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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021

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 Web Site Address	N/A					
Statutory Statement Contact	Robert Ragland (Name) regulatoryaccounting@allyalign.com (E-Mail Address)				(804)220-6171 (Area Code)(Telephone Number)(Extension) (804)241-1577 (Fax Number)	

OFFICERS

Name	Title
Lynne Susan Katzmann	President
Laurence Charles Gumina	Secretary
Anne Pearson Rote	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Jill Anne Vitale-Aussem #

State of Ohio
County of Delaware 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 Susan Katzmann
(Printed Name)
1.
President
(Title)

(Signature)
Laurence Charles Gumina
(Printed Name)
2.
Secretary
(Title)

(Signature)
Anne Pearson Rote

(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)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	260,000		260,000	260,000
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....3,835,100), cash equivalents (\$.....650) and short-term investments (\$.....0)	3,835,750		3,835,750	2,421,890
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	4,095,750		4,095,750	2,681,890
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	222		222	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....364,916) and contracts subject to redetermination (\$.....0)	364,917		364,917	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	924,224		924,224	
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	1,742		1,742	
24. Health care (\$.....166,722) and other amounts receivable	208,551	41,829	166,722	
25. Aggregate write-ins for other-than-invested assets	19,109	19,109		4,979
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,614,515	60,938	5,553,577	2,686,869
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	5,614,515	60,938	5,553,577	2,686,869
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid expenses	18,782	18,782		4,979
2502. Other receivables	327	327		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	19,109	19,109		4,979

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	2,378,929		2,378,929	
2. Accrued medical incentive pool and bonus amounts	46,143		46,143	
3. Unpaid claims adjustment expenses	85,989		85,989	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	88,497		88,497	
9. General expenses due or accrued		30,507	30,507	77,896
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	36,029		36,029	
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	19,808		19,808	
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	2,655,395	30,507	2,685,902	77,896
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	10	10
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	4,331,119	4,331,119
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(1,463,454)	(1,722,156)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,867,675	2,608,973
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	5,553,577	2,686,869
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months	XXX	3,542		
2. Net premium income (including \$.....0 non-health premium income)	XXX	8,610,708		
3. Change in unearned premium reserves and reserves for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	8,610,708		
Hospital and Medical:				
9. Hospital/medical benefits		3,938,392		
10. Other professional services		1,605,472		
11. Outside referrals				
12. Emergency room and out-of-area		93,865		
13. Prescription drugs		849,239		
14. Aggregate write-ins for other hospital and medical		62,072		
15. Incentive pool, withhold adjustments and bonus amounts		46,143		
16. Subtotal (Lines 9 to 15)		6,595,183		
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		6,595,183		
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....117,983 cost containment expenses	554,750	554,750		
21. General administrative expenses	1,067,778	1,067,778	1,274,177	1,386,037
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	1,622,528	8,217,711	1,274,177	1,386,037
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	392,997	(1,274,177)	(1,386,037)
25. Net investment income earned				325
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)				325
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	392,997	(1,274,177)	(1,385,712)
31. Federal and foreign income taxes incurred	XXX	82,529		
32. Net income (loss) (Lines 30 minus 31)	XXX	310,468	(1,274,177)	(1,385,712)
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401. Durable Medical Equipment		62,072		
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		62,072		
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	2,608,973	(327,272)	(327,272)
34. Net income or (loss) from Line 32	310,468	(1,274,177)	(1,385,712)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(51,766)	(20,832)	(9,172)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			10
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in		4,331,119	4,331,119
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	258,702	3,036,110	2,936,245
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,867,675	2,708,838	2,608,973
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	7,429,650	.....	.....
2.	Net investment income .....	.....	.....	325
3.	Miscellaneous income .....	.....	.....	.....
4.	TOTAL (Lines 1 to 3)	7,429,650	.....	325
5.	Benefit and loss related payments	4,378,662	.....	.....
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,590,628	1,619,819	1,644,585
8.	Dividends paid to policyholders .....	.....	.....	.....
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	46,500	.....	.....
10.	TOTAL (Lines 5 through 9)	6,015,790	1,619,819	1,644,585
11.	Net cash from operations (Line 4 minus Line 10)	1,413,860	(1,619,819)	(1,644,260)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:	.....	.....	.....
12.1	Bonds .....	.....	.....	.....
12.2	Stocks .....	.....	.....	.....
12.3	Mortgage loans .....	.....	.....	.....
12.4	Real estate .....	.....	.....	.....
12.5	Other invested assets .....	.....	.....	.....
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....	.....	.....	.....
12.7	Miscellaneous proceeds .....	.....	.....	.....
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....	.....	.....	.....
13.	Cost of investments acquired (long-term only):	.....	.....	.....
13.1	Bonds .....	.....	260,011	260,000
13.2	Stocks .....	.....	.....	.....
13.3	Mortgage loans .....	.....	.....	.....
13.4	Real estate .....	.....	.....	.....
13.5	Other invested assets .....	.....	.....	.....
13.6	Miscellaneous applications .....	.....	.....	.....
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....	.....	260,011	260,000
14.	Net increase (or decrease) in contract loans and premium notes .....	.....	.....	.....
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	.....	(260,011)	(260,000)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):	.....	.....	.....
16.1	Surplus notes, capital notes .....	.....	.....	.....
16.2	Capital and paid in surplus, less treasury stock .....	.....	4,331,129	4,331,129
16.3	Borrowed funds .....	.....	.....	.....
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....	.....	.....	.....
16.5	Dividends to stockholders .....	.....	.....	.....
16.6	Other cash provided (applied) .....	.....	.....	(4,979)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	.....	4,331,129	4,326,150
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,413,860	2,451,299	2,421,890
19.	Cash, cash equivalents and short-term investments:	.....	.....	.....
19.1	Beginning of year	2,421,890	.....	.....
19.2	End of period (Line 18 plus Line 19.1)	3,835,750	2,451,299	2,421,890

