Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
OHIO NATIONAL LIFE INSURANCE CO 401(K) PENSION PLAN FOR EMPLOYEES

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1998

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

PO BOX 237
CINCINNATI, OH 45201

PO BOX 237
CINCINNATI, OH 45201

2b Employer Identification Number (EIN) 31-0397080

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

2d Business code (see instructions) 524140

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/24/2023	THERESE MCDONOUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/24/2023	THERESE MCDONOUGH
	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.

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1629
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1297
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	957
b	Retired or separated participants receiving benefits	**6b**	79
c	Other retired or separated participants entitled to future benefits	**6c**	404
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1440
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	1445
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1389
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	30
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 2J 3D 2F 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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).	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan	**B** Three-digit plan number (PN) ▶
OHIO NATIONAL LIFE INSURANCE CO 401(K) PENSION PLAN FOR EMPLOYEES	004
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
OHIO NATIONAL LIFE INSURANCE CO	31-0397080

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

1 Coverage Information:

(a) Name of insurance carrier

THE OHIO NATIONAL LIFE INSURANCE COMPANY

(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	GP9998	58	01/01/2018	12/31/2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	4211016
5	Current value of plan's interest under this contract in separate accounts at year end	5	3248652

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	4317345
c	Additions: (1) Contributions deposited during the year	7c(1)	203515		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	126862		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	10684		
	▶				
	(6)Total additions			7c(6)	341061
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	4658406
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	367971		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	72327		
	(4) Other (specify below)	7e(4)	7092		
	▶				
	(5) Total deductions			7e(5)	447390
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	4211016

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 A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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).	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan	**B** Three-digit plan number (PN) ▶
OHIO NATIONAL LIFE INSURANCE CO 401(K) PENSION PLAN FOR EMPLOYEES	004
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
OHIO NATIONAL LIFE INSURANCE CO	31-0397080

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

1 Coverage Information:

(a) Name of insurance carrier

THE OHIO NATIONAL LIFE INSURANCE COMPANY

(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	GP4998	1323	01/01/2018	12/31/2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	4095405
5	Current value of plan's interest under this contract in separate accounts at year end	5	74577026

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year		7b	3879952
c	Additions: (1) Contributions deposited during the year	7c(1)	233582	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	90925	
	(4) Transferred from separate account	7c(4)	277427	
	(5) Other (specify below)	7c(5)	180989	
	▶			
	(6)Total additions		7c(6)	782923
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	4662875
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	545781	
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)	21689	
	▶			
	(5) Total deductions		7e(5)	567470
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	4095405

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 A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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).	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan	**B** Three-digit plan number (PN) ▶
OHIO NATIONAL LIFE INSURANCE CO 401(K) PENSION PLAN FOR EMPLOYEES	004
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
OHIO NATIONAL LIFE INSURANCE CO	31-0397080

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

1 Coverage Information:

(a) Name of insurance carrier

THE OHIO NATIONAL LIFE INSURANCE COMPANY

(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	GP4401	7	01/01/2018	12/31/2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	381231

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year		7b	
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(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)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	

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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
OHIO NATIONAL LIFE INSURANCE CO 401(K) PENSION PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-0397080

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MORNINGSTAR AGGRESSIVE GROWTH ASSET
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO
c EIN-PN 20-8444012-004 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 845391

a Name of MTIA, CCT, PSA, or 103-12 IE: MORNINGSTAR GROWTH ETF ASSET AL
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO
c EIN-PN 20-8444011-004 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 685230

