

State: Arkansas **Filing Company:** Ohio National Life Assurance Corporation
TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups
Product Name: DI BOE & Buy Sell
Project Name/Number: /

Filing at a Glance

Company: Ohio National Life Assurance Corporation
 Product Name: DI BOE & Buy Sell
 State: Arkansas
 TOI: H111 Individual Health - Disability Income
 Sub-TOI: H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups
 Filing Type: Form/Rate
 Date Submitted: 01/03/2013
 SERFF Tr Num: ONFS-128832934
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: FORM 13DE-2.AR, ET AL
 Implementation: On Approval
 Date Requested:
 Author(s): Doris Jackson, Peggy Johnson, Katherine Skerchock
 Reviewer(s): Rosalind Minor (primary)
 Disposition Date: 01/03/2013
 Disposition Status: Approved-Closed
 Implementation Date:
 State Filing Description:

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General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: This form was filed in Ohio, our domiciliary state on 9/14/12. Forms filed in Ohio are deemed approved 30 days after filing is received, Ohio Rev. 395.1
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/03/2013
State Status Changed: 01/03/2013
Deemer Date: Created By: Peggy Johnson
Submitted By: Peggy Johnson Corresponding Filing Tracking Number:

Filing Description:
RE:
FORM NO. - FORM NAME
Form 13DE-2.AR - Business Overhead Expense Disability Policy (BOE)

Form 13DE-2.AR is submitted for your review and approval. It is new and intended to replace Form 13DE-1.AR, which was approved by your Department on 11/14/12, under SERFF filing number ONFS-128682996. It is being filed for compliance with recently enacted Rule 101. Other than the removal of the discretionary language from the "Covered Expenses" provision on page 8, this policy is identical to the one approved on 11/14/12.

Policy Form 13DE-1.AR is a Business Overhead Expense Disability Policy. The coverage is designed to reimburse small business owners for normal and customary expenses necessary to maintain the business after a disability.

The application that will be used in applying for coverage is Form 6465-AR, approved for use in your state on 6/23/11, State Tracking Number 48910.

Rates and an actuarial memorandum are enclosed. The loss ratio for this policy is expected to be at least 50%. It is non-participating.

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 Implementation Unit/Product Development

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Company and Contact

Filing Contact Information

Doris Jackson, Doris_Jackson@ohionational.com
 One Financial Way 513-794-6440 [Phone]
 Cincinnati, OH 45242 513-794-4522 [FAX]

Filing Company Information

Ohio National Life Assurance Corporation	CoCode: 89206	State of Domicile: Ohio
1 Financial Way	Group Code: 704	Company Type: Life and Annuity
Cincinnati, OH 45242	Group Name: ONFS	State ID Number:
(513) 794-6100 ext. [Phone]	FEIN Number: 31-0962495	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Fee is \$50 each for policy forms and rates.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Ohio National Life Assurance Corporation	\$100.00	01/03/2013	66224217

SERFF Tracking #:

ONFS-128832934

State Tracking #:

Company Tracking #:

FORM 13DE-2.AR, ET AL

State:

Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI:

H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name:

DI BOE & Buy Sell

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/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/03/2013	01/03/2013

State: Arkansas **Filing Company:** Ohio National Life Assurance Corporation
TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups
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Disposition

Disposition Date: 01/03/2013

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Ohio National Life Assurance Corporation	%	%				%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Business Overhead Expense Disability Policy	Approved-Closed	Yes
Rate	Rate Schedule Pages - BOE	Approved-Closed	Yes

State: Arkansas

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Form Schedule

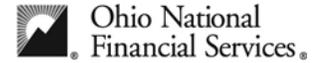
Lead Form Number: 13DE-2.AR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/03/2013	Business Overhead Expense Disability Policy	Form 13DE- 2.AR	POL	Initial		53.000	13DE-2.AR.pdf

Form Type Legend:

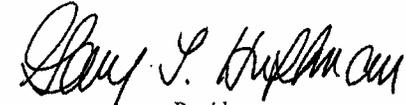
ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal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

Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected. Exclusions and Limitations are shown on page 12. Coverage starts at 12:01 a.m. on the Policy Date. Coverage stops at 11:59 p.m. on the day it ends.

Our home office is at One Financial Way, Cincinnati, Ohio 45242.

[ Secretary  President]

20 Day Right to Examine the Policy: You have a right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

Noncancellable and Guaranteed Renewable to Age 65: We cannot cancel this policy as long as you pay premiums. You can renew it each year before Age 65. We cannot raise the rates or add restrictions during that time.

Conditionally Renewable to Age 75, Subject to Premium Changes: You may renew this policy one year at a time, without any of the attached riders, from Age 65 up to and at Age 75 so long as: (1) the policy was in force for the prior Policy Year; (2) you are not receiving benefits or are not eligible to receive benefits for a claim under this policy; (3) you are regularly employed at least 30 hours a week in your Business; (4) your completed application for renewal has been approved by us; and (5) you pay the premiums that will be based on our rates then in use for such ages.

Business Overhead Expense Disability Policy

Nonparticipating

Noncancellable and Guaranteed Renewable to Age 65

Premiums Waived for Total Disability

Benefit and Premium Amounts on Page 3

Insured John Doe

Issue Age 35

Policy Date 09/15/2012

Policy Number H6000000

Issue Date 09/15/2012

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Notice to Arkansas Policyholders

If you have any questions about a problem with your insurance policy, please contact your agent or:

Agency Name
Agency Address
Agency City, State Zip
Agency Phone Number

Ohio National Life
Client Services Division
P.O. Box 237
Cincinnati, Ohio 45201-0237
Toll Free No.: 1-800-366-6654

If you cannot resolve your problem directly with the Insurer, you may contact:

Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904
Toll Free Number: 1-800-852-5494

This notice of complaint procedure is for information only and does not become a part or condition of this policy.

Limitations and Exclusions under the Arkansas Life and Health Insurance Guaranty Association Act

Residents of this State who purchase life insurance, annuities, or health and accident insurance should know that the insurance companies licensed in this State to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this State and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

Disclaimer

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this State. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

Coverage

Generally, individuals will be protected by the Guaranty Association if they live in this State and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

Exclusions from Coverage

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another State (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof that is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (that give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by state or federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents that do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

Limits on Amount of Coverage

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Policy Specifications

Benefit Specifications

Premium Specifications

Benefit Amounts Per Mo.	Description of Benefits	Annual Premium	Years Payable	Form Number
\$ [10,000] A	Maximum First Month Total Disability Benefit Elimination Period - [90 Days] B Waiver of Premium After [90 Days] of B Disability--See Benefit Description	\$ [803.00] C	[30] D	13DE-2.AR

Additional Benefit Agreements

\$ [5,000] E	Additional Monthly Benefit	\$ [209.50] F	[30] G	13DSM-1
	Guarantee of Physical Insurability Rider Maximum Increase Amount	\$ [28.50] I	[25] J	13DGI-1
		\$[5,000] H		

NOTES: Maximum Total Benefit for the first six months: \$ [90,000] **K**
 Maximum Total Benefit: \$ [150,000] **L**

Policy Number
[H6000000]

Policy Date
[09/15/2012]

Issue Date
[09/15/2012]

Insured
[John Doe]

Issue Age & Sex
[35 Male]

Owner
[The Insured]

Total Premium Annual
\$[1,041.00]
M

Semiannual
\$[533.51]
N

Quarterly
\$[273.26]
O

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Definitions

Age

The Age of the Insured on his or her nearest birthday on the first day of each Policy Year.

Business

The Partnership, Corporation or Sole Proprietorship the Insured was working in at the time Disability began and in which the Insured has an ownership interest.

Covered Business Expenses

These are normal and customary business expenses regularly incurred by you in your Business. A Covered Business Expense must be deductible for federal income tax purposes. Covered Business Expenses include but are not limited to:

- (1) Rent;
- (2) Gas, Electricity, Telephone, and Water;
- (3) Mortgage Interest;
- (4) Mortgage Principal;
- (5) Equipment Loan Interest;
- (6) Equipment Loan Principal;
- (7) Other Loan Principal related solely to the Business or the ability of the Business to function;
- (8) Other Interest Payments related solely to the Business or the ability of the business to function;
- (9) Property Taxes;
- (10) Equipment Rental;
- (11) Employees' Wages and Benefits;
- (12) Insurance (Malpractice, E&O, Fire, Casualty, and Liability);
- (13) Business Laundry;
- (14) Routine Equipment Maintenance;
- (15) Subscriptions - Professional Journals;
- (16) Membership Dues - Association;
- (17) Accountants' Fees;
- (18) Legal Fees;
- (19) Replacement Salary Expense.

