

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
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.) ☒ 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:	☒ Form 5558 ☒ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>THE OHIO NATIONAL LIFE INSURANCE CO PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>	
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) <u>OHIO NATIONAL LIFE INSURANCE</u> <u>PO BOX 237</u> <u>CINCINNATI, OH 45201</u>		1c Effective date of plan <u>01/01/1967</u>	2b Employer Identification Number (EIN) <u>31-0397080</u>
		2c Plan Sponsor's telephone number <u>513-794-6100</u>	2d Business code (see instructions) <u>524140</u>

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.	10/15/2020	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 1414
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 955 6a(2) 940 6b 97 6c 398 6d 1435 6e 6 6f 1441 6g 1357 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 2 **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
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.
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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	86	01/01/2019	12/31/2019

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).
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(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	

(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	7686715
5 Current value of plan's interest under this contract in separate accounts at year end	5	2223300

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	995
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	8544104
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c Additions: (1) Contributions deposited during the year	7c(1)	152308	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	239737	
(4) Transferred from separate account.....	7c(4)	288023	
(5) Other (specify below)	7c(5)	13797	

▶ LOAN REPAYMENTS

(6) Total additions.....	7c(6)	693865
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d Total of balance and additions (add lines 7b and 7c(6))	7d	9237969
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1551254	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	1551254
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	7686715
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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.....	10b	

Specify nature of costs.

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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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.
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1 Coverage Information:

(a) Name of insurance carrier THE OHIO NATIONAL LIFE INSURANCE CO
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(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	1294	01/01/2019	12/31/2019

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		(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	

(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	5138271
5 Current value of plan's interest under this contract in separate accounts at year end	5	50630808

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. 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	5112780
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c Additions: (1) Contributions deposited during the year	7c(1)	244473	
	7c(2)		
	7c(3)	120354	
	7c(4)	502699	
	7c(5)	33394	

▶ **LOAN REPAYMENTS**

(6) Total additions.....	7c(6)	900920
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d Total of balance and additions (add lines 7b and 7c(6))	7d	6013700
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	830857	
	7e(2)		
	7e(3)		
	7e(4)	44572	

▶ **LOANS**

(5) Total deductions.....	7e(5)	875429
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5138271
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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.....	10b	

Specify nature of costs.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2019</div> This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>THE OHIO NATIONAL LIFE INSURANCE CO PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OHIO NATIONAL LIFE INSURANCE</u>	D Employer Identification Number (EIN) <u>31-0397080</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>APPRECIATION PORTFOLIO</u>				
b Name of sponsor of entity listed in (a): <u>THE OHIO NATIONAL LIFE INSURANCE CO</u>				
c EIN-PN <u>13-3685668-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>223781</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED MID-CAP INDEX</u>				
b Name of sponsor of entity listed in (a): <u>THE OHIO NATIONAL LIFE INSURANCE CO</u>				
c EIN-PN <u>20-3532428-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>266420</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY VIP TARGET VOLATILITY</u>				
b Name of sponsor of entity listed in (a): <u>THE OHIO NATIONAL LIFE INSURANCE CO</u>				
c EIN-PN <u>46-1665803-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>94838</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P MIDCAP 400 INDEX</u>				
b Name of sponsor of entity listed in (a): <u>THE OHIO NATIONAL LIFE INSURANCE CO</u>				
c EIN-PN <u>20-3532428-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>130633</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN ALLOCATION VIP</u>				
b Name of sponsor of entity listed in (a): <u>THE OHIO NATIONAL LIFE INSURANCE CO</u>				
c EIN-PN <u>20-8663335-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>142532</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS U.S. EQUITY INSIGHTS</u>				
b Name of sponsor of entity listed in (a): <u>THE OHIO NATIONAL LIFE INSURANCE CO</u>				
c EIN-PN <u>36-4208957-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>202572</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RISK MANAGED BALANCED PORTFOLIO</u>				
b Name of sponsor of entity listed in (a): <u>THE OHIO NATIONAL LIFE INSURANCE CO</u>				
c EIN-PN <u>46-5132498-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24328</u>		

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) 763916
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) 357816
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) 514197
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) 1434494
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) 162668
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) 596315
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) 76198
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) 1802043
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) 1036720
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) 1384272

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) 367394
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) 639136
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) 244806
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) 361020
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK ADV LARGE CAP		
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) 31235
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) 931651
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) 57382
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) 399651
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) 85614
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) 838229

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) 286178
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) 728161
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) 234721
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) 694155
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) 236291
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) 130624
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) 348937
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) 344615
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) 625050
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) 7852319