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 20-8444009-004 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 339866

a Name of MTIA, CCT, PSA, or 103-12 IE: MORNINGSTAR INCOME & GROWTH ETF ASS
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO
c EIN-PN 20-8444008-004 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123948

a Name of MTIA, CCT, PSA, or 103-12 IE: MORNINGSTAR CONSERV ETF ASSET ALLOC
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO
c EIN-PN 20-8444003-004 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 274211

a Name of MTIA, CCT, PSA, or 103-12 IE: TOPS MANAGED RISK GWOWTH ETF PORT
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO
c EIN-PN 27-5316768-004 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 321077

a Name of MTIA, CCT, PSA, or 103-12 IE: TOPS MANAGED RISK MOD GROWTH
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO
c EIN-PN 27-5316624-004 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22923

a Name of MTIA, CCT, PSA, or 103-12 IE: TOPS MANAGED RISK BALANCED ETF PORT			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 27-5316462-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24786
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 13-3913303-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	130695
a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE SMALL-CAP PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3890607-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	913744
a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE MICRO-CAP PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3890605-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	496422
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 22-3361444-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	330000
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 22-3639880-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	426126
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 13-2740556-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1227079
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL DIVERSIFIED ALLOC PORT			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 45-4806845-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	87524
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO COMMODITYREAL RETURN STRART			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-1214735-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	46253
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 33-0782448-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	302512

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 33-0782446-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1265773
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 33-0821377-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	414475
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN MID CAP			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-4183852-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99550
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS TOTAL RETURN SERIES			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 04-3226595-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	564258
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH SERIES			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 04-3504553-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	408710
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS NEW DISCOVERY SERIES			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 04-3417481-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	324790
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASS INVESTORS GROWTH			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-2740556-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	90746
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY VIF GROWTH PORT			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3905268-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	905669
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY VIF CORE PLUS			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3905259-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	276879
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY VIL US REAL EST			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3905252-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	506738

a Name of MTIA, CCT, PSA, or 103-12 IE: QS LEGG MASON DYNAMIC MULTI STRAT			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 45-3263972-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	460621
a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE VARIABLE LARG CAP VAL			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3986368-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	463986
a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE VARIABLE DIV STRAT			
b Name of sponsor of entity listed in (a): THE OHIO LIFE INSURANCE CO			
c EIN-PN 56-2290373-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	480889
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD RETIREMENT GLOBL DYNAMIC			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 45-4726521-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	171060
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD RETIREMENT INTERNTL EQ			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3948048-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	385533
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD RETIREMENT US EQUITY SELECT			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3948045-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	130390
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD RETIREMENT US SMALL MID			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 22-3514370-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	672786
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD RETIREMENT EMERG MRKT EQUITY			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3948052-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1343439
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN INS TRUST MID CAP VALUE			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 38-3347502-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1483356
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN INS TRUST SMALL CAP CORE			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-5044196-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	781744

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY VIP SCIENCE AND TECHNOLOGY PORT			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 48-1191284-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	814559
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY VIP NATURAL RESOURCES PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 43-2076728-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99921
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY VIP ASST STRATEGY PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 48-1164309-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	308633
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. BALANCED-RISK ALLOC FU			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 26-3697524-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	309068
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. INTERNL GROWTH FUND II			
b Name of sponsor of entity listed in (a): THE OHIO NATIONA;L LIFE INSURANCE CO			
c EIN-PN 76-0396500-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	328430
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS SMALL CAP VALUE FUND			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3682901-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	234249
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS GLOBAL TRENDS ALLOC F			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 45-3064361-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19167
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STRATEGIC GROWTH FUND			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 36-4209666-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	446728
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS U.S. EQTY INSIGHTS FU			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 36-4208957-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	446032
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS LARGE CAP VALUE FUND			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 36-4200266-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	468904

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 94-3102967-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	384529
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN FLEX CAP GROWTH VIP FUND			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-2122223-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	178220
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN VIP FUND			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 94-3152672-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	242607
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN FOUNDING FUNDS ALLOCA VIP			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-8663335-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	201892
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP TARGET VOLATILITY PORT			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 46-1665803-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	210614
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 04-3702559-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	510464
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY-INCOME PORTFOLI			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 04-2940581-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	784220
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 04-2940579-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1228777
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 04-3247643-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2349090
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 04-3438384-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1861084