Salaries of members of your family are covered, provided that the family member (who is related to you by either blood or marriage) was a paid employee of the Business during the last 180 days prior to the time your Disability began.

No salary increase made while you are Disabled will be a Covered Business Expense.

We may also decide that other fixed business expenses are of the type covered by this policy.

Covered Business Expenses do **not** include:

- (1) Your salary, profits or other payments to you;
- (2) Bonuses;
- (3) Drawing accounts;
- (4) Charitable contributions;
- (5) Personal expenses;
- (6) Repairs or improvements on equipment or buildings;
- (7) Profits, salary or other payments for any of the following:
 - (a) other members of your business; or
 - (b) other persons with whom you share business expenses;
- (8) The cost of any merchandise, equipment, furniture, tools or other products used in your Business;
- (9) Income taxes or any business expense for which you were not regularly liable before your Disability began;
- (10) Any financial obligations, including insurance premiums, which are waived during a Disability;
- (11) Entertainment expenses;
- (12) Depreciation or other intangible expenses;
- (13) The cost of any goods, inventory, or merchandise of any nature purchased for sale;
- (14) Any expense for which you were not normally and customarily liable on a periodic basis prior to the start of Disability;
- (15) Any expense for equipment, motor vehicles, fixtures, furniture or other assets purchased or leased after the date you became Disabled;
- (16) Any ongoing expenses after the sale of your business.

If the frequency of payment of a Covered Business Expense is changed after Disability starts, expenses will still be covered based on the frequency that existed before Disability.

Only your share of a Covered Business Expense is insured by this policy. If you have partners or share an office with others, only Covered Business Expenses attributed to you are insured. If you are a part owner of a corporation, your share of Covered Business Expenses shall not be more than the Covered Business Expenses you were responsible for as of the day before your Disability began.

Disability or Disabled

Total Disability or Totally Disabled or Residual Disability or Residually Disabled, as defined in this policy.

Elimination Period

The period of time you must be Disabled before benefit payments begin. The Elimination Period is shown on Policy Specifications Page 3. But, for a Disability which results from normal pregnancy or childbirth, the Elimination Period is 90 days. If a period of Disability from the same or a related cause is broken by six months or less, all the days of Disability count toward the Elimination Period.

Gross Monthly Income

Any money you receive in your Business.

For any period when you have a covered loss, Gross Monthly Income:

- (1) includes only Gross Monthly Income you receive for work done after the start of your Disability; and
- (2) does not include Gross Monthly Income received during your Disability for work done prior to the start of your Disability; and
- (3) includes contributions to a pension, profit sharing, 401K or other qualified plan.

Gross Monthly Income Before Disability

The greater of:

- (1) your average Gross Monthly Income per month for the 12 months immediately before your Disability begins; or
- (2) your average Gross Monthly Income per month for the 24 months immediately before your Disability begins.

Injury

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is in force and that is not contributed to in any manner by Sickness.

Loss of Gross Monthly Income

This is Gross Monthly Income Before Disability minus current Gross Monthly Income. We have the right to require reasonable proof of your Gross Monthly Income both before and during any period of Disability. This proof may include federal and state income tax returns, income statements and other financial data.

Material and Substantial Duties

The duties which:

- (1) you are normally required to perform for Your Regular Occupation; and
- (2) cannot be reasonably omitted or changed.

Maximum First Month Total Disability Benefit

The largest benefit amount we will pay in the first month following the Elimination Period. This amount is shown on Policy Specifications Page 3.

Maximum Monthly Benefit

The largest benefit amount we will pay in a month. This amount is computed by multiplying:

- (1) the number of months for which benefits have been paid, plus one, times
- (2) the Maximum First Month Total Disability Benefit amount, minus
- (3) total benefits already paid.

Maximum Total Benefit

The largest total benefit amount we will pay for one Disability. This amount is shown on Policy Specifications Page 3.

Notice

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.

Owner

The person or entity named on Policy Specifications Page 3 or in a later Notice to us that is approved by us.

Physician

A person (other than you or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

Policy Years

Policy years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

Pronouns

"Our," "us," or "we" means Ohio National Life Assurance Corporation. "You," "your," or "yours" means the Insured. If the Insured is not the Owner, "you," "your," or "yours" means the Owner when referring to policy rights, payments and notices. The Insured and the Owner on the Policy Date are named on Policy Specifications Page 3.

Replacement

Any person hired, after your Total Disability begins, from outside your Business to perform any of the Material and Substantial Duties of Your Regular Occupation. A Replacement cannot be:

- (1) your spouse or domestic partner; or
- (2) a member of your family or your spouse's family; or
- (3) a business or professional partner; or
- (4) any person with whom you share a financial or business interest.

Replacement Salary Expense

Your Replacement's compensation minus the Gross Monthly Income generated by the Replacement. The Replacement's compensation must be reasonable in relation to the duties performed.

Residual Disability or Residually Disabled

You are Residually Disabled or have a Residual Disability if due to Sickness or Injury:

- (1) you are not Totally Disabled; and
- (2) you are working in Your Regular Occupation; and
- (3) you have a Loss of Gross Monthly Income that is at least 20% of your Gross Monthly Income Before Disability; and
- (4) your Loss of Gross Monthly Income is solely the result, directly and apart from any other cause, of an Injury or Sickness; and
- (5) you are able to perform one or more, but not all, of the Material and Substantial Duties of Your Regular Occupation or you are able to work in Your Regular Occupation no more than 80% of the time you formally spent before your current Disability started; and
- (6) you meet the **Regular Care of a Physician** provision.

Residual Monthly Benefit

The monthly benefit amount to be paid for each month you are Residually Disabled after the Elimination Period.

Sickness

Any illness or disease first manifested while this policy is in force including complications due to pregnancy or childbirth.

Total Disability or Totally Disabled

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, you are not able to perform the Material and Substantial Duties of Your Regular Occupation.

You are not Totally Disabled if you can:

- (1) perform any of the Material and Substantial Duties of Your Regular Occupation; and
- (2) be employed in, or can engage in, Your Regular Occupation on a full-time or part-time basis.

Your Regular Occupation

The occupation (or occupations if more than one) in which you are regularly engaged at the time Disability began.

Benefits

Total Disability

While this policy is in force, we will pay you benefits equal to your Covered Business Expense each month: (1) while you are Totally Disabled; (2) after the Elimination Period; and (3) up to the Maximum Monthly Benefit. We will not pay benefits in excess of the Maximum Total Benefit. We will not pay benefits beyond Age 65 unless you are Totally Disabled after Age 64. If you become Totally Disabled after Age 64, we will not pay benefits for more than 12 months.

If you are Totally Disabled for less than a month, for each day of Total Disability we will pay you 1/30 of the lesser of: (1) the Maximum Monthly Benefit; or (2) the Covered Business Expense incurred for that month.

Residual Disability

We will pay you Residual Monthly Benefits while you are Residually Disabled. The Residual Monthly Benefit amount for a covered loss is the lesser of: (a) your Maximum First Month Total Disability Benefit amount times the ratio of your Loss of Gross Monthly Income during Disability to your Gross Monthly Income Before Disability, or (b) your Covered Business Expenses less your Gross Monthly Income.

Residual Monthly Benefits will not be paid:

- (1) until the Elimination Period has been satisfied;
- (2) at or after Age 65; or
- (3) for more than the Maximum Total Benefit as shown on Policy Specifications Page 3.

Coordination of Benefits

We will not pay benefits for any Covered Business Expense that is covered by an insurance policy with another company if that policy was in effect prior to the Policy Date shown on Policy Specifications Page 3.

Non-monthly Expenses

If a Covered Business Expense comes due while you are Disabled and which relates to a period of more than one month, this Covered Business Expense will be fully paid that month. But, we will not pay more than the Maximum Monthly Benefit.

Regular Care of a Physician

In order to be eligible for benefits or for us to waive premium under this policy, you must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Disability. The Physician must be qualified by training or experience to treat the condition causing Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve your condition, we may waive this requirement. However, waiving this Physician care requirement does not change or affect our rights under the **Proof of Loss** and **Authorizations, Examinations and Interviews** provisions found in this policy.

Waiver of Premium

If you are Disabled for at least the Elimination Period shown on Policy Specifications Page 3, we will waive payment of premiums which come due while you are Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until your Disability ends.

After your Disability ends, this policy stays in force until the next premium due date. Then you must pay premiums as they come due. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply.

Military Duty

By written request to us, you may suspend this policy while you are on active duty in the armed forces. We will refund premiums paid for coverage beyond the date we get your request to suspend the policy. While the policy is suspended, no premiums are due, and you have no coverage.

