCO | Real Return | | 244,338 |
| * | PIMCO | Short-Term Portfolio | | 533,356 |
| * | Prudential Jennison | 20/20 Focus | | 195,599 |
| * | Prudential Jennison | Portfolio | | 144,647 |
| * | Royce | Micro Cap | | 275,858 |
| * | Royce | Opportunity Fund | | 58,881 |
| * | Royce | Small Cap | | 334,561 |
| * | Templeton | Foreign VIP | | 103,551 |
| * | Templeton | ON Foreign | | 385,266 |
| * | TOPS | Managed Risk Balanced | | 25,412 |
| * | TOPS | Managed Risk Moderate | | 6,934 |
| * | TOPS | Managed Risk Growth | | 64,972 |
| | Subtotal | Investments at fair value | | 60,833,280 |
| | Notes Receivable | Interest rates range from 4.25-6.0% | | 749,677 |
| | Total | | | $ 61,582,957 |

* denotes party in interest
** The Plan is a participant directed individual account plan. Cost information is not required.

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SUPPLEMENTAL SCHEDULE (CONTINUED)
FORM 5500, SCH H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
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YEAR ENDED DECEMBER 31, 2018
PLAN: 003 EIN: 31-0397090

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| * | PIMCO | Short-Term Portfolio | | 533,356 |
| * | Prudential Jennison | 20/20 Focus | | 195,599 |
| * | Prudential Jennison | Portfolio | | 144,647 |
| * | Royce | Micro Cap | | 275,858 |
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| * | TOPS | Managed Risk Growth | | 64,972 |
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** The Plan is a participant directed individual account plan. Cost information is not required.