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GOVT MM PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 04-2766128-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8770397
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED MID-CAP INDEX FUND			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 25-1689843-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	892066
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED MANAGED VOLATILITY FD II			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSUANCE CO			
c EIN-PN 25-6425525-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	462980
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED KAUFMANN FUND II SRV SHRS			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 46-0470421-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	375879
a Name of MTIA, CCT, PSA, or 103-12 IE: APPRECIATION PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 13-3685668-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	216470
a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE (R) 2055 PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 27-4406485-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	926884
a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE (R) IN RETIREMENT PORTFO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-1257443-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	730260
a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE (R) 2045 PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-1257250-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2937303
a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE (R) 2035 PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-1256148-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2088484
a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE (R) 2025 PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-1256021-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1630314

a Name of MTIA, CCT, PSA, or 103-12 IE: ON RISK MANAGED BALANCED PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 46-5132498-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65457
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 77-0608563-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	101977
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON VIT US LOW VOLIATIL			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 46-0730557-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	619086
a Name of MTIA, CCT, PSA, or 103-12 IE: AB VPS DYNAMIC ASSET ALLOCATION POR			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 27-4573122-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	64720
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK ADV LA CAP			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-8675401-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	78341
a Name of MTIA, CCT, PSA, or 103-12 IE: ON S&P MIDCAP 400 INDEX PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-3532428-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	478879
a Name of MTIA, CCT, PSA, or 103-12 IE: ON ICON BALANCED PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 20-0996278-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	323561
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK ADV LA CAP (BLEND)			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 04-3645520-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	425707
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK SM CAP			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 41-2039065-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	292595
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 84-1258455-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	939529

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 84-1202874-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1099288
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON GLOBAL RESEARCH FUN			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 84-1168465-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21952
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 84-1221432-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	491313
a Name of MTIA, CCT, PSA, or 103-12 IE: ON NASDAQ-100 INDEX PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1707899-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3261328
a Name of MTIA, CCT, PSA, or 103-12 IE: ON CLEARBRIDGE SMALL CAP PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1590476-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	683226
a Name of MTIA, CCT, PSA, or 103-12 IE: ON FEDERATED STRATEGIC VALUE DIVDN			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1590485-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	544585
a Name of MTIA, CCT, PSA, or 103-12 IE: ON FEDERATED HIGH INCOME BOND PORTF			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1590479-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	914453
a Name of MTIA, CCT, PSA, or 103-12 IE: ON JANUS HENDERSON ENTERPRISE PORTF			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1480016-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1173621
a Name of MTIA, CCT, PSA, or 103-12 IE: ON JANUS HENDERSON VENTURE PORTFOLI			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1482004-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2939227
a Name of MTIA, CCT, PSA, or 103-12 IE: ON S&P 500 INDEX PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1480018-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7514524

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 31-1431071-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	705380
a Name of MTIA, CCT, PSA, or 103-12 IE: ON JANUS HENDERSON FORTY PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1431072-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1604630
a Name of MTIA, CCT, PSA, or 103-12 IE: ON CAPITAL APPRECIATION PORFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1406739-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1361663
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDUCIARY CAPITAL MANAGEMENT			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 41-6374063-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	381231
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT VIP S&P 500			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1446489-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	387
a Name of MTIA, CCT, PSA, or 103-12 IE: ON INTERNATIONAL EQUITY PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1377525-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	608159
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK BALANCED ALLOC			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1248845-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	661998
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 31-1248844-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1151207
a Name of MTIA, CCT, PSA, or 103-12 IE: ON EQUITY PORTFOLIO			
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO			
c EIN-PN 31-1248842-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1389353
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

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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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
OHIO NATIONAL LIFE INSURANCE CO 401(K) PENSION PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 004

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

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)	2845069	2394986
(2) Participant contributions	1b(2)		1049
(3) Other	1b(3)		2251
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)	1022298	747472
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	90483142	78206909
(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)	8197297	8306421
(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	102547806	89659088
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	7645	
k Total liabilities (add all amounts in lines 1g through1j)	1k	7645	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	102540161	89659088

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2394418	
(B) Participants	2a(1)(B)	6833600	
(C) Others (including rollovers)	2a(1)(C)	136859	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9364877
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)	43440	
(F) Other	2b(1)(F)	217787	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		261227
(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)		0
(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)		0
(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)		0

		(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)		-5410457
(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		4215647
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16896294	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		16896294
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		200237
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	189	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		189
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17096720
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-12881073
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
OHIO NATIONAL LIFE INSURANCE CO 401(K) PENSION PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-0397080

Part I Distributions

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

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

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

EIN(s): 31-0397080 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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
401(K) PENSION PLAN FOR EMPLOYEES

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2018 AND 2017

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Schulte & Uhrig
Certified Public Accountants, Inc.