When your active duty ends, you may renew the policy by again paying premiums as shown on Policy Specifications Page 3. A pro-rata premium is due from the time your duty ends up to the next premium due date. You must pay this premium within three months after your duty ends. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply. The policy will not cover any loss due to an Injury or Sickness that first manifests itself while this policy is suspended.

Recurrent Disabilities

If Disability stops and then starts again within six months from the same or a related cause, the two periods of Disability will count as one. In such case, you do not need to meet a new Elimination Period, if already met, and the same Maximum Total Benefit will continue to apply to your Disability.

A recurrence of Disability from the same or related cause after six months counts as a new Disability. So does a Disability which occurs within six months from some other cause. A new Elimination Period and a new Maximum Total Benefit will apply when you have a new Disability. The **Waiver of Premium** provision will also apply anew.

Concurrent Disabilities

We pay for only one Disability at a time. The amount of monthly benefit and the length of time it may be paid do not increase if Disability is due to more than one cause.

Conversion Privilege

At any time prior to Age 60, you may exchange this policy for a Disability Income policy that we are offering at that time if: (1) this policy is in force at that time; (2) we receive your written request; (3) you have active full-time work as of the date of conversion; and (4) you are not Disabled when you make your request.

The maximum monthly benefit for such a Disability Income policy will be the Maximum First Month Total Disability Benefit for this policy. However, the amount of monthly benefit in the new policy, when added to all other such coverage with any company, cannot be more than our published issue and participation limits in effect for the new policy on the date of conversion.

The maximum benefit period for the new policy cannot be more than two years. The elimination period for the new policy cannot be less than 90 days.

The new policy will take effect when we get your written request at our home office. The **Time Limit on Certain Defenses** provision in the new policy will run from the Policy Date of this policy. The new policy will just cover losses that start while it is in force. Conditions excluded in this policy will be excluded in the new policy. No other exclusions will be added.

The premium for the new policy will be based on the Insured's risk class under this policy and the Insured's attained age as of the date of conversion.

Presumed Disability

Disability is presumed if while this policy is in force, Injury or Sickness causes you to sustain the total loss of the use of both hands, or the use of both feet, or the use of one hand and one foot, or to completely lose your sight in both eyes or the hearing in both ears or speech. When Disability is presumed, the Elimination Period will be waived. If you still work, when Disability is presumed, your Disability will be treated as a Residual Disability.

Cosmetic or Transplant Surgery

We will pay benefits while this policy is in force, if you are Totally Disabled due to Cosmetic or Transplant Surgery. Cosmetic Surgery means surgery performed to restore your appearance: (a) due to an Injury; or (b) due to, or as part of, other surgery which results from an infection, disease or malfunction of a part of the body. Transplant Surgery means the removal of an organ from your body to be implanted in someone else's body. The transplant must occur more than six months after the Issue Date of this policy, and if so, the Elimination Period will be waived.

Exclusions

No benefits will be paid for a Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while you are legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to you committing, or attempting to commit, a felony; or
- (5) in the event that your Material and Substantial Duties normally require that you be licensed with a federal, state, or industry regulatory body, during any period your license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from you being engaged in, an illegal occupation; or
- (7) caused by an intentionally self-inflicted Injury.

Limitations

Pre-existing Conditions

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay benefits for a Pre-existing Condition if it was material and misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a Physician.

Coverage Territory

We will not pay benefits for more than 12 months throughout the life of this policy for periods for which you are asserting a claim and residing outside of one of the 50 States, the District of Columbia, or Puerto Rico.

Claims

Notice of Claim

You must give us notification of a claim within 30 days after an Injury or Sickness, or as soon as you reasonably can. Notification must be received at our Home Office.

Claim Forms

Within 15 days after we get your notification, we will send you claim forms. If we do not, you can send us your own written proof of Disability. You must show the kind and extent of your Injury or Sickness and the Total Disability that has occurred.

Proof of Loss

Written Proof of Loss satisfactory to us must be received by us within 90 days after the date your Disability began. Unless it was not possible to give us Proof of Loss during that time, we will only begin paying monthly benefits for a period beginning 90 days before the date we receive Proof of Loss. Under any circumstances, we will not pay any monthly benefits for a period beginning more than one year before the date we receive Proof of Loss unless you were declared legally incapacitated by a court of law.

We will require proof of loss. Such proof can include but is not limited to copies of your Covered Business Expenses, state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports regarding your Material and Substantial Duties, and any other records and statements which contain facts we need.

This requirement will also apply to the records of your business where you own a portion of a business.

Authorizations, Examinations and Interviews

As part of furnishing Proof of Loss or continuing loss, you must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and
- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
 - (a) one or more examinations by a medical, psychological, occupational or vocational specialist or other specialist of our choice; and
 - (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
 - (c) one or more interviews with our authorized representative or representatives; and
 - (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business where you own any portion of a business in which you provide personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, benefits will not be paid or will cease to be paid.

Payment of Claims

Payee

Benefits will be paid to the Owner. If the Owner dies, benefits will be paid to the contingent Owner. If no contingent Owner is named, benefits will be paid to the estate of the Owner.

Time of Payment

Subject to **Proof of Loss**, benefits will be paid at the end of each month of Disability for which they are due. Any benefits due but not yet paid when your Disability ends will be paid as soon as we receive **Proof of Loss**.

Facility of Payment

To avoid undue expense or delay, we may pay one of your relatives a reasonable amount of benefits owed to your estate or to a minor or to one who cannot give a valid release. The relative will be one we think should fairly receive the payment. Our duty under this policy will be discharged to the extent of any such payment made in good faith. The amount we pay will not exceed \$1,000 or, if greater, the limit allowed by state law for payments of this kind.

Legal Actions

You may not sue us on this policy: (1) before 60 days have passed after we get written Proof of Loss; or (2) more than three years after **Proof of Loss** is required but not given.

Time Limit on Certain Defenses

After this policy has been in force for two years (and for two years after reinstatement), excluding any period during which you are Disabled, we can use only fraudulent misstatements on your application (or your reinstatement application) to void this policy or to deny a claim for Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Disability that starts after two years from the Policy Date on the grounds that a Sickness or a physical or mental condition which was misrepresented or not disclosed on your application had existed before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on your application.

Premiums

Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until Age 65 is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

Grace Period

You have 31 days of grace after the due date to pay each premium, except the first. This policy stays in force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends.

Overpayment

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Gender** provision.

Insured's Death

If the Insured dies while this policy is in force, we will refund that part of the premium paid for any time after the Insured's death. We must get Notice of death within one year in order to qualify for any refund of premiums under this policy.

Misstatement of Age or Gender

If your Age or gender is misstated, benefits or premiums will be changed.

- (1) If you paid less premium than you should have, the Maximum First Month Total Disability Benefit amount is reduced to what your paid premiums would have bought at the right Age and gender.
- (2) If you paid more premium than you should have, we will pay back the excess. From then on, premiums will be for the right Age and gender.
- (3) If the policy would not have taken force or if premiums are paid beyond the normal ending date, we will pay back any premium for which coverage was not available at the right Age and gender.

If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

Reinstatement

If the policy ends because of failure to pay a premium, you may later apply to have it put back in force up to six months beyond the due date. We will require proof that the Insured can be insured. Such proof must be received at the Home Office within 45 days from the request. If this policy has lapsed, no premium payment will be accepted until such time as the policy has been reinstated. The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days after the date of the application.

The policy will be reinstated upon the latest of these two conditions precedent being met. This is the approval date of the reinstatement.

Monthly benefits will not be paid for any Disability due to:

- (1) injury sustained before the Reinstatement date; or
- (2) sickness diagnosed or treated before the Reinstatement date, unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.

Ownership Rights

Ownership

All policy rights belong to the Owner. The Owner may name a new Owner or contingent Owner by Notice to us. A contingent Owner becomes the Owner upon the Owner's death. If no contingent Owner is named, the estate of the Owner becomes the new Owner upon the Owner's death.

Cancellation by Owner

You may cancel this policy at any time by Notice delivered or mailed to us effective upon receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

Assignment

This policy may be assigned. We are not responsible for the validity or effect of an Assignment. We are not bound by an Assignment until we receive Notice of it.

Entire Agreement

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of this Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

Governing Law

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which this policy is issued.