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) 359268
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) 180626
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) 1179507
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) 1476357
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) 976724
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) 155595
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) 877893
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) 313014
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) 143333
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) 111840

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) 133495
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) 33428
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) 854045
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) 1206266
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) 1621561
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) 196388
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) 242397
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) 284585
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) 42644
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) 136703

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) 521501
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) 721489
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK ADV LG CAP CORE		
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) 4434240
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) 357256
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) 65133
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) 626489
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) 421888
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) 4956058
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) 2279174
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) 59372

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) 231378
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) 205428
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) 221599
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) 113527
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) 751176
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) 266840
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) 144285
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) 58917
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) 79353
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) 62313

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) 404002
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) 8254
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) 50681
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) 42422
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) 3792
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) 291972
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) 80165
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) 30228
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) 48079
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) 21102

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) 12680
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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) 70033
--------------------------------	------------------------	---

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)
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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)
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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)
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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)
-----------------	----------------------	---

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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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)	4787807	4364519
(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)	749676	709734
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	47176396	52854108
(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)	13656884	12824986
(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	66370763 70753347
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 through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	66370763 70753347

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	4364519
	(B) Participants	2a(1)(B)	495757
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	4860276
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)	35920
	(F) Other	2b(1)(F)	360067
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	395987
(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)		9824683
(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		15080946

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10686745	
(2) To insurance carriers for the provision of benefits	2e(2)	995	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10687740
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		10622
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		10698362

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4382584
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) ☒ Unmodified (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 ☒ 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:

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.)

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.)

	Yes	No	Amount
4a		X	
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?	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?		X	
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.)	X		
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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>THE OHIO NATIONAL LIFE INSURANCE CO PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OHIO NATIONAL LIFE INSURANCE</u>	D Employer Identification Number (EIN) <u>31-0397080</u>

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): <u>31-0397080</u>		
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	<u>0</u>

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

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): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

**THE OHIO NATIONAL LIFE INSURANCE COMPANY
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2019 AND 2018

CONTENTS

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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, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018, 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, 2019 and 2018, and the changes in net assets available for benefits for the years ended December 31, 2019 and 2018, 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, 2019, 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
Blue Ash, Ohio
October 5, 2020

THE OHIO NATIONAL LIFE INSURANCE COMPANY
PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments at fair value (see note 3)	\$ 65,679,094	\$ 60,833,280
Receivables:		
Employer contribution	4,364,519	4,787,806
Notes receivable from participants	<u>709,734</u>	<u>749,677</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 70,753,347</u>	<u>\$ 66,370,763</u>

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, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments (see note 3)	\$ 9,824,683	\$ (3,304,627)
Interest	<u>360,067</u>	<u>393,518</u>
	10,184,750	(2,911,109)
Interest income on notes receivable from participants	35,920	36,918
Contributions:		
Employer	4,364,519	4,873,245
Participants	495,757	568,437
Other income	<u>-</u>	<u>341</u>
	4,860,276	5,442,023
TOTAL ADDITIONS	<u>15,080,946</u>	<u>2,567,832</u>
DEDUCTIONS:		
Benefits paid to participants	10,686,745	12,799,799
Deemed distributions	10,622	120,238
Insurance premiums	<u>995</u>	<u>1,132</u>
TOTAL DEDUCTIONS	<u>10,698,362</u>	<u>12,921,169</u>
NET INCREASE	4,382,584	(10,353,337)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>66,370,763</u>	<u>76,724,100</u>
END OF YEAR	<u>\$ 70,753,347</u>	<u>\$ 66,370,763</u>

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 94 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 elective 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 7.5%, 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, 2019 and 2018, forfeited nonvested accounts totaled \$19,971 and \$11,955 respectively. These amounts will be used to reduce the employer contributions.

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

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 liability 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 5, 2020, the date the financial statements were available to be issued. See Note 11 of these financial statements.

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

NOTE 3 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy 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 liabilities 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, 2019 and 2018.

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.

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

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, 2019 and 2018.

