Filing at a Glance

Company:	The Ohio National Life Insurance Company
Product Name:	Group Annuity Endorsement
State:	Arkansas
TOI:	A03G Group Annuities - Deferred Variable
Sub-TOI:	A03G.002 Flexible Premium
Filing Type:	Form
Date Submitted:	09/19/2012
SERFF Tr Num:	ONFS-128636065
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	FEES PAID
Co Tr Num:	FORM 12-UAE-1
Implementation Date Requested:	On Approval
Author(s):	Doris Jackson, Peggy Johnson, Katherine Skerchock
Reviewer(s):	Linda Bird (primary)
Disposition Date:	09/25/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: *Arkansas* **Filing Company:** *The Ohio National Life Insurance Company*
TOI/Sub-TOI: *A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium*
Product Name: *Group Annuity Endorsement*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 09/25/2012
State Status Changed: 09/19/2012
Created By: Doris Jackson
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: The form has been filed in Ohio, our domiciliary state on 8/16/12. Forms filed in Ohio are deemed approved 30 days after filing is received, Ohio Rev. 395.14.
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Doris Jackson

Filing Description:
Re: Form 12-UAE-1, Endorsement

Enclosed for your review and approval is an Endorsement intended for use with Group Annuity Contract, Form GA-09-V-1, approved in your state on 10/6/09, SERFF tracking number ONFS-126322158. There are no rates associated with this Endorsement. It is new and does not replace any previously approved form; it can only be added to the policy at the time of issue.

The purpose of the Endorsement is to expand the use of the previously approved allocated contract (where participants direct the investments) to an unallocated contract (where the Contractholder directs all investments into a single account).

The product will be sold to purchasers of group annuities by representatives licensed to sell pension products in your state. The representatives will be properly appointed by Ohio National. This group annuity is not an SEC – registered product.

The form is in final print, subject to minor variations in fonts, paper stock, color, duplexing and positioning. Brackets have been placed surrounding the Company's officer's signature and our Home Office address, to be presented as variable data.

The application that will be used in applying for the base contract with which this form is to be used is Form 6325 which was approved with the contract via the SERFF submission listed above.

The base contract, this endorsement and riders will not be illustrated. All other required filing documents are included in this submission.

Actuarial questions concerning this submission may be directed to Mr. Jeff Mackey, Investments and Annuities, at 513-794-6504.

Please feel free to contact me with any additional questions or concerns. I can be reached at 1-800-366-6654, Dept. 7, Option 2 (press 7 after the initial greeting, the system does not prompt this), via fax at 1-513-794-4522, or at the following e-mail address: Doris_Jackson@ohionational.com.

Thank you for your assistance with this filing. I look forward to your approval.

Sincerely,

Doris Jackson, FLMI, AIRC, HIA, CCP
Contract Compliance Regulatory Coordinator
Contract Compliance/Product Development

Company and Contact

Filing Contact Information

Doris Jackson,
One Financial Way
Cincinnati, OH 45242

Doris_Jackson@ohionational.com
513-794-6440 [Phone]
513-794-4522 [FAX]

Filing Company Information

The Ohio National Life Insurance Company
1 Financial Way
Cincinnati, OH 45242
(513) 794-6100 ext. [Phone]

CoCode: 67172
Group Code: 704
Group Name: ONFS
FEIN Number: 31-0397080

State of Domicile: Ohio
Company Type: Life and Annuity
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	AR Fee is $50, OH's fee is $50 per filing
Per Company:	No

Company	Amount	Date Processed	Transaction #
The Ohio National Life Insurance Company	$50.00	09/19/2012	62828646

State: *Arkansas* **Filing Company:** *The Ohio National Life Insurance Company*
TOI/Sub-TOI: *A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium*
Product Name: *Group Annuity Endorsement*
Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/25/2012	09/25/2012

State: Arkansas **Filing Company:** The Ohio National Life Insurance Company
TOI/Sub-TOI: A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium
Product Name: Group Annuity Endorsement
Project Name/Number: /

Disposition

Disposition Date: 09/25/2012
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Endorsement		Yes

State: *Arkansas* **Filing Company:** *The Ohio National Life Insurance Company*
TOI/Sub-TOI: *A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium*
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Project Name/Number: */*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		Form 12-UAE-1	POLA	Endorsement	Initial:	0.000	12-UAE-1.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

Endorsement

This Endorsement is issued with the Contract and is effective on the Contract Issue Date. The purpose of this Endorsement is to allow the Contractholder to invest contributions and account assets in a single, unallocated account for all Participants. To carry out this purpose, the Contract (including the application and any attached amendments, riders and/or endorsements) is hereby endorsed and modified as follows:

Definitions, Generally

Capitalized terms in this Endorsement shall have the meaning ascribed to them in the base contract, unless otherwise defined herein.