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Ohio National Life Assurance Corporation

Ohio National Financial Services

Business Overhead Expense Disability Policy

Nonparticipating

Noncancellable and Guaranteed Renewable to Age 65

Premiums Waived for Total Disability

Benefit and Premium Amounts on Page 3

State: Arkansas

Filing Company: Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE & Buy Sell

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Ohio National Life Assurance Corporation	%	%				%	%

State: Arkansas

Filing Company: Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE & Buy Sell

Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Approved-Closed 01/03/2013	Rate Schedule Pages - BOE	13DE-2.AR	New		Rate Schedule Pages - BOE AR.pdf

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 5A, 5M
 12 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	10.90	7.23	5.47	18-25	15.88	10.63	7.33
26	11.05	7.35	5.57	26	16.09	10.79	7.47
27	11.28	7.54	5.72	27	16.40	11.04	7.71
28	11.56	7.79	5.93	28	16.78	11.35	8.02
29	11.88	8.07	6.16	29	17.20	11.70	8.37
30	12.21	8.37	6.41	30	17.64	12.07	8.75
31	12.54	8.66	6.65	31	18.07	12.43	9.12
32	12.83	8.94	6.88	32	18.45	12.76	9.46
33	13.08	9.17	7.07	33	18.78	13.04	9.74
34	13.27	9.33	7.21	34	19.01	13.24	9.95
35	13.36	9.42	7.28	35	19.12	13.34	10.04
36	13.59	9.63	7.45	36	19.33	13.55	10.18
37	14.15	10.15	7.87	37	19.83	14.03	10.50
38	14.94	10.89	8.47	38	20.55	14.73	10.97
39	15.91	11.78	9.19	39	21.42	15.57	11.53
40	16.95	12.75	9.97	40	22.36	16.49	12.13
41	18.01	13.72	10.76	41	23.31	17.41	12.74
42	18.99	14.63	11.49	42	24.19	18.26	13.31
43	19.82	15.39	12.10	43	24.93	18.98	13.79
44	20.41	15.94	12.54	44	25.46	19.49	14.14
45	20.70	16.20	12.75	45	25.71	19.72	14.31
46	21.22	16.63	13.07	46	26.11	20.05	14.63
47	22.46	17.66	13.84	47	27.06	20.81	15.41
48	24.23	19.12	14.93	48	28.42	21.90	16.52
49	26.36	20.89	16.25	49	30.05	23.21	17.85
50	28.68	22.81	17.67	50	31.82	24.64	19.30
51	31.01	24.74	19.11	51	33.60	26.07	20.76
52	33.17	26.52	20.44	52	35.24	27.40	22.11
53	34.99	28.03	21.57	53	36.62	28.52	23.25
54	36.29	29.11	22.37	54	37.60	29.32	24.06
55	36.89	29.62	22.75	55	38.05	29.70	24.44
56	38.82	31.42	24.12	56	39.23	31.07	25.68
57	42.86	35.22	27.01	57	41.68	33.97	28.27
58	47.57	39.65	30.39	58	44.53	37.36	31.29
59	51.50	43.35	33.21	59	46.92	40.20	33.82
60	53.21	44.95	34.43	60	47.99	41.44	34.92
61	55.87	47.20	36.15	61	50.39	43.51	36.67
62	58.66	49.56	37.96	62	52.91	45.69	38.50
63	61.59	52.04	39.86	63	55.56	47.97	40.43
64	64.67	54.64	41.85	64	58.34	50.37	42.45

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 5A, 5M
 18 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	11.66	7.69	5.74	18-25	17.02	11.12	7.72
26	11.84	7.82	5.84	26	17.28	11.29	7.86
27	12.12	8.03	6.02	27	17.68	11.56	8.11
28	12.47	8.30	6.24	28	18.18	11.90	8.43
29	12.87	8.61	6.50	29	18.75	12.29	8.79
30	13.29	8.93	6.77	30	19.34	12.70	9.18
31	13.70	9.25	7.04	31	19.92	13.10	9.56
32	14.08	9.55	7.29	32	20.45	13.46	9.91
33	14.40	9.80	7.51	33	20.90	13.77	10.20
34	14.63	9.99	7.66	34	21.21	14.00	10.41
35	14.75	10.09	7.74	35	21.36	14.11	10.51
36	15.02	10.36	7.93	36	21.60	14.37	10.67
37	15.66	11.00	8.40	37	22.17	14.98	11.06
38	16.58	11.93	9.07	38	22.97	15.86	11.61
39	17.68	13.05	9.87	39	23.95	16.92	12.27
40	18.89	14.27	10.75	40	25.01	18.07	12.99
41	20.10	15.50	11.64	41	26.07	19.23	13.72
42	21.24	16.64	12.46	42	27.06	20.31	14.40
43	22.19	17.60	13.16	43	27.89	21.21	14.97
44	22.88	18.29	13.66	44	28.49	21.86	15.39
45	23.22	18.61	13.91	45	28.78	22.16	15.59
46	23.86	19.12	14.39	46	29.29	22.61	16.01
47	25.38	20.33	15.52	47	30.50	23.68	17.00
48	27.55	22.06	17.14	48	32.23	25.20	18.42
49	30.18	24.15	19.10	49	34.32	27.03	20.14
50	33.03	26.41	21.23	50	36.58	29.02	22.00
51	35.89	28.68	23.37	51	38.85	31.02	23.88
52	38.54	30.79	25.35	52	40.95	32.87	25.61
53	40.78	32.57	27.02	53	42.71	34.43	27.07
54	42.37	33.84	28.21	54	43.96	35.54	28.11
55	43.10	34.44	28.76	55	44.52	36.06	28.59
56	45.34	36.53	30.50	56	45.87	37.71	30.02
57	50.02	40.94	34.15	57	48.63	41.16	33.01
58	55.48	46.08	38.39	58	51.83	45.18	36.49
59	60.03	50.37	41.94	59	54.52	48.55	39.39
60	62.01	52.23	43.47	60	55.73	50.02	40.66

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 5A, 5M
 24 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	12.28	8.04	6.30	18-25	17.98	11.68	8.18
26	12.49	8.21	6.42	26	18.24	11.89	8.34
27	12.82	8.52	6.64	27	18.64	12.24	8.61
28	13.25	8.92	6.92	28	19.15	12.69	8.96
29	13.74	9.39	7.24	29	19.71	13.20	9.37
30	14.25	9.89	7.59	30	20.30	13.75	9.80
31	14.76	10.38	7.93	31	20.88	14.29	10.23
32	15.24	10.84	8.25	32	21.41	14.78	10.62
33	15.63	11.22	8.51	33	21.86	15.19	10.95
34	15.93	11.50	8.71	34	22.19	15.49	11.19
35	16.08	11.63	8.81	35	22.36	15.63	11.30
36	16.47	11.88	9.04	36	22.78	15.88	11.49
37	17.39	12.47	9.60	37	23.78	16.46	11.95
38	18.72	13.33	10.41	38	25.23	17.30	12.60
39	20.33	14.35	11.38	39	26.97	18.30	13.39
40	22.08	15.47	12.44	40	28.85	19.39	14.25
41	23.84	16.59	13.50	41	30.75	20.49	15.11
42	25.47	17.64	14.49	42	32.50	21.51	15.92
43	26.85	18.53	15.33	43	33.96	22.37	16.60
44	27.84	19.17	15.93	44	35.00	22.99	17.10
45	28.31	19.49	16.22	45	35.46	23.28	17.34
46	29.09	20.12	16.73	46	35.95	23.76	17.83
47	30.94	21.61	17.93	47	37.08	24.90	19.01
48	33.58	23.76	19.65	48	38.68	26.54	20.71
49	36.76	26.35	21.72	49	40.60	28.50	22.75
50	40.21	29.16	23.97	50	42.67	30.64	24.96
51	43.68	31.99	26.22	51	44.76	32.78	27.19
52	46.89	34.61	28.32	52	46.69	34.77	29.25
53	49.60	36.81	30.08	53	48.30	36.44	30.98
54	51.52	38.39	31.34	54	49.45	37.63	32.22
55	52.41	39.12	31.93	55	49.98	38.18	32.78
56	55.12	41.48	33.84	56	51.44	39.90	34.41
57	60.77	46.44	37.85	57	54.45	43.50	37.78
58	67.35	52.21	42.52	58	57.97	47.70	41.72
59	72.85	57.03	46.42	59	60.92	51.21	45.00
60	75.24	59.11	48.11	60	62.25	52.75	46.43