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter	400							400		
3. Second Quarter	409							409		
4. Third Quarter	388							388		
5. Current Year										
6. Current Year Member Months	3,542							3,542		
Total Member Ambulatory Encounters for Period:										
7. Physician	3,466							3,466		
8. Non-Physician	23,691							23,691		
9. Total	27,157							27,157		
10. Hospital Patient Days Incurred	881							881		
11. Number of Inpatient Admissions	132							132		
12. Health Premiums Written (a)	8,657,558							8,657,558		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	8,657,558							8,657,558		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	4,378,662							4,378,662		
18. Amount Incurred for Provision of Health Care Services	6,595,183							6,595,183		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....8,657,558.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	100,221	.....	.....	.....	.....	100,221
0499999 Subtotals	100,221	.....	.....	.....	.....	100,221
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	2,278,708
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	2,378,929
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	46,143

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare		4,378,662		2,378,929		
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)		4,378,662		2,378,929		
10. Healthcare receivables (a)		208,551				
11. Other non-health						
12. Medical incentive pools and bonus amounts				46,143		
13. Totals (Lines 9 - 10 + 11 + 12)	4,170,111			2,425,072		

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

Note 1 – Summary of Significant Accounting Policies

A. Accounting Practices

The financial Statements of Perennial Advantage of Ohio, Inc. (the Company), are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the Department).

The Department recognizes Statutory Accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of the operation of the insurance company, for determining its solvency under the Ohio Law. The Department has adopted the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual as its statutory accounting principle (SAP) basis. Prescribed accounting practices are those practices which are incorporated directly or by reference to state laws, regulations and general administrative rules applicable to all insurance enterprises domiciled in a particular state. Permitted accounting practices include deviation from NAIC SAP and state prescribed accounting practices specifically requested by an insurer and granted by the Insurance Division.

The Company is a Ohio-based Medicare Advantage Organization operating a full-service I-SNP in a limited geographic region in Ohio. The Company's service area includes participating LTC facilities located in those specific geographic regions. The Company's target population are institutionalized Medicare beneficiaries who reside or are expected to reside in a contracted LTC facility for 90 days or longer. This plan is offered in the following Ohio counties: Butler, Clinton, Cuyahoga, Delaware, Erie, Franklin, Geauga, Hamilton, Lake, Lucas, Mahoning, Montgomery, Shelby, Summit, Trumbull, and Warren.

The Department has approved no permitted practices for the Company that differ from NAIC SAP or state prescribed accounting practices. A reconciliation of the Company's net income and capital surplus between NAIC SAP and practices prescribed and permitted by the department are shown below:

Net Income	SSAP #	F/S Page	F/S Line	September 30, 2021	December 31, 2020
(1) Perennial Advantage of Ohio, Inc. state basis (Page 4, Line 32, Column 2 & 3)				310,468	(1,385,712)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
(4) NAIC SAP (1-2-3=4)				310,468	(1,385,712)
 Surplus					
(5) Perennial Advantage of Ohio, Inc. state basis (Page 3, Line 33, Column 3 & 4)				2,867,675	2,608,973
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
(8) NAIC SAP (5-6-7=8)				2,867,675	2,608,973

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

The Company is a Medicare HMO that provides medical coverage to members who qualify under the Federal Medicare guidelines starting in 2021.

Net investment income earned consists primarily of interest less investment related expenses. Interest is recognized on an accrual basis. Net realized capital gains (losses) are recognized on a specific identification basis when securities are sold, redeemed or otherwise disposed. Realized capital losses include write-downs for impairments considered to be other than temporary. Expenses for management and administration of the organization, including acquisition costs such as marketing, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

1. Short-Term Investments – not applicable.
2. Bonds are stated at amortized cost using the straight-line method.
3. Common Stocks – not applicable.
4. Preferred Stocks – not applicable.
5. Mortgage Loans – not applicable.
6. Loan-Backed Securities – not applicable.
7. Investments in Subsidiaries, Controlled and Affiliated Entities – not applicable.
8. Joint Ventures, Partnerships and Limited Liability Companies – not applicable.

