

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

**Ohio National Insurance Agency, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1589151**

**WILLIAM K LEWIS  
701 E FRANKLIN STE 1200  
RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE FINANCIAL WAY

CITY/ST/ZIP: CINCINNATI, OH 45242

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LARRY ADAMS	
TITLE:	PRES/DIR	
ADDRESS:	10 FOREST HILL DR	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45208	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TERRY L GARRARD	
TITLE:	VICE PRESIDENT	
ADDRESS:	3823 DRAKEWOOD DRIVE	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45209	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BARBARA TURNER	
TITLE:	TREAS/VPR	
ADDRESS:	7990 PLANTATION DR	
CITY/ST/ZIP/CO:	WEST CHESTER, OH 45069	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CLETUS L DAVIS	
TITLE:	TAX OFFICER	
ADDRESS:	472 CHERRY HILL LN	
CITY/ST/ZIP/CO:	LEBANON, OH 45036	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL F HAVERKAMP	
TITLE:	SECRETARY	
ADDRESS:	6667 GREENOAK DR	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45248	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Jeffery A. Bley	
TITLE:	Ch. Compl Off.	
ADDRESS:	5789 Cedard Ridge Ct.	
CITY/ST/ZIP/CO:	Liberty Township, OH 45044	

NAME:	Kimberly A. Plante	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6765 Le Conte Ave		
CITY/ST/ZIP/CO:	Cincinnati, OH 45230		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BARBARA TURNER	BARBARA TURNER, TREAS/VPR	4/12/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.