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 4A, 4M
 12 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	11.76	7.77	5.99	18-25	17.25	11.35	8.17
26	11.94	7.90	6.09	26	17.48	11.53	8.32
27	12.23	8.10	6.26	27	17.81	11.82	8.59
28	12.59	8.36	6.48	28	18.21	12.20	8.93
29	13.00	8.65	6.74	29	18.66	12.62	9.32
30	13.43	8.96	7.00	30	19.12	13.06	9.74
31	13.86	9.27	7.27	31	19.57	13.49	10.15
32	14.25	9.55	7.51	32	19.98	13.89	10.52
33	14.57	9.79	7.71	33	20.33	14.23	10.84
34	14.81	9.97	7.86	34	20.58	14.46	11.06
35	14.93	10.06	7.94	35	20.70	14.58	11.17
36	15.19	10.31	8.12	36	20.97	14.79	11.35
37	15.81	10.89	8.56	37	21.60	15.30	11.76
38	16.70	11.74	9.20	38	22.51	16.02	12.35
39	17.78	12.76	9.96	39	23.60	16.88	13.06
40	18.95	13.87	10.79	40	24.79	17.83	13.84
41	20.12	14.99	11.63	41	25.98	18.77	14.62
42	21.22	16.03	12.40	42	27.09	19.65	15.34
43	22.14	16.90	13.06	43	28.02	20.39	15.95
44	22.80	17.53	13.53	44	28.68	20.92	16.38
45	23.12	17.82	13.75	45	28.99	21.17	16.59
46	23.68	18.27	14.12	46	29.43	21.56	16.92
47	24.99	19.34	14.98	47	30.46	22.48	17.71
48	26.88	20.86	16.23	48	31.93	23.79	18.83
49	29.15	22.70	17.72	49	33.70	25.37	20.18
50	31.61	24.69	19.34	50	35.61	27.08	21.64
51	34.09	26.69	20.98	51	37.54	28.80	23.12
52	36.39	28.55	22.49	52	39.32	30.40	24.49
53	38.33	30.12	23.77	53	40.81	31.75	25.64
54	39.71	31.24	24.68	54	41.88	32.71	26.46
55	40.35	31.77	25.11	55	42.36	33.16	26.85
56	42.45	33.70	26.62	56	43.68	34.70	28.20
57	46.87	37.77	29.82	57	46.40	37.94	31.05
58	52.02	42.52	33.54	58	49.57	41.73	34.38
59	56.33	46.49	36.65	59	52.23	44.89	37.16
60	58.20	48.21	38.00	60	53.42	46.28	38.37
61	61.11	50.62	39.90	61	56.09	48.59	40.29
62	64.17	53.15	41.90	62	58.89	51.02	42.30
63	67.38	55.81	44.00	63	61.83	53.57	44.42
64	70.75	58.60	46.20	64	64.92	56.25	46.64

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 4A, 4M
 18 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	12.34	8.26	6.29	18-25	18.63	11.89	8.61
26	12.56	8.40	6.40	26	18.90	12.09	8.77
27	12.92	8.63	6.59	27	19.32	12.41	9.03
28	13.39	8.93	6.83	28	19.84	12.81	9.38
29	13.93	9.26	7.11	29	20.43	13.28	9.77
30	14.50	9.62	7.40	30	21.04	13.77	10.19
31	15.06	9.97	7.69	31	21.64	14.25	10.60
32	15.58	10.30	7.96	32	22.19	14.69	10.98
33	16.01	10.58	8.19	33	22.64	15.07	11.29
34	16.33	10.78	8.35	34	22.97	15.34	11.52
35	16.48	10.89	8.44	35	23.13	15.47	11.63
36	16.79	11.17	8.66	36	23.43	15.75	11.84
37	17.52	11.85	9.18	37	24.14	16.42	12.32
38	18.57	12.83	9.93	38	25.16	17.38	13.02
39	19.84	14.01	10.84	39	26.38	18.53	13.86
40	21.22	15.29	11.83	40	27.72	19.79	14.78
41	22.60	16.58	12.82	41	29.06	21.05	15.70
42	23.89	17.79	13.75	42	30.30	22.22	16.56
43	24.98	18.80	14.53	43	31.35	23.21	17.29
44	25.77	19.53	15.10	44	32.10	23.92	17.81
45	26.15	19.87	15.37	45	32.45	24.25	18.07
46	26.85	20.45	15.88	46	33.02	24.77	18.56
47	28.52	21.82	17.10	47	34.35	26.01	19.71
48	30.91	23.78	18.85	48	36.27	27.77	21.37
49	33.78	26.14	20.95	49	38.57	29.90	23.37
50	36.91	28.71	23.24	50	41.07	32.21	25.54
51	40.04	31.28	25.53	51	43.57	34.52	27.72
52	42.95	33.67	27.67	52	45.89	36.67	29.74
53	45.40	35.69	29.46	53	47.83	38.48	31.43
54	47.14	37.13	30.74	54	49.21	39.76	32.64
55	47.95	37.80	31.33	55	49.83	40.36	33.20
56	50.44	40.10	33.23	56	51.34	42.21	34.86
57	55.65	44.94	37.20	57	54.43	46.07	38.33
58	61.72	50.58	41.83	58	58.02	50.58	42.37
59	66.78	55.29	45.69	59	61.03	54.34	45.75
60	68.99	57.33	47.36	60	62.38	55.99	47.22

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 4A, 4M
 24 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	13.26	8.64	6.87	18-25	19.57	12.49	9.10
26	13.50	8.82	7.00	26	19.85	12.72	9.26
27	13.90	9.14	7.23	27	20.28	13.10	9.54
28	14.43	9.56	7.53	28	20.81	13.59	9.89
29	15.03	10.04	7.87	29	21.41	14.15	10.30
30	15.66	10.55	8.24	30	22.04	14.75	10.72
31	16.29	11.07	8.60	31	22.66	15.34	11.15
32	16.87	11.54	8.94	32	23.23	15.88	11.54
33	17.36	11.94	9.22	33	23.70	16.33	11.87
34	17.72	12.22	9.43	34	24.05	16.65	12.10
35	17.90	12.37	9.54	35	24.24	16.81	12.22
36	18.32	12.69	9.80	36	24.72	17.09	12.47
37	19.33	13.44	10.43	37	25.87	17.75	13.05
38	20.77	14.53	11.34	38	27.53	18.69	13.89
39	22.51	15.85	12.43	39	29.53	19.82	14.91
40	24.41	17.27	13.62	40	31.70	21.05	16.01
41	26.31	18.71	14.81	41	33.88	22.29	17.12
42	28.08	20.04	15.92	42	35.91	23.45	18.15
43	29.58	21.16	16.86	43	37.60	24.42	19.02
44	30.65	21.97	17.53	44	38.80	25.12	19.65
45	31.15	22.35	17.85	45	39.35	25.45	19.95
46	31.97	22.97	18.39	46	40.04	26.02	20.49
47	33.91	24.44	19.67	47	41.64	27.38	21.75
48	36.69	26.55	21.51	48	43.93	29.32	23.57
49	40.03	29.08	23.72	49	46.67	31.66	25.76
50	43.66	31.84	26.12	50	49.65	34.21	28.13
51	47.30	34.60	28.53	51	52.63	36.76	30.52
52	50.68	37.17	30.77	52	55.39	39.12	32.73
53	53.52	39.33	32.65	53	57.70	41.11	34.59
54	55.54	40.88	33.99	54	59.34	42.53	35.91
55	56.48	41.60	34.62	55	60.08	43.18	36.52
56	59.39	44.10	36.69	56	61.86	45.13	38.33
57	65.49	49.37	41.03	57	65.48	49.21	42.09
58	72.58	55.52	46.10	58	69.70	53.95	46.47
59	78.51	60.65	50.32	59	73.24	57.92	50.13
60	81.09	62.87	52.15	60	74.83	59.66	51.73