Notes to Financial Statement

9. Derivatives – not applicable.

10. Premium Deficiency Reserve

Based upon guidance in SSAP No. 54, a premium deficiency reserve (PDR) is recorded when the expected claims payments, incurred claims costs, claims adjustment expense, and administrative expense will exceed premium.

11. Method of Establishing Claim and CAE Reserves

Claim reserves are estimated based on five key service categories (i.e., inpatient, SNF, outpatient, emergency room, and therapy). Inpatient estimates are based on a review of open authorizations priced at a reasonable cost per service. SNF, Therapy, Outpatient services and emergency room services IBNR estimates are established based on a run-rate historical cost per member for similar services at comparable plans. Management review is used to ensure the final incurred claims approximate a reasonable final incurred amount for each service. It is important to note that IBNR estimates are subject to favorable or unfavorable changes until sufficient claim experience is developed in the plan to minimize variations in estimation. Loss adjustment expense is typically estimated at 4% of total IBNR reserves and is generally reserved prior to year-end.

12. Capitalization Policy – no change.

13. The method used to estimate pharmaceutical rebate receivables

Navitus Health Solutions collects rebates pursuant to contracts with pharmaceutical manufacturers and that are directly attributable to the Formulary and Covered product utilization. The Company's share of rebates on covered products is in proportion to its pharmacy utilization. On a quarterly basis, Navitus pays the Company's rebates on a pass-through basis and includes 100% of rebates collected by Navitus. All rebates are paid to the Company within 30 business days following the end of each quarter in which the rebates are received.

D. Going Concern

After evaluating the entity's ability to continue as a going concern, management was not aware of any conditions or events which raised substantial doubts concerning the entity's ability to continue as a going concern as of the date of the filing of this statement.

Note 2 – Accounting Changes and Corrections of Errors

The Company does not have any accounting changes or corrections of errors.

Note 3 – Business Combinations and Goodwill

A. Statutory Purchase Method – not applicable.

B. Statutory Merger – not applicable.

C. Assumption Reinsurance – not applicable.

D. Impairment Loss – not applicable.

Note 4 – Discontinued Operations

A. Identity of Segment Discontinued – not applicable.

B. Expected Disposal Date – not applicable.

C. Expected Manner of Disposal – not applicable.

D. Description of Remaining Assets and Liabilities – not applicable.

E. Amounts Related to Discontinued Operations – not applicable.

Note 5 – Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans – not applicable.

B. Debt Restructuring – not applicable.

C. Reverse Mortgages – not applicable.

D. Loan-Backed Securities – not applicable.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable.

Notes to Financial Statement

- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable.
- H. Repurchase Agreements Transactions Accounted for as Sale – not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as Sale – not applicable.
- J. Real Estate – not applicable.
- K. Low-Income Housing Tax Credits (LIHTC) – not applicable.
- L. Restricted Assets (including pledges):

Restricted Asset Category	Gross Admitted & Nonadmitted Restricted							Current Year			
	Current Year					6	7	Current Year			
	1	2	3	4	5			8	9	Percentage	
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown						-	-	-	-	0.000%	0.000%
b. Collateral held under security lending agreements						-	-	-	-	0.000%	0.000%
c. Subject to repurchase agreements						-	-	-	-	0.000%	0.000%
d. Subject to reverse repurchase agreements						-	-	-	-	0.000%	0.000%
e. Subject to dollar repurchase agreements						-	-	-	-	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements						-	-	-	-	0.000%	0.000%
g. Placed under option contracts						-	-	-	-	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock						-	-	-	-	0.000%	0.000%
i. FHLB capital stock						-	-	-	-	0.000%	0.000%
j. On deposit with states	260,000					260,000	260,000	-	260,000	4.631%	4.682%
k. On deposit with other regulatory bodies						-	-	-	-	0.000%	0.000%
l. Pledged as collateral to FHLB (including assets backing funding agreements)						-	-	-	-	0.000%	0.000%
m. Pledged as collateral not captured in other categories						-	-	-	-	0.000%	0.000%
n. Other restricted assets						-	-	-	-	0.000%	0.000%
o. Total Restricted Assets	260,000	-	-	-	-	260,000	260,000	-	-	260,000	4.631% 4.682%

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

- M. Working Capital Finance Investments – not applicable.
- N. Offsetting and Netting of Assets and Liabilities – not applicable.
- O. 5GI Securities – not applicable.
- P. Short Sales – not applicable.
- Q. Prepayment Penalty and Acceleration Fees – not applicable.
- R. Reporting Entity's Share of Cash Pool by Asset type – not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies – not applicable.
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies – not applicable.

Note 7 – Investment Income

- A. Any investment income due and accrued with amounts that are over 90 days past due are nonadmitted and excluded from surplus.
- B. As of September 30, 2021 and December 31, 2020, the Company had no investment income due and accrued with any amounts that are over 90 days past due.