	Assets at Fair Value as of December 31, 2019			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2019</u>				
Mutual funds:				
Blend funds	\$ 11,837,691	\$ -	\$ -	\$ 11,837,691
Bond funds	3,266,709			3,266,709
ETF funds	1,685,517			1,685,517
Fixed funds	7,889,020			7,889,020
Growth funds	16,211,575			16,211,575
Index funds	8,765,370			8,765,370
Value funds	2,538,818			2,538,818
Managed Volatility funds	659,408			659,408
Fixed Accumulation Account	-	12,824,986	-	12,824,986
Total	<u>\$ 52,854,108</u>	<u>\$ 12,824,986</u>	<u>\$ -</u>	<u>\$ 65,679,094</u>

	Assets at Fair Value as of December 31, 2018			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2018</u>				
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	<u>\$ 47,176,396</u>	<u>\$ 13,656,884</u>	<u>\$ -</u>	<u>\$ 60,833,280</u>

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

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, 2019. 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, 2019 and 2018 was \$65,679,094 and \$60,833,280 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 2.83% and 2.58% for 2019 and 2018. 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 occurring.

NOTE 5 RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

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 \$11,600 and \$11,000 for 2019 and 2018 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.

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

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, 2019 and 2018.

NOTE 10 AMENDMENTS

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 wording regarding the entry date of participation to: First day of the pay period following the pay period in which the Participant satisfies the eligibility requirements.

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

NOTE 10 AMENDMENTS CONTINUED

Effective July 1, 2019, the Plan was amended to require participants to pay a loan application fee of \$75 for all loans applied for beginning August 1, 2019. The annual maintenance fee is \$0. All fees are subject to change.

NOTE 11 SUBSEQUENT EVENTS

In late 2020, The Ohio National Insurance Company intends to change the provider and third-party administration of the Plan to Fidelity.

Effective October 27, 2020, the Ohio National 401(k) Pension Plan for Employees will merge into the Ohio National Profit Sharing Plan. The merged Plan will be called The Ohio National Life Insurance Company 401(k) and Profit Sharing Plan. Fidelity Investments will be its new third party administrator and the Plan document will be restated.

A novel strain of coronavirus surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The operations and business results of the Company could be materially adversely affected. The extent to which the coronavirus (or any other disease or epidemic) may impact business activity will depend on future developments. These future developments are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Management has performed an analysis of the activities and transactions subsequent to December 31, 2019 to determine the need for any adjustments to and/or disclosures within the financial statements for the year ended December 31, 2019. Management has performed their analysis of subsequent events through October 5, 2020, the date the financial statements were issued and determined no adjustments were needed.

FORM 5500, SCH H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES AT END OF YEAR
YEAR ENDED DECEMBER 31, 2019
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 Fund		12,824,986
*	Alliance Bernstein	Dynamic Asset Allocation		8,254
*	Alliance Bernstein	Risk Managed Balanced		24,328
*	BlackRock	Advantage Small Cap Growth		721,489
*	BlackRock	Advantage Large Cap Core		4,434,240
*	BlackRock	Advantage Large Cap		31,235
*	BlackRock	Balanced Allocation		931,651
*	BlackRock	Large Cap Value		231,378
*	BlackRock	ON Foreign		359,268
*	BlackRock Advantage	International Equity		1,434,494
*	BNY Mellon	Appreciation		223,781
*	ClearBridge	Large Cap Value		266,840
*	ClearBridge	Dividend Strategy		76,198
*	Federated	High Income Bond		399,651
*	Federated Hermes	Kaufmann Fund II		180,626
*	Federated Hermes	Managed Volatility Fund		50,681
*	Federated Hermes	Mid-Cap Index		266,420
*	Fidelity	VIP Mid Cap Portfolio		1,179,507
*	Fidelity	VIP Contrafund		1,476,357
*	Fidelity	VIP Growth		976,724
*	Fidelity	VIP Equity Income		404,002
*	Fidelity	VIP Government Money Market		7,852,319
*	Fidelity	VIP Real Estate Portfolio		357,256
*	Fidelity	VIP Target Volatility		94,838
*	Franklin	Allocation VIP Fund		142,532
*	Franklin	Income VIP Fund		205,428
*	Franklin	Flex Cap Growth Securities		155,595
*	Geode	S&P 400 Index		130,633
*	Geode	S&P 500 Index		4,956,058
*	Geode	Nasdaq - 100 Index		2,279,174
*	Goldman Sachs	Global Trends Allocation		42,422
*	Goldman Sachs	Large Cap Value Fund		221,599
*	Goldman Sachs	Small Cap Value Fund		113,527
*	Goldman Sachs	U.S. Equity		202,572
*	Goldman Sachs	Strategic Growth Fund		313,014
*	Invesco	Endeavor		57,382
*	Invesco	VI Intl Growth Fund		143,333
*	Invesco	VI Balanced Risk Allocation		3,792
*	Ivy Funds	VIP Asset Strategy		111,840
*	Ivy Funds	VIP Natural Resources		65,133
*	Ivy Funds	VIP Science & Technology		626,489
*	Janus Henderson	Enterprise Portfolio		877,893
*	Janus Henderson	Research		7,043
*	Janus Henderson	Global Research		868
*	Janus Henderson	Global Research VIT		32,560
*	Janus Henderson	Overseas		8,676
*	Janus Henderson	Overseas VIT		755,240
*	Janus Henderson	Research VIT		126,452
*	Janus Henderson	Balanced		24,074
*	Janus Henderson	Balanced VIT		829,971
*	Janus Henderson	Forty Portfolio		1,206,266
*	Janus Henderson	Venture Portfolio		1,621,561
*	Janus Henderson	U.S. Low Volatility		291,972
*	JP Morgan	Small Cap Core		357,816
*	JP Morgan	Mid Cap Value		751,176
*	Lazard	Emerging Market		514,197
*	Lazard	Retirement Internatl Equity		162,668
*	Lazard	Global Dynamic Multi-Asset		80,165