INDEPENDENT AUDITORS' REPORT

To the Trustees of
The Ohio National Life Insurance Company
401(K) Pension Plan for Employees

Report on the Financial Statements

We have audited the accompanying financial statements of The Ohio National Life Insurance Company 401(K) Pension Plan for Employees, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes as of December 31, 2018 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental 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
January 9, 2023

THE OHIO NATIONAL LIFE INSURANCE COMPANY
401(K) PENSION PLAN FOR EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Assets:		
Investments at fair value (See note 3)	$ 86,513,330	$ 98,680,439
Receivables:		
Employer's contribution	2,394,986	2,845,069
Participants' contributions	1,049	-
Forfeitures	2,251	-
Notes receivable from participants	747,472	1,022,298
Total receivables	3,145,758	3,867,367
Total assets	89,659,088	102,547,806
Liabilities:		
Employee contribution pre-payment	-	7,645
Total Liabilities	-	7,645
Net assets available for benefits	$ 89,659,088	$ 102,540,161

See accompanying notes to the financial statements.

THE OHIO NATIONAL LIFE INSURANCE COMPANY
401(K) PENSION PLAN FOR EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Additions:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ (5,410,457)	$ 12,652,145
Interest	217,787	205,029
	(5,192,670)	12,857,174
Interest income on notes receivable from participants	43,440	44,944
Contributions:		
Employer	2,394,418	2,843,241
Participants	6,833,600	6,969,239
Rollovers	136,859	201,771
Other Income	-	3,379
	9,364,877	10,017,630
Transfer In from FCM merger (see note 4)	-	1,827,532
Total additions	4,215,647	24,747,280
Deductions:		
Benefits paid to participants	16,896,294	9,693,226
Deemed distributions	200,237	18,096
Fees	189	-
Total deductions	17,096,720	9,711,322
Net (decrease) / increase	(12,881,073)	15,035,958
Net assets available for benefits:		
Beginning of year	102,540,161	87,504,203
End of year	$ 89,659,088	$ 102,540,161

See accompanying notes to the financial statements.

THE OHIO NATIONAL LIFE INSURANCE COMPANY
401(K) PENSION PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF THE PLAN

The following description of The Ohio National Life Insurance Company (Company) 401(k) Pension Plan for Employees (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 all employees of the company starting on the employee's date of hire. It is subject to the provisions of the ERISA. The Board of Trustees is responsible for 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 Board of Trustees.

Contributions. Each year, participants may contribute up to 100% of annual compensation, either on a pretax basis or to a Roth 401(K) account, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their and the Company's contributions (in 1% increments) to either the fixed accumulation account or the variable accumulation account C's subaccounts. The Plan currently offers 95 account C's subaccounts as investment options for participants. The Company contributes 3% of compensation of each employee that is eligible for the employer contribution. Only those participants hired on or after January 1, 1998 who complete a year of service and do not incur a termination of employment prior to the last day of the calendar year are eligible for the employer contribution. Contributions are subject to certain IRS limitations.

Participant Accounts. Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) gains or losses on plan funds. Plan forfeitures are used to reduce the company contribution. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, 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 contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after three years of credited service.

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 and bear interest at rates ranging from 4.25% to 7%, 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, or in substantially equal installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts. At December 31, 2018 and 2017, forfeited nonvested accounts totaled $21,125 and $11,127, respectively. These accounts will be used to reduce future employer contributions.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contract which is substantially equal to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a 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 January 9, 2023 the date the financial statements were available to be issued. See Note 11 for subsequent event details.