Note 8 – Derivative Instruments

- A. Market Risk, Credit Risk, and Cash Requirements for Derivatives – not applicable.
- B. Objectives for the Use of Derivatives – not applicable.
- C. Description of Accounting Policies for Derivatives – not applicable.
- D. Net Gain or Loss from Derivatives – not applicable.
- E. Net Gain or Loss from Derivatives – not applicable.
- F. Cash Flow Hedges – not applicable.

Notes to Financial Statement

Note 9 – Income Taxes

- A. The Components of the net deferred tax asset/(liability)
 - No significant changes.
- B. Deferred Tax Liabilities that are Not Recognized – not applicable.
- C. Current income taxes incurred consisting of following major components
 - No significant changes.
- D. Significant book to tax adjustments
 - No significant changes.
- E. Operating Loss and Tax Credit Carryforwards
 - No significant changes.
- F. Consolidated Tax Return – not applicable.
- G. Federal or Foreign Tax Loss Contingencies – not applicable.
- H. Repatriation Transition Tax – not applicable.
- I. Alternative minimum tax (AMT) credit – not applicable.

Note 10 – Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of relationships:

In 2019, Perennial Consortium, LLC, its partners and additional minority partners formed a joint venture organization to develop an Institutional Special Needs Plan (I-SNP) in the state of Ohio. Perennial Advantage of Ohio, LLC is the parent organization and plan sponsor of the Company. In addition, the same principal owners of Perennial Advantage of Ohio, LLC are also the owners of the I-SNP participating Long-Term Care (LTC) facilities.

The Company has executed provider agreements with thirty-two (32) long-term care (LTC) nursing facilities participating with the HMO I-SNP Plan. The participating LTC nursing facilities are owned by the same principal owners of Perennial Advantage of Ohio, LLC. Each LTC nursing facility will be reimbursed for the provision of appropriate healthcare services and also will be compensated for meeting quality metrics that impact the quality of care provided to enrolled Medicare beneficiaries.

The Company's I-SNP commenced operations on January 1, 2021.

B. Significant Transactions and Changes in Terms of Intercompany Arrangements

The Company has entered into a management services agreement with AllyAlign and Perennial Consortium, LLC to provide management and administrative services. The amount charged to the Company was \$965,092 and \$1,072,727 by AllyAlign for periods ended September 30, 2021 and December 31, 2020, respectively. The amount charged to the Company was \$39,247 and \$67,358 by Perennial Consortium, LLC for periods ended September 30, 2021 and December 31, 2020, respectively.

C. Transactions with related parties who are not reported on Schedule Y – not applicable.

D. Amounts due to or from related parties

The Company had amounts due from affiliates of \$1,742 and \$0 as of September 30, 2021 and December 31, 2020.

E. Guarantees Resulting in a Material Contingent Exposure – not applicable.

F. Management Services Agreement

See Note 10(B) above.

G. Ownership – not applicable.

H. Upstream Intermediate Entity – not applicable.

Notes to Financial Statement

- I. Investments in SCA Entity that Exceeds 10% of Admitted Assets – not applicable.
- J. Investments in Impaired SCA's – not applicable.
- K. Investments in Foreign Insurance Subsidiaries – not applicable.
- L. Investment in Downstream Non-Insurance Holding Company – not applicable.
- M. SCA Investments – not applicable.
- N. Investment in Insurance SCA – not applicable.
- O. SCA Loss Tracking – not applicable.

Note 11 – Debt

- A. Debt and Holding Company Obligations – not applicable.
- B. Federal Home Loan Bank Agreements – not applicable.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plans – not applicable.
- B. Defined Benefit Plans Investment Policies and Strategies – not applicable.
- C. Fair Value of Plan Assets – not applicable.
- D. Basis Used to Determine Long-Term Rate-of-Return – not applicable.
- E. Defined Contribution Plans – not applicable.
- F. Multiemployer Plan – not applicable.
- G. Consolidated/Holding Company Plans – not applicable.
- H. Postemployment Benefits and Compensated Absences – not applicable.
- I. Impact of Medicare Modernization Act on Postretirement Benefits – not applicable.

Note 13 – Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

The company received a surplus contribution of \$0 and \$4,331,119 and a capital contribution of \$0 and \$10 from Perennial Advantage of Ohio, LLC in 2021 and 2020, respectively.

A. Stock Shares Authorized, Issued and Outstanding Shares

The Company has 1,000 shares of common stock with a par value of \$0.01 authorized with 1,000 shares issued and outstanding.

B. Dividend Rate of Preferred Stock – not applicable.

C. Dividend Restrictions – not applicable.

D. Dividends Paid – not applicable.

E. Portion of Profits Paid as Ordinary Dividends – not applicable.

F. Restrictions on Unassigned Funds:

There were no restrictions placed on the Company's surplus, other than imposed by statute, including for whom the surplus is being held.