Plan Account

Plan Account is redefined and characterized as an unallocated Participant Account for the Contractholder in which all contributions and investments under the Contract are held until withdrawn as provided in the Contract to pay Plan benefits or make other payments, as permitted under the Plan, subject to the provisions and conditions of the Contract. The Plan Account consists of the sum of all its included Contribution Accounts, if any. If there are no separate Contribution Accounts within the Plan Account, references in the Contract to Contribution Account(s) and Participant's Contribution Account(s) are deemed to be references to the Plan Account, as appropriate.

Plan Account Instructions

The Contractholder shall provide all Notices and instructions under the Contract including, but not limited to, those pertaining to the Plan Account with regard to allocating contributions, investing in the PC Account and the various Subaccounts, making transfers between investment options, and making withdrawals from the Plan Account. In this context for purposes of interpreting and applying the provisions of the Contract, references in the Contract to Participant or Participants shall be deemed to include the Contractholder.

Contractholder may not make any withdrawal or other distribution from the Plan Account that is to be paid to or for the benefit of the Contractholder except as permitted under the Plan. Any such permitted withdrawal shall be subject to the provisions and conditions of the Contract.

Participant Accounts

Except for the Plan Account, no other Participant Account shall be established under the Contract.

Contributions, Generally

All contributions remitted to the Contract shall be allocated to the Plan Account, and may be invested in Subaccounts and the PC Account, as selected by the Contractholder.

Deduction of Charges

The **Deduction of Charges** section in the base contract is modified as follows:

Except for the Variable Account Asset Charges and any other charge allocated to a specific type of a PC Account, and unless otherwise specifically provided in this Contract, any rider attached hereto, or otherwise mutually agreed to by you and us, all Contract Charges and all other expenses or charges attributable to the Contract will be deducted proportionally from the Subaccounts and the PC Account in the Plan Account based on the value each such Subaccount or the PC Account bears to the total Group Contract Value. Charges allocated to a specific type of a PC Account will be deducted in the manner described in the attached endorsement or rider applicable to such PC Account.

Loan Provisions

Notwithstanding the **Loan Provisions** section of the base contract, if the Plan allows Participants to make loans from the Plan Account, then we will process such loans subject to the terms, limitations and conditions described below. We will not be responsible for determining whether any loans are in accordance with the terms of the Plan itself or applicable laws or regulations.

Upon our receipt of Notice in good order from you, as Contractholder, requesting a Participant loan, we will withdraw an amount from the Plan Account equal to the amount of the loan requested. We will promptly remit that amount to the Participant, or as otherwise instructed by you. The amounts withdrawn from the Subaccounts and PC Account within the Plan Account will be in accordance with the instructions set forth in the Notice. If we do not receive such instructions, the loan amount will be deducted from the Subaccounts and the PC Account as we may reasonably determine in accordance with our loan processing procedures.

When the outstanding principal balance of a loan and/or interest are paid by a Participant, in whole or in part, the amount repaid and remitted to the Contract will be credited to the Plan Account.

The payment credited to the Plan Account will be allocated to the investment options in accordance with the Contractholder's current allocation instructions. If we do not have current allocation instructions, we will credit the payment to the applicable Default Investment Option.

If we become aware that a loan, loan interest, or any portion thereof, is not paid when due, we will not declare the loan in default, report it as a deemed distribution or take any other action with respect to the Participant's loan without Notice from you (or the Plan Administrator, as appropriate) providing direction. If we do not receive any such direction from you within 180 days or, if earlier, at Plan termination or at Contract termination, we reserve the right to treat the entire loan balance as a distribution.

The terms and conditions set forth in the **Loan Provisions** section of the base contract shall apply to loans to the extent such provisions are not inconsistent with or contrary to the provisions set forth in this Endorsement.