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, 2018 and 2017.

Investment Contract with Insurance Company

The asset of the investment contract with the insurance company is recorded at fair value based primarily on market quotations of the underlying securities and the unit value of the general fixed accumulation account. The underlying securities are mutual funds that are fair valued using the reported net asset value. The net asset value is calculated using market observable data and the mutual funds are restricted to contract holders. The general fixed accumulation account is valued at 1.00 per unit, the amount at which all transactions are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurement at the reporting date.

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

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

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Blend Funds	19,429,731			19,429,731
Bond Funds	5,934,722			5,934,722
ETF Funds	2,268,870			2,268,870
Fixed Funds	8,791,522			8,791,522
Growth Funds	19,996,896			19,996,896
Index Funds	13,644,582			13,644,582
Managed Volatility	2,839,198			2,839,198
Value Funds	5,301,388			5,301,388
Total Mutual Funds	78,206,909	-	-	78,206,909
Fixed Accumulation Account	-	8,306,421	-	8,306,421
Total assets at fair value	$ 78,206,909	$ 8,306,421	$ -	$ 86,513,330

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Blend Funds	22,851,115			22,851,115
Bond Funds	5,970,555			5,970,555
ETF Funds	2,932,928			2,932,928
Fixed Funds	8,519,976			8,519,976
Growth Funds	23,227,162			23,227,162
Index Funds	16,426,816			16,426,816
Managed Volatility	3,948,606			3,948,606
Value Funds	6,605,983			6,605,983
Total Mutual Funds	90,483,141	-	-	90,483,141
Fixed Accumulation Account		8,197,298		8,197,298
Total assets at fair value	$ 90,483,141	$ 8,197,298	$ -	98,680,439

NOTE 4 INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2001, the Plan entered into a fully benefit-responsive deposit administration contract (GP9998) with The Ohio National Life Insurance Company (Ohio National). On June 2, 2016, an additional contract (GP4998) began. As of January 1, 2017 a third contract was merged into the plan (GP4401), see note 10. All three contracts are ongoing as of December 31, 2018. The amounts on the report represent a combination of the values appearing on the the three 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 variable accounts are not guaranteed. The contract is included in the net assets available for benefits at fair value which is substantially equal to contract value as determined using the market approach based on market prices of similar contracts.

Because the investment contracts are fully benefit-responsive, contract values are the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. The investment contracts are presented on the face of the statement of net assets available for benefits at fair value which is substantially equal to contract value. Contract value, as reported to the Plan by Ohio National, 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.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2018 and 2017 was $86,513,330 and $98,680,439, 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 2.575% and 2.65% for 2018 and 2017.

Certain events limit the ability of the Plan to transact at contract value with the issuer. 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, (5) premature termination of the contract. The Plan administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would also limit the ability of the plan to transact at contract value with the participants.

The investment contract permits the insurance company to terminate the agreement prior to the scheduled maturity date through written notice 60 days in advance of termination date.

NOTE 5 RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

The participants' separate accounts are held and managed by The Ohio National Life Insurance Company. The Ohio National Life Insurance Company is the Plan administrator as defined by the Plan and, therefore, these transactions qualify as party-in-interest. During 2018 and 2017, administrative fees were deducted from participants' earnings but could not be separately identified.

Several employees of the Ohio National Life Insurance Company 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 for the services of the employees to the Plan.

During 2018 and 2017, the Company paid audit fees of $10,700 and $9,800, respectively, on behalf of the Plan.

NOTE 6 PLAN TERMINATION

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

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 401(k) profit sharing plan sponsored by the Ohio National Life Insurance Company. The Internal Revenue Service has informed the plan sponsor by letter dated March 31, 2008 that the form of the plan is acceptable under IRC Section 401 for use by employers for the benefit of employees.

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

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 9 CHANGE IN ACCOUNTING PRINCIPLE

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

NOTE 10 PLAN RESTATEMENT

Effective January 1, 2017, Fiduciary Capital Management, Inc., acquired by Ohio National Life Insurance in 2015, merged their existing 401(k) plan into Ohio National Life Insurance's Plan.