G. Mutual Surplus Advances – not applicable.

H. Stock Held for Special Purposes – not applicable.

I. Changes in Special Surplus Funds – not applicable.

Notes to Financial Statement

- J. Changes in Unassigned Funds Reduced by Cumulative Unrealized Gains and Losses – not applicable.
- K. Surplus Notes – not applicable.
- L. Impact of Quasi-Reorganization – not applicable.
- M. Effective Date of Quasi-Reorganization – not applicable.

Note 14 – Contingencies

- A. Contingent Commitments – not applicable.
- B. Assessments – not applicable.
- C. Gain Contingencies – not applicable.
- D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits – not applicable.
- E. Joint and Several Liabilities – not applicable.
- F. All Other Contingencies – not applicable.

Note 15 – Leases

- A. Lessee Operating Leases – not applicable.
- B. Lessor Leases – not applicable.

Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk

- A. Financial Instruments with Off- Balance Sheet Risk – not applicable.
- B. Nature and Terms of Financial Instruments with Off- Balance Sheet Risk – not applicable.
- C. Amount of Loss – not applicable.
- D. Policy for Requiring Collateral – not applicable.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables Reported as Sales – not applicable.
- B. Transfer and Servicing of Financial Assets – not applicable.
- C. Wash Sales – not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured

- A. ASO Plans – not applicable.
- B. ASC Plans – not applicable.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract – no significant changes.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party

The Company does not have any direct premium written or produced by managing general agents or third parties.

Note 20 – Fair Value Measurement

- A. Fair Value Measurements at Reporting Date – not applicable.
- B. Other Fair Value Disclosures – not applicable.
- C. Fair Value for all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV)
Bond	\$ 260,203	\$ 260,000	\$ 260,203	-	\$ -	\$ -	\$ -

Notes to Financial Statement

- D. Reasons Not Practical to Estimate Fair Value – not applicable.
- E. Investments measured using the NAV practical expedient – not applicable.

Note 21 – Other Items

- A. Extraordinary Items – not applicable.
- B. Troubled Debt Restructuring: Debtors – not applicable.
- C. Other Disclosures and Unusual Items – not applicable.
- D. Business Interruption Insurance Recoveries – not applicable.
- E. State Transferable and Non-transferable Tax Credits – not applicable.
- F. Subprime-Mortgage-Related Risk Exposure:
 - 1. Direct Exposure Through Investments in Subprime Loans – not applicable.
 - 2. Direct Exposure Through Other Investments – not applicable.
 - 3. Underwriting Exposure to Subprime Mortgage Risk – not applicable.
- G. Retained Assets – not applicable.
- H. Insurance – Linked Securities Contracts – not applicable.
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy – not applicable.

Note 22 – Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through 11/12/21 for the statutory statement issued on 11/12/21.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through 11/12/21 for the statutory statement issued on 11/12/21.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	NO	NO
B-H are not applicable.		

Note 23 – Reinsurance

- A. Ceded Reinsurance Report – not applicable.

Section 1 – General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes () No (X)
2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes () No (X)

Notes to Financial Statement

2. Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus, for agreements, not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the company as of the effective date of the agreement? Yes () No (X)

- B. Uncollectible Reinsurance – not applicable.
- C. Commutation of Ceded Reinsurance – not applicable.
- D. Certified Reinsurer Downgraded or Status Subject to Revocation – not applicable.

Note 24 – Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Retrospective Premium Adjustments Methodology

The Company estimates accrued retrospective premium adjustments for its Medicare health insurance business through a model using the CMS models for the Part D Risk Corridor and Risk Adjustment.

B. Retrospective Premium Adjustments Calculation

The Company records accrued retrospective premium as an adjustment to earned premiums.

C. Retrospective Rating Features

All direct premiums written are relating to Medicare Advantage plans and therefore subject to retrospective adjustment based in the CMS programs. Premiums for Medicare Advantage plans are adjusted based on the risk score of the enrolled members. The plan accrues revenue for known changes to members risks scores using the model published by CMS.

D. Medical Loss Ratio Rebates

The Company is subject to the minimum loss ratio rebate provisions of the Patient Protection and Affordable Care Act (PPACA). PPACA will require payments to customers covered under the Company's comprehensive medical insurance if certain minimum medical loss ratios are met. Since the accrual reflects the amount of the rebate that would be payable based on year-to-date estimated medical loss ratios, the amount of the rebate will fluctuate as actual claim experience develops each calendar quarter. YTD the Company has 3,542 member months through September 30, 2021. The Company has not accrued an MLR rebate as of September 30, 2021.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA):

1. Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? No

Notes to Financial Statement

2. Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities, and revenue for the current year:

9/30/2021

Permanent ACA Risk Adjustment Program

(1) b Premium adjustments receivable due to ACA Risk Adjustment.....	\$ -
(2) b Risk adjustment user fees payable for ACA Risk Adjustment.....	\$ -
(3) b Premium adjustments payable due to ACA Risk Adjustment.....	\$ -
(4) b Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ -
(5) b Reported in expenses as ACA risk adjustment user fees (incurred/paid).....	\$ -