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 3A, 3M
 12 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	16.36	11.33	8.57	18-25	20.29	14.22	11.26
26	16.54	11.46	8.68	26	20.59	14.43	11.43
27	16.78	11.63	8.85	27	21.06	14.77	11.68
28	17.05	11.83	9.05	28	21.65	15.18	11.99
29	17.34	12.04	9.27	29	22.31	15.65	12.34
30	17.63	12.26	9.50	30	23.00	16.14	12.71
31	17.91	12.47	9.72	31	23.68	16.63	13.07
32	18.17	12.67	9.93	32	24.29	17.07	13.41
33	18.39	12.83	10.10	33	24.81	17.44	13.68
34	18.56	12.96	10.23	34	25.18	17.70	13.88
35	18.65	13.03	10.30	35	25.35	17.83	13.98
36	18.94	13.26	10.49	36	25.64	18.08	14.18
37	19.66	13.83	10.94	37	26.34	18.68	14.65
38	20.68	14.65	11.58	38	27.33	19.54	15.33
39	21.92	15.63	12.36	39	28.52	20.57	16.15
40	23.26	16.71	13.21	40	29.81	21.69	17.04
41	24.61	17.78	14.06	41	31.11	22.81	17.93
42	25.87	18.79	14.86	42	32.32	23.86	18.76
43	26.93	19.63	15.53	43	33.34	24.73	19.46
44	27.70	20.24	16.02	44	34.07	25.35	19.96
45	28.06	20.53	16.25	45	34.42	25.64	20.20
46	28.67	21.01	16.67	46	35.01	26.02	20.59
47	30.12	22.15	17.68	47	36.41	26.92	21.50
48	32.19	23.78	19.12	48	38.42	28.20	22.81
49	34.69	25.74	20.85	49	40.84	29.73	24.39
50	37.41	27.87	22.74	50	43.46	31.40	26.10
51	40.13	30.01	24.64	51	46.09	33.08	27.82
52	42.66	32.00	26.40	52	48.52	34.63	29.42
53	44.79	33.68	27.88	53	50.56	35.95	30.77
54	46.32	34.89	28.94	54	52.01	36.89	31.74
55	47.03	35.46	29.44	55	52.67	37.34	32.19
56	49.48	37.61	31.20	56	54.34	39.09	33.83
57	54.65	42.17	34.92	57	57.77	42.79	37.30
58	60.67	47.49	39.27	58	61.76	47.13	41.34
59	65.71	51.94	42.89	59	65.11	50.75	44.73
60	67.90	53.86	44.46	60	66.61	52.34	46.20
61	71.30	56.55	46.68	61	69.94	54.96	48.51
62	74.87	59.38	49.01	62	73.44	57.71	50.94
63	78.61	62.35	51.46	63	77.11	60.60	53.49
64	82.54	65.47	54.03	64	80.97	63.63	56.16

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 3A, 3M
 18 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	17.65	12.03	9.04	18-25	21.89	15.04	11.78
26	17.86	12.21	9.19	26	22.25	15.29	11.95
27	18.14	12.48	9.44	27	22.83	15.69	12.22
28	18.47	12.83	9.75	28	23.57	16.20	12.55
29	18.84	13.22	10.11	29	24.41	16.78	12.92
30	19.21	13.63	10.48	30	25.30	17.39	13.31
31	19.57	14.03	10.85	31	26.17	17.99	13.69
32	19.90	14.39	11.19	32	26.97	18.55	14.05
33	20.18	14.70	11.48	33	27.63	19.01	14.34
34	20.39	14.93	11.68	34	28.11	19.35	14.55
35	20.51	15.04	11.78	35	28.34	19.52	14.66
36	20.87	15.29	11.96	36	28.75	19.88	14.89
37	21.75	15.90	12.40	37	29.73	20.74	15.45
38	23.01	16.77	13.02	38	31.13	21.98	16.26
39	24.53	17.81	13.77	39	32.82	23.46	17.23
40	26.18	18.96	14.58	40	34.65	25.08	18.28
41	27.85	20.10	15.40	41	36.49	26.69	19.34
42	29.40	21.17	16.17	42	38.19	28.19	20.33
43	30.71	22.08	16.82	43	39.61	29.44	21.16
44	31.66	22.74	17.29	44	40.63	30.32	21.76
45	32.11	23.06	17.53	45	41.09	30.71	22.04
46	32.93	23.69	18.03	46	41.69	31.10	22.53
47	34.86	25.20	19.21	47	43.07	31.97	23.68
48	37.64	27.37	20.91	48	45.05	33.22	25.32
49	40.98	29.99	22.97	49	47.43	34.71	27.31
50	44.62	32.83	25.20	50	50.01	36.33	29.46
51	48.26	35.68	27.44	51	52.59	37.95	31.63
52	51.65	38.33	29.52	52	54.99	39.46	33.64
53	54.50	40.56	31.27	53	57.00	40.74	35.33
54	56.53	42.16	32.52	54	58.43	41.66	36.54
55	57.47	42.91	33.11	55	59.08	42.11	37.10
56	60.47	45.53	35.10	56	60.87	44.03	38.98
57	66.74	51.05	39.27	57	64.59	48.13	42.92
58	74.05	57.49	44.14	58	68.92	52.93	47.51
59	80.16	62.86	48.21	59	72.55	56.95	51.36
60	82.82	65.19	49.97	60	74.18	58.71	53.03

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 3A, 3M
 24 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	18.49	12.68	9.48	18-25	23.67	16.29	12.33
26	18.72	12.90	9.64	26	24.04	16.54	12.51
27	19.02	13.26	9.91	27	24.62	16.93	12.79
28	19.39	13.72	10.25	28	25.35	17.42	13.14
29	19.79	14.25	10.64	29	26.18	17.97	13.54
30	20.20	14.81	11.05	30	27.06	18.56	13.95
31	20.60	15.36	11.45	31	27.92	19.13	14.36
32	20.97	15.87	11.82	32	28.70	19.65	14.74
33	21.29	16.29	12.14	33	29.36	20.10	15.05
34	21.53	16.60	12.37	34	29.84	20.42	15.28
35	21.67	16.75	12.48	35	30.08	20.58	15.40
36	22.14	17.06	12.73	36	30.59	20.96	15.69
37	23.29	17.79	13.32	37	31.80	21.85	16.39
38	24.95	18.84	14.18	38	33.54	23.14	17.39
39	26.95	20.11	15.21	39	35.64	24.70	18.59
40	29.13	21.49	16.33	40	37.91	26.38	19.90
41	31.32	22.87	17.46	41	40.20	28.08	21.22
42	33.35	24.16	18.52	42	42.32	29.65	22.45
43	35.06	25.25	19.41	43	44.10	30.97	23.49
44	36.29	26.03	20.05	44	45.36	31.91	24.23
45	36.86	26.40	20.37	45	45.94	32.34	24.59
46	37.76	27.03	20.99	46	46.72	32.93	25.21
47	39.87	28.51	22.46	47	48.55	34.30	26.67
48	42.90	30.64	24.57	48	51.15	36.27	28.78
49	46.54	33.21	27.11	49	54.28	38.63	31.30
50	50.49	35.99	29.88	50	57.67	41.20	34.05
51	54.46	38.80	32.65	51	61.07	43.77	36.81
52	58.14	41.40	35.23	52	64.22	46.16	39.37
53	61.24	43.59	37.40	53	66.86	48.17	41.52
54	63.45	45.17	38.95	54	68.73	49.61	43.05
55	64.48	45.91	39.67	55	69.58	50.28	43.76
56	67.82	48.68	42.03	56	71.67	52.57	45.96
57	74.82	54.56	46.98	57	75.96	57.40	50.56
58	82.98	61.41	52.75	58	80.94	63.03	55.91
59	89.79	67.14	57.56	59	85.12	67.75	60.39
60	92.76	69.62	59.65	60	87.00	69.81	62.34

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 2A
 12 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	22.49	14.62	11.23	18-25	28.07	18.58	14.36
26	22.75	14.82	11.39	26	28.43	18.90	14.64
27	23.08	15.11	11.64	27	28.95	19.42	15.12
28	23.47	15.47	11.94	28	29.58	20.09	15.75
29	23.89	15.87	12.29	29	30.27	20.86	16.48
30	24.32	16.29	12.65	30	30.98	21.67	17.25
31	24.74	16.70	13.00	31	31.68	22.46	18.00
32	25.12	17.07	13.33	32	32.32	23.19	18.70
33	25.44	17.39	13.60	33	32.85	23.80	19.28
34	25.68	17.61	13.80	34	33.23	24.23	19.68
35	25.81	17.73	13.90	35	33.43	24.44	19.87
36	26.22	18.00	14.14	36	33.87	24.79	20.11
37	27.21	18.64	14.72	37	34.93	25.61	20.66
38	28.64	19.57	15.56	38	36.45	26.78	21.44
39	30.37	20.69	16.57	39	38.29	28.19	22.38
40	32.25	21.91	17.66	40	40.28	29.72	23.40
41	34.14	23.14	18.77	41	42.29	31.25	24.42
42	35.91	24.29	19.80	42	44.15	32.68	25.38
43	37.40	25.26	20.67	43	45.72	33.88	26.18
44	38.48	25.98	21.30	44	46.85	34.73	26.77
45	39.00	26.33	21.61	45	47.39	35.13	27.05
46	39.99	27.09	22.21	46	48.30	35.71	27.59
47	42.33	28.92	23.65	47	50.44	37.06	28.88
48	45.70	31.54	25.71	48	53.52	39.00	30.74
49	49.75	34.71	28.19	49	57.22	41.34	32.97
50	54.15	38.15	30.89	50	61.23	43.87	35.39
51	58.57	41.60	33.60	51	65.26	46.41	37.83
52	62.67	44.81	36.12	52	68.98	48.77	40.09
53	66.12	47.51	38.24	53	72.10	50.76	41.99
54	68.57	49.44	39.75	54	74.31	52.19	43.35
55	69.71	50.34	40.46	55	75.30	52.86	43.99
56	73.21	53.35	42.84	56	77.54	55.25	46.15
57	80.53	59.68	47.84	57	82.09	60.30	50.70
58	89.06	67.06	53.67	58	87.36	66.19	56.00
59	96.18	73.21	58.54	59	91.79	71.13	60.43
60	99.29	75.88	60.65	60	93.78	73.29	62.37
61	104.25	79.67	63.68	61	98.47	76.95	65.49
62	109.46	83.65	66.86	62	103.39	80.80	68.76
63	114.93	87.83	70.20	63	108.56	84.84	72.20
64	120.68	92.22	73.71	64	113.99	89.08	75.81

