



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)			
Internet Website Address	N/A					
Statutory Statement Contact	Robert Ragland (Name)		(804)480-1157 (Area Code)(Telephone Number)(Extension)			
	regulatoryaccounting@allyalign.com (E-Mail Address)		(804)241-1577 (Fax Number)			

OFFICERS

Name	Title
Lynne Katzmann	President
Laurence C. Gumina	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 Katzmann (Printed Name) 1. President (Title)	(Signature) Laurence C. Gumina (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 Company Code 16783

NAIC Group Code	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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:									
NAIC Group Code	BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR										NAIC Company Code 16783
	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Other	
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

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

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		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								
		00000					Perennial Consortium of Ohio Holdings, LLC	OH	UIP	Perennial Consortium of Ohio Holdings, LLC	Ownership	1.0		N	
							Perennial Consortium, 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)								
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UIP	Heritage Healthcare Innovation Fund II, LP	Ownership	0.3		N	
							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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	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 .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Waived
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes

APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

JUNE FILING
8. Will an audited financial report be filed by June 1? Waived
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Waived

AUGUST FILING
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Waived

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No

APRIL FILING
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? Yes
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? Yes

AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanation:

Bar Code:

Statement of Actuarial Opinion / Certification
16783202044000000 2020 Document Code: 440

Audited Financial Report
16783202022000000 2020 Document Code: 220

Accountants Letter of Qualifications
16783202022100000 2020 Document Code: 221

Communication of Internal Control Related Matters Noted in an Audit
16783202022200000 2020 Document Code: 222

Medicare Supplement Insurance Experience Exhibit
16783202036000000 2020 Document Code: 360

Health Life Supplement - March
16783202020500000 2020 Document Code: 205

Schedule SIS
16783202042000000 2020 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
16783202037100000 2020 Document Code: 371

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Statement of Non-Guaranteed Elements for Exhibit 5



167832020370000002020Document Code: 370

Medicare Part D Coverage Supplement



167832020365000002020Document Code: 365

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



167832020224000002020Document Code: 224

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



167832020225000002020Document Code: 225

Approval for Relief related to Require. for Audit Committees



167832020226000002020Document Code: 226

LTC Supplemental Interrogatories



167832020306000002020Document Code: 306

Health Life Supplement - April



167832020211000002020Document Code: 211

Management's Report of Internal Control over Financial Reporting



167832020223000002020Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

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