Transitional ACA Reinsurance Program

(1) b	Amounts recoverable for claims paid due to ACA Reinsurance.....	\$	-
(2) b	Amounts recoverable for claims unpaid due to ACA Reinsurance.....	\$	-
(3) b	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance.....	\$	-
(4) b	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium.....	\$	-
(5) b	Ceded reinsurance premiums payable due to ACA Reinsurance.....	\$	-
(6) b	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance.....	\$	-
(7) b	Ceded reinsurance premiums due to ACA Reinsurance.....	\$	-
(8) b	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments.....	\$	-
(9) b	ACA Reinsurance contributions - not reported as ceded premium.....	\$	-

Temporary ACA Risk Corridors Program

(1) b	Accrued retrospective premium due to ACA Risk Corridors.....	\$	-
(2) b	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors.....	\$	-
(3) b	Effect of ACA Risk Corridors on net premium income (paid/received).....	\$	-
(4) b	Effect of ACA Risk Corridors on change in reserves for rate credits.....	\$	-

- a Insufficient data to make an estimate.
- b Not applicable.
- c Non-admitted asset

Note 25 – Change in Incurred Claims and Claim Adjustment Expenses

Activity in the liabilities for claims unpaid and unpaid claim adjustment expenses for the period ended September 30, 2021 is summarized as follows (000's omitted):

9/30/2021

Net unpaid claims and CAE at January 1 _____ -

Incurred related to:

Current year	7,104
Prior year	-
	7,104

Paid related to:

Current year	4,639
Prior year	-
	4,639

Balance at period end 2,465

Note 26 – Intercompany Pooling Arrangements

- A. Identification of Lead Entity – not applicable.
- B. Line and Types of Business Subject to the Pooling Agreement – not applicable.
- C. Description of Cession to Non-Affiliated Reinsurers – not applicable.
- D. Identification of all Pool Members – not applicable.
- E. Explanation of any Discrepancies Between Entries Regarding Pooled Business – not applicable.
- F. Description of Intercompany Sharing – not applicable.

Notes to Financial Statement

G. Amounts Due to/from the Lead Entity – not applicable.

Note 27 – Structured Settlements

The Company does not have any structured settlements.

Note 28 – Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
9/30/2021	\$ 41,545	\$ 41,545	\$ -	\$ -	\$ -
6/30/2021	\$ 125,176	\$ 125,176	\$ -	\$ -	\$ -
3/31/2020	\$ 107,984	\$ 107,984	\$ 71,318	\$ -	\$ -

B. Risk Sharing Receivables – not applicable.

Note 29 – Participating Policies

The Company does not have any participating policies.

Note 30 – Premium Deficiency Reserves

The Company has determined that no premium deficiency reserve is required. Premium deficiency reserve has been evaluated through September 30, 2021.

Note 31 – Anticipated Salvage and Subrogation

The Company does not anticipate any salvage and subrogation.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?
 Yes [] No [X]
1.2 If yes, has the report been filed with the domiciliary state?
 Yes [] No [X]
.....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?
 Yes [] No [X]
2.2 If yes, date of change:
.....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?
 Yes [] No [X]
3.3 If the response to 3.2 is yes, provide a brief description of those changes:
 Yes [] No [X]
3.4 Is the reporting entity publicly traded or a member of a publicly traded group?
 Yes [] No [X]
3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
.....

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
 Yes [] No [X] N/A []
If yes, attach an explanation.
.....

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
.....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
.....

6.4 By what department or departments?
.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?
 Yes [] No [X]
.....

6.6 Have all of the recommendations within the latest financial examination report been complied with?
 Yes [] No [X]
.....

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?
 Yes [] No [X]
7.2 If yes, give full information
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
 Yes [] No [X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
 Yes [] No [X]
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?
 Yes [] No [X]
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.
.....

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 Yes [X] No []
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
.....
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
.....
(c) Compliance with applicable governmental laws, rules and regulations;
.....
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
.....
(e) Accountability for adherence to the code.
9.11 If the response to 9.1 is No, please explain:
.....

9.2 Has the code of ethics for senior managers been amended?
 Yes [] No [X]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
 Yes [] No [X]
9.3 Have any provisions of the code of ethics been waived for any of the specified officers?
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
 Yes [X] No []
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
\$..... 1,742

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)
 Yes [] No [X]
11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:
\$..... 0

13. Amount of real estate and mortgages held in short-term investments:
\$..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 Yes [] No [X]
14.2 If yes, please complete the following:
.....

GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$..... 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$..... 0

16.3 Total payable for securities lending reported on the liability page

\$..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[] No[X]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Huntington Bank	7 Easton Oval EA5W63, Columbus, OH 43219

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Robert Ragland - investment decisions	I

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	.....	77.963%
1.2 A&H cost containment percent	.....	1.370%
1.3 A&H expense percent excluding cost containment expenses	.....	17.473%

2.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

2.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[] No[X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
11835	04-1590940	01/01/2021	PARTNERRE AMER INS CO	DE	SSL/I	MR	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1. Alabama (AL)	N									
2. Alaska (AK)	N									
3. Arizona (AZ)	N									
4. Arkansas (AR)	N									
5. California (CA)	N									
6. Colorado (CO)	N									
7. Connecticut (CT)	N									
8. Delaware (DE)	N									
9. District of Columbia (DC)	N									
10. Florida (FL)	N									
11. Georgia (GA)	N									
12. Hawaii (HI)	N									
13. Idaho (ID)	N									
14. Illinois (IL)	N									
15. Indiana (IN)	N									
16. Iowa (IA)	N									
17. Kansas (KS)	N									
18. Kentucky (KY)	N									
19. Louisiana (LA)	N									
20. Maine (ME)	N									
21. Maryland (MD)	N									
22. Massachusetts (MA)	N									
23. Michigan (MI)	N									
24. Minnesota (MN)	N									
25. Mississippi (MS)	N									
26. Missouri (MO)	N									
27. Montana (MT)	N									
28. Nebraska (NE)	N									
29. Nevada (NV)	N									
30. New Hampshire (NH)	N									
31. New Jersey (NJ)	N									
32. New Mexico (NM)	N									
33. New York (NY)	N									
34. North Carolina (NC)	N									
35. North Dakota (ND)	N									
36. Ohio (OH)	L	8,657,558							8,657,558	
37. Oklahoma (OK)	N									
38. Oregon (OR)	N									
39. Pennsylvania (PA)	N									
40. Rhode Island (RI)	N									
41. South Carolina (SC)	N									
42. South Dakota (SD)	N									
43. Tennessee (TN)	N									
44. Texas (TX)	N									
45. Utah (UT)	N									
46. Vermont (VT)	N									
47. Virginia (VA)	N									
48. Washington (WA)	N									
49. West Virginia (WV)	N									
50. Wisconsin (WI)	N									
51. Wyoming (WY)	N									
52. American Samoa (AS)	N									
53. Guam (GU)	N									
54. Puerto Rico (PR)	N									
55. U.S. Virgin Islands (VI)	N									
56. Northern Mariana Islands (MP)	N									
57. Canada (CAN)	N									
58. Aggregate other alien (OT)	XXX									
59. Subtotal	XXX	8,657,558							8,657,558	
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Total (Direct Business)	XXX	8,657,558							8,657,558	

DETAILS OF WRITE-INS

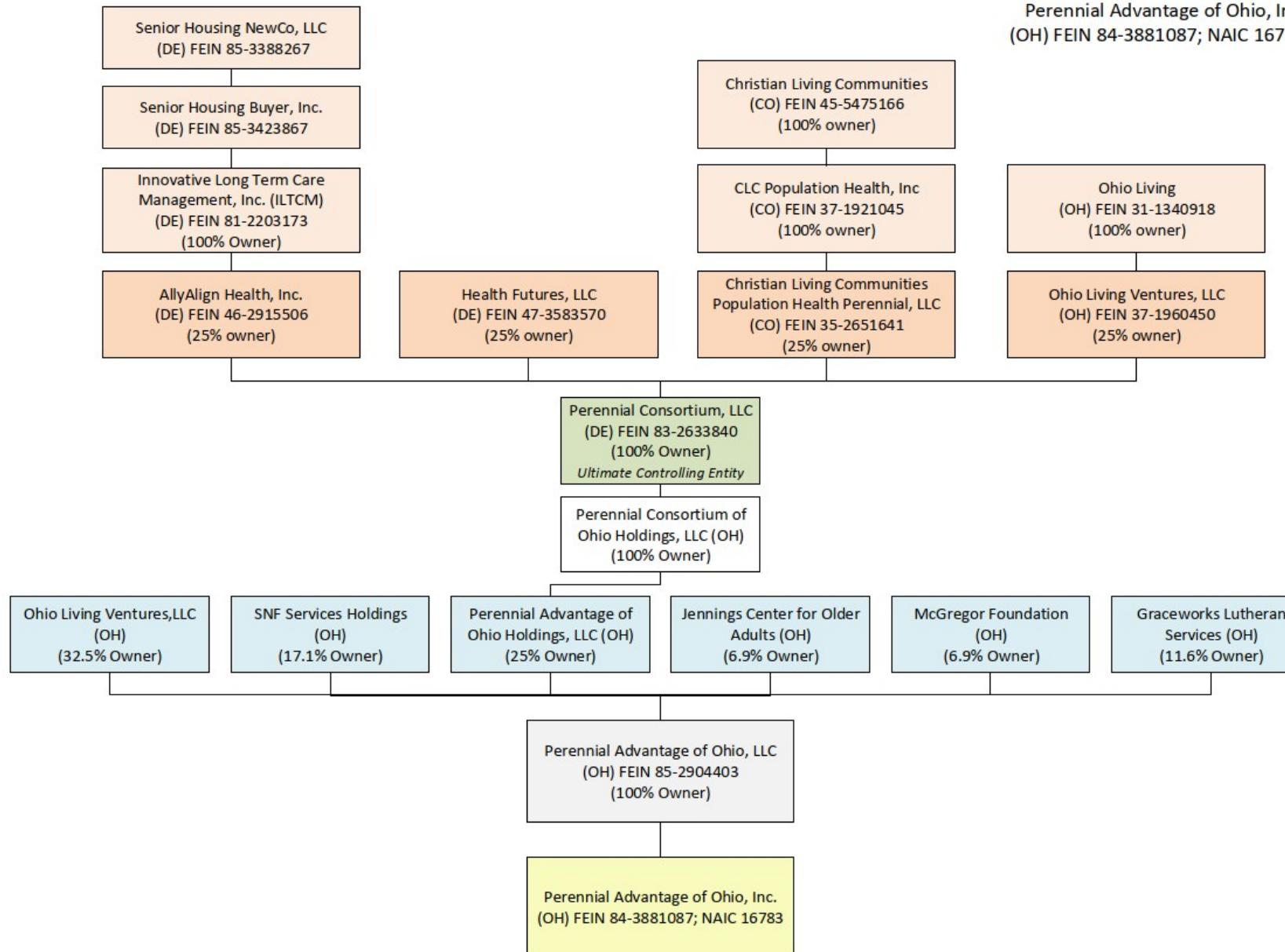
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
 N - None of the above - Not allowed to write business in the state