NOTE 11 SUBSEQUENT EVENTS

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

Effective July 1, 2019, the Plan was amended to change the entry dates of participation in regard to elective deferrals and non-elective profit sharing. Also, partial withdrawals are now allowed.

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

Effective October 27, 2020, The Ohio National 401K Pension Plan for Employees merged 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 the new third-party administrator and the Plan document will be restated. All plan assets have transferred to Fidelity.

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.

NOTE 11 SUBSEQUENT EVENTS (CONT'D)

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, 2018 to determine the need for any adjustments to and/or disclosures within the financial statements for the year ended December 31, 2018. Management has performed their analysis of subsequent events through January 9, 2023, the date the financial statements were issued and determined no adjustments were needed.

Due to various circumstances the Plan's financial statements for years ending December 31, 2018, 2019, and 2020 were not finalized until early 2023. Forms 5500 for years 2018, 2019, and 2020 will be amended and filed through the DFVCP (Delinquent Filer Voluntary Compliance Program).

NOTE 12 CORRECTION OF ERROR

A prior period adjustment was made to decrease Notes Receivable from Participants and increase Benefits Paid to Participants for year ended December 31, 2017. The amounts adjusted are immaterial to the prior period.

THE OHIO NATIONAL LIFE INSURANCE COMPANY
401(K) PENSION PLAN FOR EMPLOYEES
SUPPLEMENTAL SCHEDULE
FORM 5500, SCH H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2018
PLAN: 004 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		$ 8,306,421
*	Alliance Bernstein	Dynamic Asset		64,720
*	American Century	One Choice 2025 Portfolio		1,630,314
*	American Century	One Choice 2035 Portfolio		2,088,484
*	American Century	One Choice 2045 Portfolio		2,937,303
*	American Century	One Choice 2055 Portfolio		926,884
*	American Century	One Choice in Retirement		730,260
*	Calvert	VP S&P 500 Index Portfolio		387
*	Dreyfus	Appreciation Portfolio		216,470
*	Federated	Kaufman Fund II		375,879
*	Federated	Managed Volatility Fund II		462,980
*	Federated	Mid Cap Index Fund		892,066
*	Fidelity	VIP Contrafund Portfolio		2,349,090
*	Fidelity	VIP Equity-Income Portfolio		784,220
*	Fidelity	VIP Growth Portfolio		1,228,777
*	Fidelity	VIP Mid Cap Portfolio		1,861,084
*	Fidelity	VIP Real Estate Portfolio		510,464
*	Fidelity	VIP Target Volatility Portfolio		210,614
*	Fidelity	VIP Government Money Market Portfolio		8,771,400
*	Fiduciary Capital	Preservation Plus Fund		381,231
*	Franklin	Flex Cap Growth Securities Fund		178,220
*	Franklin	Income VIP Fund		384,529
*	Franklin	Founding Funds Allocation Fund		201,892
*	Franklin	Templeton Foreign VIP Fund		242,607
*	Goldman Sachs	Global Trends Allocation		19,167
*	Goldman Sachs	Large Cap Value Fund		468,904
*	Goldman Sachs	Small Cap Value Fund		234,249
*	Goldman Sachs	Strategic Growth Fund		446,728
*	Goldman Sachs	U.S. Equity Insights Fund		446,032
*	Invesco	International Growth Equity Fund		328,430
*	Invesco	VI Balanced Risk Allocation		309,068
*	Invesco	Endeavor Fund		101,977
*	Ivy Funds	VIP Asset Strategy		308,633
*	Ivy Funds	VIP Global Natural Resources		99,921
*	Ivy Funds	VIP Science and Technology		814,559
*	Janus Henderson	US Low Volatility		619,086
*	Janus Henderson	Global Research Fund		21,952