FORM 5500, SCH H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES AT END OF YEAR
YEAR ENDED DECEMBER 31, 2019
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
*	Lazard	Retirement U.S. Small Mid Cap		596,315
*	Legg Mason	Dynamic Multi-Strategy VIT		30,228
*	MFS	Total Return		144,285
*	MFS	New Discovery		284,585
*	MFS	MA Investors Growth Stock		42,644
*	MFS	Mid Cap Growth		136,703
*	Morgan Stanley	VIF Core Plus Fixed Income		85,614
*	Morgan Stanley	VIF U.S. Real Estate		421,888
*	Morgan Stanley	VIF Growth		521,501
*	Morningstar	Conservative ETF Asset		236,291
*	Morningstar	Income & Growth ETF		130,624
*	Morningstar	Balanced ETF Asset		348,937
*	Morningstar	Growth ETF Asset		344,615
*	Morningstar	Aggressive Growth ETF		625,050
*	Neuberger Berman	Mid Cap Intrinsic Value		58,917
*	One Choice 2025	Portfolio		1,802,043
*	One Choice 2035	Portfolio		1,036,720
*	One Choice 2045	Portfolio		1,384,272
*	One Choice 2055	Portfolio		639,136
*	One Choice in Retire	Portfolio		367,394
*	ONF	Bond		838,229
*	ONF	Forfeitures		36,701
*	PIMCO	Real Return Portfolio		286,178
*	PIMCO	Total Return		728,161
*	PIMCO	Global Bond		234,721
*	PIMCO	Global Diversified		48,079
*	PIMCO	Real Return		59,372
*	PIMCO	Short-Term Portfolio		694,155
*	Prudential Jennison	20/20 Focus		242,397
*	Prudential Jennison	Portfolio		196,388
*	Royce	Micro Cap		244,806
*	Royce	Opportunity Fund		62,313
*	Royce	Small Cap		361,020
*	Templeton	Foreign VIP		79,353
*	TOPS	Managed Risk Balanced		21,102
*	TOPS	Managed Risk Moderate		12,680
*	TOPS	Managed Risk Growth		70,033
	Subtotal	Investments at fair value		65,679,094
	Notes Receivable	Interest rates range from 4.25-7.5%		709,734
	Total			<u>\$ 66,388,828</u>