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 2A
 18 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	24.76	15.43	11.91	18-25	31.21	21.05	15.39
26	25.05	15.66	12.07	26	31.67	21.38	15.67
27	25.44	16.00	12.31	27	32.37	21.91	16.13
28	25.89	16.44	12.60	28	33.25	22.57	16.73
29	26.39	16.93	12.93	29	34.24	23.33	17.42
30	26.90	17.44	13.27	30	35.28	24.12	18.15
31	27.39	17.94	13.60	31	36.29	24.91	18.87
32	27.84	18.41	13.91	32	37.22	25.63	19.53
33	28.23	18.80	14.18	33	38.00	26.23	20.09
34	28.52	19.08	14.38	34	38.56	26.67	20.49
35	28.68	19.23	14.49	35	38.83	26.90	20.68
36	29.21	19.59	14.85	36	39.38	27.42	21.05
37	30.49	20.47	15.72	37	40.67	28.67	21.92
38	32.33	21.72	16.97	38	42.53	30.47	23.17
39	34.55	23.24	18.48	39	44.78	32.64	24.68
40	36.97	24.89	20.13	40	47.22	34.99	26.31
41	39.41	26.56	21.78	41	49.67	37.35	27.96
42	41.68	28.11	23.33	42	51.95	39.55	29.49
43	43.60	29.42	24.63	43	53.88	41.39	30.78
44	44.98	30.38	25.57	44	55.27	42.71	31.70
45	45.65	30.85	26.03	45	55.93	43.32	32.14
46	46.87	31.81	26.88	46	57.12	44.21	32.86
47	49.76	34.08	28.91	47	59.94	46.31	34.56
48	53.91	37.35	31.81	48	63.98	49.30	36.99
49	58.90	41.29	35.31	49	68.84	52.90	39.91
50	64.32	45.57	39.11	50	74.12	56.80	43.09
51	69.77	49.87	42.93	51	79.40	60.72	46.28
52	74.82	53.87	46.47	52	84.30	64.35	49.24
53	79.06	57.22	49.45	53	88.39	67.40	51.73
54	82.09	59.62	51.58	54	91.29	69.57	53.51
55	83.48	60.74	52.56	55	92.58	70.57	54.33
56	87.68	64.38	55.66	56	95.29	73.51	56.97
57	96.45	72.03	62.14	57	100.75	79.64	62.50
58	106.65	80.94	69.70	58	107.08	86.78	68.94
59	115.17	88.38	76.00	59	112.38	92.75	74.33
60	118.89	91.60	78.73	60	114.77	95.38	76.68

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 BUSINESS OVERHAED EXPENSE COVERAGE
 POLICY FORM 13DE-2.AR
 OCCUPATIONAL CLASSES 2A
 24 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	26.16	17.42	12.57	18-25	33.03	22.04	16.16
26	26.57	17.69	12.79	26	33.50	22.43	16.51
27	27.23	18.10	13.16	27	34.20	23.08	17.12
28	28.05	18.63	13.63	28	35.07	23.92	17.93
29	28.99	19.22	14.17	29	36.05	24.88	18.87
30	29.98	19.84	14.74	30	37.06	25.89	19.87
31	30.95	20.46	15.31	31	38.06	26.89	20.86
32	31.84	21.02	15.83	32	38.98	27.81	21.77
33	32.59	21.49	16.27	33	39.74	28.59	22.52
34	33.12	21.84	16.58	34	40.30	29.14	23.06
35	33.39	22.01	16.74	35	40.59	29.41	23.31
36	33.93	22.40	17.07	36	41.26	29.93	23.67
37	35.20	23.33	17.87	37	42.88	31.15	24.49
38	37.03	24.68	19.01	38	45.19	32.91	25.67
39	39.24	26.29	20.39	39	47.98	35.03	27.09
40	41.64	28.06	21.89	40	51.02	37.33	28.64
41	44.06	29.83	23.41	41	54.07	39.64	30.19
42	46.31	31.48	24.81	42	56.90	41.79	31.63
43	48.22	32.88	26.01	43	59.29	43.60	32.85
44	49.60	33.89	26.87	44	61.00	44.89	33.73
45	50.28	34.38	27.29	45	61.80	45.49	34.16
46	51.63	35.32	28.11	46	63.07	46.41	34.95
47	54.83	37.57	30.06	47	66.04	48.58	36.83
48	59.43	40.79	32.86	48	70.30	51.68	39.52
49	64.97	44.67	36.23	49	75.42	55.41	42.76
50	70.99	48.88	39.89	50	80.97	59.46	46.28
51	77.04	53.12	43.57	51	86.53	63.52	49.82
52	82.64	57.05	46.98	52	91.68	67.29	53.10
53	87.36	60.36	49.86	53	95.99	70.46	55.86
54	90.71	62.73	51.91	54	99.04	72.72	57.83
55	92.26	63.84	52.86	55	100.40	73.77	58.74
56	96.90	67.62	55.95	56	103.29	77.08	61.61
57	106.56	75.57	62.45	57	109.13	84.02	67.62
58	117.82	84.85	70.01	58	115.89	92.11	74.62
59	127.22	92.60	76.32	59	121.55	98.87	80.47
60	131.32	95.95	79.06	60	124.11	101.84	83.03

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION
 CONDITIONALLY RENEWABLE RATES FOR
 POLICY FORM 13DE-2.AR
 12 MONTH BENEFIT PERIOD
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
OCCUPATION CLASS 5A, 5M							
65	70.01	59.14	45.30	65	63.14	54.53	45.95
66	73.51	62.10	47.57	66	66.30	57.26	48.25
67	77.19	65.21	49.95	67	69.62	60.12	50.66
68	81.05	68.47	52.45	68	73.10	63.13	53.19
69	85.10	71.89	55.07	69	76.76	66.29	55.85
70	89.36	75.48	57.82	70	80.60	69.60	58.64
71	93.83	79.25	60.71	71	84.63	73.08	61.57
72	98.52	83.21	63.75	72	88.86	76.73	64.65
73	103.45	87.37	66.94	73	93.30	80.57	67.88
74	108.62	91.74	70.29	74	97.97	84.60	71.27
75+	114.05	96.33	73.80	75+	102.87	88.83	74.83
OCCUPATION CLASS 4A, 4M							
65	76.58	63.43	50.00	65	70.29	60.89	50.49
66	80.41	66.60	52.50	66	73.80	63.93	53.01
67	84.43	69.93	55.13	67	77.49	67.13	55.66
68	88.65	73.43	57.89	68	81.36	70.49	58.44
69	93.08	77.10	60.78	69	85.43	74.01	61.36
70	97.73	80.96	63.82	70	89.70	77.71	64.43
71	102.62	85.01	67.01	71	94.19	81.60	67.65
72	107.75	89.26	70.36	72	98.90	85.68	71.03
73	113.14	93.72	73.88	73	103.85	89.96	74.58
74	118.80	98.41	77.57	74	109.04	94.46	78.31
75+	124.74	103.33	81.45	75+	114.49	99.18	82.23
OCCUPATION CLASS 3A, 3M							
65	51.60	40.93	33.79	65	50.62	39.78	35.11
66	54.18	42.98	35.48	66	53.15	41.77	36.87
67	56.89	45.13	37.25	67	55.81	43.86	38.71
68	59.73	47.39	39.11	68	58.60	46.05	40.65
69	62.72	49.76	41.07	69	61.53	48.35	42.68
70	65.86	52.25	43.12	70	64.61	50.77	44.81
71	69.15	54.86	45.28	71	67.84	53.31	47.05
72	72.61	57.60	47.54	72	71.23	55.98	49.40
73	76.24	60.48	49.92	73	74.79	58.78	51.87
74	80.05	63.50	52.42	74	78.53	61.72	54.46
75+	84.05	66.68	55.04	75+	82.46	64.81	57.18
OCCUPATION CLASS 2A							
65	75.46	57.67	46.09	65	71.27	55.70	47.40
66	79.23	60.55	48.39	66	74.83	58.49	49.77
67	83.19	63.58	50.81	67	78.57	61.41	52.26
68	87.35	66.76	53.35	68	82.50	64.48	54.87
69	91.72	70.10	56.02	69	86.63	67.70	57.61
70	96.31	73.61	58.82	70	90.96	71.09	60.49
71	101.13	77.29	61.76	71	95.51	74.64	63.51
72	106.19	81.15	64.85	72	100.29	78.37	66.69
73	111.50	85.21	68.09	73	105.30	82.29	70.02
74	117.08	89.47	71.49	74	110.57	86.40	73.52
75+	122.93	93.94	75.06	75+	116.10	90.72	77.20

\$75 POLICY FEE

\$75 POLICY FEE

State: Arkansas

Filing Company: Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE & Buy Sell

Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/03/2013
Comments:			
Attachment(s):			
Flesch Certification BOE AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	01/03/2013
Comments:	The application to be used with these forms is Form 6465-AR, which was approved by your Department on 6/23/11, State Tracking Number 48910.		