Annuity Options

Change in Subaccounts

The **Change in Subaccounts** section in the base contract is modified as follows:

After variable annuity payments have been made for at least 12 months, you or the Payee(s), as permitted by the Plan, may change, but no more than once in any calendar quarter without our consent, all or part of the investment upon which variable annuity payments are based from one or more Subaccounts to one or more other Subaccounts. To do this, we will convert the number of Variable Annuity Units being changed to the number of Variable Annuity Units of the Subaccounts to which you or the Payee(s), as applicable, are changing so as to result in the next variable annuity payment being of the same amount that it would have been without the change. After that, variable annuity payments will reflect changes in the values of the new Variable Annuity Units. You or the Payee(s), as applicable, must give us Notice at least 30 days before the due date of the first variable annuity payment to which the change will apply.

Contract Interpretation

All term, conditions and provisions of the Contract (including the application and any attached amendments, riders and/or endorsements) shall be interpreted and applied so as to carry out the purposes set forth in this Endorsement. If there are any inconsistencies between the terms of the Contract and the terms of this Endorsement, the terms of this Endorsement shall control.

THE OHIO NATIONAL LIFE INSURANCE COMPANY

[Secretary President]

State: Arkansas **Filing Company:** The Ohio National Life Insurance Company
TOI/Sub-TOI: A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium
Product Name: Group Annuity Endorsement
Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:			
Attachment(s):			
6325.pdf			

FLESCH CERTIFICATION

STATE OF OHIO)
) SS
COUNTY OF HAMILTON)

The undersigned officer of THE OHIO NATIONAL LIFE INSURANCE COMPANY certifies:

1. Form 12-UAE-1 and the base policy Form GA-09-V-1 were scored together because the endorsement modifies and becomes part of the contract. The combined Flesch Reading Ease Test Score for these forms exceed the minimum score of 40.

2. Such forms are printed in not less than ten point type, one point leaded.

3. No textual language or terminology was excepted in arriving at said Flesch score.

4. The entire text of the forms was analyzed.

IN WITNESS WHEREOF, I have signed my name this 16th day day of August, 2012.

THE OHIO NATIONAL LIFE INSURANCE COMPANY

BY: Elizabeth F. Martini

Elizabeth F. Martini
Vice President and Counsel

Ohio National Financial Services®

The Ohio National Life Insurance Company

Express mail address: One Financial Way, Cincinnati, Ohio 45242

ONcore Advantage Application

Group Annuity Contract

P.O. Box 5358, Cincinnati, Ohio 45201-5358

Owner/Plan Sponsor Information

1. Contractholder (Exact Legal Name)

Plan Name (If different than Contractholder)

Address (Physical Address)

Telephone Number

City

State

Zip

2. Plan Sponsor /Employer

Mailing Address (If different from Physical Address)

Telephone Number

City

State

Zip

3. Name of Plan Fiduciary/Trustee(s)

Mailing Address (If different than Plan Sponsor)

Telephone Number

City

State

Zip

E-mail Address

Fax Number

4. Employer Identification Number (EIN) of Plan Sponsor

☐☐ – ☐☐☐☐☐☐☐

5. Employer is:

- ❒ Corporation (including tax-exempt or non-profit corporation)
- ❒ S Corporation
- ❒ Sole Proprietorship
- ❒ Partnership
- ❒ Other _____
- ❒ Professional Service Corporation
- ❒ Limited Liability Company that is taxed as:
  - a. ❒ a partnership
  - b. ❒ a corporation
  - c. ❒ an S corporation
  - d. ❒ a sole proprietorship

Retirement Plan Information

6. Plan Identification Number

7. Type of Plan:

- ❒ 401(k) Profit Sharing Plan (select all that apply)
  - ❒ Safe Harbor election
  - ❒ SIMPLE election
  - ❒ Roth contributions permitted
  - ❒ Profit Sharing Plan
  - ❒ Other _____
- ❒ 403(b) Plan (select all that apply)
  - ❒ ERISA 403(b)*
  - ❒ Safe Harbor election
  - ❒ Roth contributions permitted

*Can only be used if incorporated. May not use rule 180.

Contract Information

8. Optional Riders (Select only one)

❒ **8a.** Stable Value Fund Account Rider
If you elect a contract that includes the Stable Value Fund Account, the Fixed Account, Money Market Subaccount and Bond Portfolio will not be available in the contract.

❒ **8b.** Fixed Account Rider
If you elect a contract that includes a Fixed Account, the Stable Value Fund Account will not be available in the contract.

9. Default Investment Option

9a You may designate a Default Investment Option. If you do not select a Default Investment Option, then you are deemed to have selected the Money Market Subaccount as the Default Investment Option unless the Stable Value Fund Account is selected as an available investment option under the Contract, in which case you are deemed to have selected the Stable Value Fund Account as the Default Investment Option.