* denotes party in interest

** The Plan is a participant directed individual account plan. Cost information is not required.

FORM 5500, SCH H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES AT END OF YEAR
YEAR ENDED DECEMBER 31, 2019
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 Fund		12,824,986
*	Alliance Bernstein	Dynamic Asset Allocation		8,254
*	Alliance Bernstein	Risk Managed Balanced		24,328
*	BlackRock	Advantage Small Cap Growth		721,489
*	BlackRock	Advantage Large Cap Core		4,434,240
*	BlackRock	Advantage Large Cap		31,235
*	BlackRock	Balanced Allocation		931,651
*	BlackRock	Large Cap Value		231,378
*	BlackRock	ON Foreign		359,268
*	BlackRock Advantage	International Equity		1,434,494
*	BNY Mellon	Appreciation		223,781
*	ClearBridge	Large Cap Value		266,840
*	ClearBridge	Dividend Strategy		76,198
*	Federated	High Income Bond		399,651
*	Federated Hermes	Kaufmann Fund II		180,626
*	Federated Hermes	Managed Volatility Fund		50,681
*	Federated Hermes	Mid-Cap Index		266,420
*	Fidelity	VIP Mid Cap Portfolio		1,179,507
*	Fidelity	VIP Contrafund		1,476,357
*	Fidelity	VIP Growth		976,724
*	Fidelity	VIP Equity Income		404,002
*	Fidelity	VIP Government Money Market		7,852,319
*	Fidelity	VIP Real Estate Portfolio		357,256
*	Fidelity	VIP Target Volatility		94,838
*	Franklin	Allocation VIP Fund		142,532
*	Franklin	Income VIP Fund		205,428
*	Franklin	Flex Cap Growth Securities		155,595
*	Geode	S&P 400 Index		130,633
*	Geode	S&P 500 Index		4,956,058
*	Geode	Nasdaq - 100 Index		2,279,174
*	Goldman Sachs	Global Trends Allocation		42,422
*	Goldman Sachs	Large Cap Value Fund		221,599
*	Goldman Sachs	Small Cap Value Fund		113,527
*	Goldman Sachs	U.S. Equity		202,572
*	Goldman Sachs	Strategic Growth Fund		313,014
*	Invesco	Endeavor		57,382
*	Invesco	VI Intl Growth Fund		143,333
*	Invesco	VI Balanced Risk Allocation		3,792
*	Ivy Funds	VIP Asset Strategy		111,840
*	Ivy Funds	VIP Natural Resources		65,133
*	Ivy Funds	VIP Science & Technology		626,489
*	Janus Henderson	Enterprise Portfolio		877,893
*	Janus Henderson	Research		7,043
*	Janus Henderson	Global Research		868
*	Janus Henderson	Global Research VIT		32,560
*	Janus Henderson	Overseas		8,676
*	Janus Henderson	Overseas VIT		755,240
*	Janus Henderson	Research VIT		126,452
*	Janus Henderson	Balanced		24,074
*	Janus Henderson	Balanced VIT		829,971
*	Janus Henderson	Forty Portfolio		1,206,266
*	Janus Henderson	Venture Portfolio		1,621,561
*	Janus Henderson	U.S. Low Volatility		291,972
*	JP Morgan	Small Cap Core		357,816
*	JP Morgan	Mid Cap Value		751,176
*	Lazard	Emerging Market		514,197
*	Lazard	Retirement Internatl Equity		162,668
*	Lazard	Global Dynamic Multi-Asset		80,165

FORM 5500, SCH H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES AT END OF YEAR
YEAR ENDED DECEMBER 31, 2019
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
*	Lazard	Retirement U.S. Small Mid Cap		596,315
*	Legg Mason	Dynamic Multi-Strategy VIT		30,228
*	MFS	Total Return		144,285
*	MFS	New Discovery		284,585
*	MFS	MA Investors Growth Stock		42,644
*	MFS	Mid Cap Growth		136,703
*	Morgan Stanley	VIF Core Plus Fixed Income		85,614
*	Morgan Stanley	VIF U.S. Real Estate		421,888
*	Morgan Stanley	VIF Growth		521,501
*	Morningstar	Conservative ETF Asset		236,291
*	Morningstar	Income & Growth ETF		130,624
*	Morningstar	Balanced ETF Asset		348,937
*	Morningstar	Growth ETF Asset		344,615
*	Morningstar	Aggressive Growth ETF		625,050
*	Neuberger Berman	Mid Cap Intrinsic Value		58,917
*	One Choice 2025	Portfolio		1,802,043
*	One Choice 2035	Portfolio		1,036,720
*	One Choice 2045	Portfolio		1,384,272
*	One Choice 2055	Portfolio		639,136
*	One Choice in Retire	Portfolio		367,394
*	ONF	Bond		838,229
*	ONF	Forfeitures		36,701
*	PIMCO	Real Return Portfolio		286,178
*	PIMCO	Total Return		728,161
*	PIMCO	Global Bond		234,721
*	PIMCO	Global Diversified		48,079
*	PIMCO	Real Return		59,372
*	PIMCO	Short-Term Portfolio		694,155
*	Prudential Jennison	20/20 Focus		242,397
*	Prudential Jennison	Portfolio		196,388
*	Royce	Micro Cap		244,806
*	Royce	Opportunity Fund		62,313
*	Royce	Small Cap		361,020
*	Templeton	Foreign VIP		79,353
*	TOPS	Managed Risk Balanced		21,102
*	TOPS	Managed Risk Moderate		12,680
*	TOPS	Managed Risk Growth		70,033
	Subtotal	Investments at fair value		65,679,094
	Notes Receivable	Interest rates range from 4.25-7.5%		709,734
	Total			<u>\$ 66,388,828</u>

* denotes party in interest

** The Plan is a participant directed individual account plan. Cost information is not required.