



16783202020100100

2020

Document Code: 201

ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
Perennial Advantage of Ohio, Inc.

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	16783	Employer's ID Number	84-3881087
Organized under the Laws of	OH		State of Domicile or Port of Entry		OH	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	08/23/2019		Commenced Business	01/01/2021		
Statutory Home Office	9200 Worthington Rd (Street and Number)		Westerville, OH, US 43082 (City or Town, State, Country and Zip Code)			
Main Administrative Office	10900 Nuckols Road STE 110 (Street and Number)		Glen Allen, VA, US 23060 (City or Town, State, Country and Zip Code)		(804)396-6412 (Area Code) (Telephone Number)	
Mail Address	10900 Nuckols Road STE 110 (Street and Number or P.O. Box)		Glen Allen, VA, US 23060 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	10900 Nuckols Road STE 110 (Street and Number)		Glen Allen, VA, US 23060 (City or Town, State, Country and Zip Code)		(804)396-6412 (Area Code) (Telephone Number)	
Statutory Statement Contact	Robert Ragland (Name) regulatoryaccounting@allyalign.com (E-Mail Address)		N/A		(804)480-1157 (Area Code)(Telephone Number)(Extension) (804)241-1577 (Fax Number)	

OFFICERS

Name	Title
Lynne Katzm	President
Laurence C. Gumi	Secretary
Will Saunders	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Terry Rogers

State of Ohio
 County of Franklin ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
 Lynne Katzm
 (Printed Name)
 1.
 President
 (Title)

(Signature)
 Laurence C. Gumi
 (Printed Name)
 2.
 Secretary
 (Title)

(Signature)
 Will Saunders
 (Printed Name)
 3.
 Treasurer
 (Title)

Subscribed and sworn to before me this
 _____ day of _____, 2021

a. Is this an original filing?
 b. If no: 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

17 Exhibit 1 - Enrollment By Product Type	NONE
18 Exhibit 2 - Accident and Health Premiums	NONE
19 Exhibit 3 - Health Care Receivables	NONE
20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	NONE
21 Exhibit 4 - Claims Unpaid	NONE
22 Exhibit 5 - Amounts Due From Parent	NONE
23 Exhibit 6 - Amounts Due to Parent	NONE
24 Exhibit 7 - Pt 1 - Summary Trans. With Prov	NONE
24 Exhibit 7 - Pt 2 - Summary Trans. With Interm	NONE
25 Exhibit 8 - Furniture and Equipment Owned	NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	NAIC Company Code 16783
		2	3								
	Total	Individual	Group								
TOTAL Members at end of:											
1. Prior Year
2. First Quarter
3. Second Quarter
4. Third Quarter
5. Current Year
6. Current Year Member Months
TOTAL Member Ambulatory Encounters for Year:											
7. Physician
8. Non-Physician
9. TOTAL
10. Hospital Patient Days Incurred
11. Number of Inpatient Admissions
12. Health Premiums Written (b)
13. Life Premiums Direct
14. Property/Casualty Premiums Written
15. Health Premiums Earned
16. Property/Casualty Premiums Earned
17. Amount Paid for Provision of Health Care Services
18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 16783

NAIC Group Code	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
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(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

31 Schedule S - Part 1 - Section 2	NONE
32 Schedule S - Part 2	NONE
33 Schedule S - Part 3 - Section 2	NONE
34 Schedule S - Part 4	NONE
35 Schedule S - Part 5	NONE
36 Schedule S - Part 6	NONE
37 Schedule S - Part 7	NONE

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

N O N E

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required?	*
		16783	84-3881087				Perennial Advantage of Ohio Inc	OH	RE	Perennial Advantage of Ohio, LLC	Ownership	1.0		N	
		00000					Perennial Advantage of Ohio, LLC	OH	UDP	Ohio Living Ventures, LLC	Ownership	0.3		N	
		00000					Perennial Advantage of Ohio, LLC	OH	UDP	Perennial Advantage of Ohio Holdings, LLC	Ownership	0.3		N	
		00000					Perennial Advantage of Ohio, LLC	OH	UDP	SNF Services Holdings	Ownership	0.2		N	
		00000					Perennial Advantage of Ohio, LLC	OH	UDP	Graceworks Lutheran Services	Ownership	0.1		N	
		00000					Perennial Advantage of Ohio, LLC	OH	UDP	Jennings Center for Older Adults	Ownership	0.1		N	
		00000					Perennial Advantage of Ohio, LLC	OH	UDP	McGregor Foundation	Ownership	0.1		N	
		00000					Perennial Advantage of Ohio Holdings, LLC	OH	UIP	Perennial Consortium of Ohio Holdings, LLC	Ownership	1.0		N	
		00000					Perennial Consortium of Ohio Holdings, LLC	OH	UIP	Perennial Consortium, LLC	Ownership	1.0		N	
		00000	83-2633840				Perennial Consortium, LLC	DE	UIP	Ohio Living Ventures, LLC	Ownership	0.3		N	
		00000	83-2633840				Perennial Consortium, LLC	DE	UIP	Christian Living Communities Population Health Perennial, LLC	Ownership	0.3		N	
		00000	83-2633840				Perennial Consortium, LLC	DE	UIP	Health Futures, LLC	Ownership	0.3		N	
		00000	83-2633840				Perennial Consortium, LLC	DE	UIP	AllyAlign Health, Inc	Ownership	0.3		N	
		00000	46-2915506				AllyAlign Health, Inc	DE	UIP	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	1.0		N	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UIP	Heritage Healthcare Innovation Fund II, LP	Ownership	0.3		N	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UIP	Health Enterprise Partners II, LP	Ownership	0.3		N	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UIP	Will Saunders	Ownership	0.1		N	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UIP	Multiple entities owning less than 10% each	Ownership	0.3		N	

Asterisk	Explanation
0000001	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 16783 ..	84-3881087 ..	PERENNIAL ADVANTAGE OF OH INC		4,331,119		(1,140,085)					3,191,034	
	83-2633840 ..	Perennial Consortium, LLC				67,358					67,358	
	46-2915506 ..	AllyAlign Health, Inc.				1,072,727					1,072,727	
		Perennial Advantage of Ohio, LLC		(4,331,119)							(4,331,119)	
9999999 Control Totals									XXX			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Statement of Non-Guaranteed Elements for Exhibit 5



1678320203700000

2020

Document Code: 370

Medicare Part D Coverage Supplement



1678320203650000

2020

Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



1678320202240000

2020

Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



1678320202250000

2020

Document Code: 225

Approval for Relief related to Require. for Audit Committees



1678320202260000

2020

Document Code: 226

LTC Supplemental Interrogatories



1678320203060000

2020

Document Code: 306

Health Life Supplement - April



1678320202110000

2020

Document Code: 211

Management's Report of Internal Control over Financial Reporting



1678320202230000

2020

Document Code: 223

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