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*	Janus Henderson	Janus Balanced Fund		1,099,288
*	Janus Henderson	Research Portfolio		491,313
*	Janus Henderson	Janus Overseas Fund		939,529
*	JP Morgan Insurance Trust	Mid Cap Value		1,483,356
*	JP Morgan Insurance Trust	Small Cap Core		781,744
*	Lazard Retirement	Emerging Market Equity		1,343,439
*	Lazard Retirement	International Equity		385,533
*	Lazard Retirement	Dynamic Multi Asset		171,060
*	Lazard Retirement	U.S. Small-Mid Cap		672,786
*	Lazard Retirement	U.S. Strategic Equity		130,390
*	Legg Mason	ClearBridge Large Cap Value		463,986
*	Legg Mason	Dynamic Multi-Strategy VIT		460,621
*	Legg Mason	ClearBridge Dividend Strategy		480,889
*	MFS	Investors Growth Stock Series		90,746
*	MFS	Mid Cap Growth Series		408,710
*	MFS	New Discovery Series		324,790
*	MFS	Total Return Series		564,258
*	Morgan Stanley VIF	Core Plus Fixed Income		276,879
*	Morgan Stanley VIF	Growth Portfolio		905,669
*	Morgan Stanley VIF	U.S. Real Estate		506,738
*	Morningstar	Aggressive Growth ETF Asset Allocation		845,391
*	Morningstar	Balanced ETF Asset Allocation		339,866
*	Morningstar	Conservative ETF Asset Allocation		274,211
*	Morningstar	Growth ETF Asset Allocation		685,230
*	Morningstar	Income & Growth ETF Asset Allocation		123,948
*	Neuberger Berman	Mid Cap Intrinsic Value		99,550
*	Ohio National Fund	Bond Portfolio		1,151,207
*	Ohio National Life	Forfeitures		21,125
*	ON (ClearBridge)	Equity Portfolio		1,389,353
*	ON (ClearBridge)	Small Cap Portfolio		683,226
*	ON (Federated)	Strategic Value Portfolio		544,585
*	ON (Federated)	High Income Bond Portfolio		914,453
*	ON (Geode)	S&P 400 Index Portfolio		478,879
*	ON (Geode)	Nasdaq - 100 Index		3,261,328
*	ON (Geode)	S&P 500 Index		7,514,524
*	ON (Goldman Sachs)	Mid Cap Opportunity Portfolio		1,173,621
*	ON (Icon)	Balanced Portfolio		323,561
*	ON (Janus)	Aggressive Growth Portfolio		1,604,630
*	ON (Janus)	Small Cap Growth Portfolio		2,939,227
*	ON (Janus/AnchorPath)	Risk Managed Balanced Portfolio		65,457

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*	ON (Jennison)	Capital Appreciation Portfolio		1,361,663
*	ON (Lazard)	International Portfolio		608,159
*	ON (Suffolk)	Bristol Growth Portfolio		78,341
*	ON (Suffolk)	Bristol Portfolio		425,707
*	ON (Suffolk)	Bryton Growth Portfolio		292,595
*	ON (Blackrock)	Balanced Allocation		661,998
*	ON (Templeton)	Foreign Portfolio		705,380
*	PIMCO	Commodity Real Return Strategy		46,253
*	PIMCO	Global Bond Portfolio (Unhedged)		302,512
*	PIMCO	Global Diversified Allocation		87,524
*	PIMCO	Real Return Portfolio		414,475
*	PIMCO	Short-Term Portfolio		1,227,079
*	PIMCO	Total Return Portfolio		1,265,773
*	Prudential	Jennison 20/20 Focus		426,126
*	Prudential	Jennison Portfolio		330,000
*	Royce	Micro-Cap Portfolio		496,422
*	Royce	Opportunity Fund		130,695
*	Royce	Small-Cap Portfolio		913,744
*	TOPS Managed Risk	Balanced ETF		24,786
*	TOPS Managed Risk	Growth ETF		321,077
*	TOPS Managed Risk	Moderated Growth ETF		22,923
	Subtotal	Investments at Fair Value		86,513,330
	Participant Loans earning interest of 4.25% to 7.00%			747,472
				$ 87,260,802

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