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	01/03/2013
Comments:			
Attachment(s):			
1201.AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	01/03/2013
Comments:			
Attachment(s):			
Statement of Variability BOE AR.pdf			

FLESCH CERTIFICATION

STATE OF OHIO)
) SS
COUNTY OF HAMILTON)

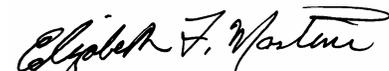
The undersigned officer of OHIO NATIONAL LIFE ASSURANCE CORPORATION certifies:

1. The number of words and Flesch reading ease test score in the form are as follows:
 Policy Forms No. of Words Flesch
 13DE-2.AR 4820 53
2. Such form is 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 form was analyzed.

IN WITNESS WHEREOF, I have signed my name this 3rd day of January, 2013.

OHIO NATIONAL LIFE ASSURANCE CORPORATION

BY:


Elizabeth F. Martini
Vice President and Counsel

Ohio National Life Assurance Corporation
P.O. Box 237, Cincinnati, Ohio 45201
DISABILITY INCOME PROTECTION COVERAGE
Business Overhead Expense Disability Policy
Form 13DE-2.AR
Outline of Coverage
Retain This for Your Records

(Return One Signed Copy to the Home Office)

- (1) **Read Your Policy Carefully.** This Outline of Coverage briefly describes the important features of your policy. This is not your insurance policy. Only the policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** Remember, if you are not satisfied with your policy, you have 20 days to return it to Ohio National and get your money back.
- (2) **Disability Income Protection Coverage** is designed to cover you for disabilities resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited by Paragraph (4). Coverage is not provided for basic hospital, medical, surgical or major-medical expenses.

(3) Benefits	Benefit Amount	Elimination Period	Maximum Total Benefit
Maximum First Month Total Disability Benefit	\$10,000 per month	90 Days	\$ 120,000
Waiver of Premium	If Disabled for at least the Elimination Period.		
Presumptive Disability	For total loss of sight, hearing or speech, or the complete loss of the use of both hands, both feet or one hand and one foot.		
Cosmetic or Transplant Surgery	Disability caused by surgery: (a) to restore your appearance due to Injury or related surgery; or (b) to enable you to donate one of your bodily organs to someone else.		
Basic Policy Premium	Annual Premium \$ 967.70		

Covered Business Expenses are normal and customary business expenses that you regularly incur in your business. They are the kinds of expenses that are deductible for federal income tax purposes.

Salaries of members of your family are covered provided that:

- (a) No salary increase made while you are disabled will be a covered expense; and
- (b) The family member was a paid employee of the business during the last 180 days prior to the time your disability begins.

Covered Business Expenses do not include:

Your salary, profits, or other payments to you; Bonuses; Drawing accounts; Charitable contributions; Personal expenses; Repairs or improvements on equipment or buildings; Profits, salary or other payments for any of the other members of your business or other persons with whom you share business expenses; The cost of any merchandise, equipment, furniture, tools or other products used in your Business; Income taxes or any business expense for which you were not regularly liable before your Disability began; Any financial obligations, including insurance premiums, which are waived during a Disability; Entertainment expenses; Depreciation or other intangible expenses; The cost of any goods, inventory, or merchandise of any nature purchased for sale; Any expense for which you were not normally and customarily liable on a periodic basis prior to the start of Disability; Any expense for equipment, motor vehicles, fixtures, furniture or other assets purchased or leased after the date you became Disabled; Any ongoing expenses after the sale of your business.

(4) Policy Exclusions and Limitations. No benefit is paid if:

- (a) Disability is due to war or act of war, declared or undeclared, or is related to military service; (b) you are incarcerated; (c) your committing or attempting to commit a felony or your being engaged in an illegal occupation; (d) the disability was caused by an intentionally self-inflicted injury; (e) your license has been suspended or revoked; or (f) the cause of the disability has been excluded by use of an Exclusion Rider.

Except as expressly stated in an Exclusion Rider attached to the policy, Pre-existing Conditions are not covered if:

- (a) It was material and you misrepresented or failed to reveal the condition on your Application; and
- (b) Disability is due to a sickness or a physical or mental condition for which not more than five years prior to the policy date:
 - (b1) Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
 - (b2) medical advice or treatment was recommended by, or received from, a physician.

Time Limit on Certain Defenses. After the policy has been in force for 2 years and for 2 years after a reinstatement, only fraudulent misstatements on an application can be used to void your policy or to deny a claim for disability. No claim for a Disability that starts after such 2 years will be reduced or denied unless the policy excludes the cause of Disability by name, or there were fraudulent misstatements on your application.

(5) Optional Benefits Premium

- Additional Monthly Benefit Rider - Form 13DSM-1** \$ 269.10
Additional monthly benefits available during the first six months of disability after completion of the elimination period.
- Guarantee of Physical Insurability Rider - Form 13DGI-1** \$ 184.95
You may buy additional business overhead expense coverage on any policy anniversary without proving that you can be medically insured. The Increase Amount must be at least \$200. You may not have an Increase Amount that will give you more than our maximum issue limit for such coverage in effect at the time of the increase.

- (6) **Renewal Provisions.** As long as you pay premiums, we cannot cancel your policy. You may renew it to Age 65. Until then, we cannot raise the rates.

You can renew your policy after Age 65 up to and at Age 75 if: (a) you continue to work at least 30 hours a week; (b) the policy was in force for the prior policy year; (c) you are not receiving benefits or are not eligible for benefits for a claim under the policy; (d) we have approved your completed application for renewal; and (5) you pay the appropriate premium. (Any rate change after Age 65 will be based on your attained age, and your risk class and sex as of the policy date.)

- (7) **Annual Premium*** \$ 1,846.65

Also payable at \$ 125.00 Quarterly to Age 65

Grace Period: 31 Days

*Includes \$ 75.00 policy fee.

I received this Outline of Coverage on _____

Applicant _____

I certify that the above information is complete and accurate and that I have explained each item to the Applicant.

Licensed Resident Agent _____

Local Telephone Number: _____

Statement of Variability

This statement is applicable to specifications page 3 of the Disability Income Policy Form 13DE-2.AR.

- A.** Base Monthly Benefit: \$100 - \$40,000
- B.** Elimination Period for Base and Waiver of Premium: 30 Days; 60 Days; 90 Days
- C.** Base Premium: Based On Coverage Chosen By Insured
- D.** Base Premium Years Payable: Based On Insured's Age
- E.** Additional Monthly Benefit Amount: \$100-\$20,000
- F.** Additional Monthly Benefit Premium: Based On Coverage Chosen By Insured
- G.** Additional Monthly Benefit Years Payable: Based On Insured's Age
- H.** Guarantee Of Physical Insurability (GPI) Rider Benefit Amount: \$100 - \$20,000
- I.** GPI Premium: Based On Coverage Chosen By Insured
- J.** GPI Premium Years Payable: Based On Insured's Age
- K.** Maximum Total Benefit for the first six months: Sum of Base Monthly Benefit plus Additional Monthly Rider for the first 6 month
- L.** Maximum Total Benefit: Sum of Base Monthly Benefit plus Additional Monthly Rider for the Duration of Coverage
- M.** Total Annual Premium: Based On Insured's Age & Coverage Chosen
- N.** Total Semiannual Premium: $.5125 * \text{Total Annual Premium}$
- O.** Quarterly Annual Premium: $.2625 * \text{Total Annual Premium}$