9b. Do you wish to designate a Default Investment? ❒ Yes ❒ No
(If Yes, go to question 9c., if No, go to question 10.)

9c. The Default Investment Option for:
The Plan Account is the _____ Subaccount.
The Participant Account is the _____ Subaccount.

10. Will the contract allow individual participant-directed investments? ❒ Yes ❒ No

11. Employer Directed Account*

11a. Will the plan permit Employer Directed accounts? ❒ Yes ❒ No (If Yes, go to question 11b. If No, go to question 12.)

11b. If 11a. is "Yes," select the contribution type(s) that will be Employer Directed.

❒ Employer Matching Contributions ❒ Employer Non-elective Profit Sharing Contributions

❒ Other _____

Plans which have employer directed investments should complete the following allocation schedule for all employer directed contribution accounts allowed in the plan. (Allocations must be made in increments of 1% and must total 100%.)

Subaccount	Allocation	Subaccount	Allocation
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

*The ONcore Advantage is an allocated product, which typically will have participant directed investments, but the Contractholder may choose to direct all investments.

Replacement

12. Will the purchase of this group annuity replace or change an existing life insurance policy or annuity contract? ❑ Yes ❑ No
If yes and if individual employees will be individually solicited, or if the employees will choose between products, all required state replacement and/or transfer forms must be completed for each individual employee.

If yes, please provide details: _____

_____

State Insurance Fraud Notices

[**For Arizona, Iowa, Kansas and Nevada Applicants:** The undersigned proposed insured and agent represent that the Proposed Insured has read, or had read to him/her, the completed application and that he/she realizes that any false statement or misrepresentation therein may result in loss of coverage under the policy. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Only a court of law can make a determination of guilt regarding insurance fraud.

For Arkansas and Rhode Island Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For DC Applicants: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Kentucky Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud which is a crime. I have read and understood this notice.

For Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For Tennessee and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss of benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Missouri, West Virginia and Wisconsin Applicants: The undersigned Proposed Insured and Agent represent that the Proposed Insured has read, or had read to him/her, the completed application and that he/she realizes that any false statement or misrepresentation therein may result in loss of coverage under the policy.

For New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Ohio and Oklahoma Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an application or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years, if extenuating circumstances prevail, it may be reduced to a minimum of two (2) years.]

Representative Disclosure and Statement

13. The Representative commission election will be _____% on (premiums in the first 2 years) and 0.____%
trail commission.

14. Complete all information in the following table for the Writing Representative(s) who will receive a commission share:

Representative's Name*	Are you variable licensed?	Writing Code	Commission Share
1.	❒ Yes ❒ No		
2.	❒ Yes ❒ No		
3.	❒ Yes ❒ No		
4.	❒ Yes ❒ No		
5.	❒ Yes ❒ No		

*Name of Primary Representative to whom all correspondence is to be directed should be entered first.

Primary Representative's Mailing Address	City	State	Zip

The ONcore Advantage contract is exempt from registration under the Securities Act of 1933. This means that it is not necessary to hold a securities license to sell the contract unless the state in which the contract will be issued so requires.

Are you registered with a Broker-Dealer? ❒ Yes ❒ No
If "Yes", please name the Broker-Dealer for each corresponding Writing Representative.

All Writing Representatives must sign below.

1. Signature of Writing Representative	1. Broker Dealer
2. Signature of Writing Representative	2. Broker Dealer
3. Signature of Writing Representative	3. Broker Dealer
4. Signature of Writing Representative	4. Broker Dealer
5. Signature of Writing Representative	5. Broker Dealer

I (we) hereby request - The Ohio National Life Insurance Company to issue an ONcore Advantage contract, in accordance with the above specifications, to serve as a funding vehicle for all or part of the benefits provided under the plan described above.

It is understood that:
- (i) this application will become part of the contract;
- (ii) application for the contract may be amended at the time the contract is delivered;
- (iii) no deposits will be accepted until the application is signed and returned to the Ohio National Home Office;
- (iv) the application is subject to approval by the Home Office of Ohio National;
- (v) no person, other than the President, the Secretary or Board-elected Executive officer of Ohio National by written agreement, has the authority to make or modify any group annuity contract or to bind Ohio National by making any promise or representation, or by giving or receiving any information that is not included in, or contradicts, the terms of the contract.

Contractholder/Trustee	Print Name
Note: 403(b) Plan, Signature of Authorized Representative	Title
	Date