1 R - Registered - Non-domiciled RRGs
 Q - Qualified - Qualified or accredited reinsurer

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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 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- iliar- y Loca- tion	Rela- tionship 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	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	Perennial Consortium, LLC	N
		00000	85-2904403			Perennial Advantage of Ohio, LLC		OH	UDP	Ohio Living Ventures, LLC		Ownership	0.3		N
		00000	85-2904403			Perennial Advantage of Ohio, LLC		OH	UDP	Perennial Advantage of Ohio Holdings, LLC		Ownership	0.3		N
		00000	85-2904403			Perennial Advantage of Ohio, LLC		OH	UDP	SNF Services Holdings		Ownership	0.2		N
		00000	85-2904403			Perennial Advantage of Ohio, LLC		OH	UDP	Graceworks Lutheran Services		Ownership	0.1		N
		00000	85-2904403			Perennial Advantage of Ohio, LLC		OH	UDP	Jennings Center for Older Adults		Ownership	0.1		N
		00000	85-2904403			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					
		00000	83-2633840			Perennial Consortium, LLC		DE	UIP	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	UDP	Senior Housing Buyer, Inc.		Ownership	1.0		N
		00000	85-3423867			Senior Housing Buyer, Inc.		DE	UDP	Senior Housing NewCo, LLC		Ownership	1.0		N
		00000	37-1960450			Ohio Living Ventures, LLC		OH	UIP	Ohio Living		Ownership	1.0		N
		00000	35-2651641			Christian Living Communities Population		CO	UIP	CLC Population Health, Inc		Ownership	1.0		N
		00000	37-1921045			Health Perennial, LLC		CO	UIP	Christian Living Communities		Ownership	1.0		N

Asterisk	Explanation
0000001	

Q16

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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 is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



1678320213650003

2021

Document Code: 365

N O N E

SCHEDULE A - VERIFICATION**Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying value
7. Deduct current year's other-than-temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION**Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and mortgage interest points
9. Total foreign exchange change in book value/recorded investment
10. Deduct current year's other-than-temporary impairment recognized
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Total valuation allowance
13. Subtotal (Line 11 plus Line 12)
14. Deduct total nonadmitted amounts
15. Statement value at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION**Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and depreciation
9. Total foreign exchange change in book/adjusted carrying value
10. Deduct current year's other-than-temporary impairment recognized
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Deduct total nonadmitted amounts
13. Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	260,000	.....
2. Cost of bonds and stocks acquired .....	.....	260,000
3. Accrual of discount .....	.....	.....
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration for bonds and stocks disposed of .....	.....	.....
7. Deduct amortization of premium .....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	260,000	260,000
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12)	260,000	260,000

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	260,000	.....	.....	.....	260,000	260,000	260,000	260,000
2. NAIC 2 (a)
3. NAIC 3 (a)
4. NAIC 4 (a)
5. NAIC 5 (a)
6. NAIC 6 (a)
7. Total Bonds	260,000	.....	.....	.....	260,000	260,000	260,000	260,000
PREFERRED STOCK								
8. NAIC 1
9. NAIC 2
10. NAIC 3
11. NAIC 4
12. NAIC 5
13. NAIC 6
14. Total Preferred Stock
15. Total Bonds & Preferred Stock	260,000	.....	.....	.....	260,000	260,000	260,000	260,000

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SI03 Schedule DA Part 1 **NONE**

SI03 Schedule DA Verification **NONE**

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	325	
2. Cost of cash equivalents acquired	325	325
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	650	325
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	650	325

E01 Schedule A Part 2	NONE
E01 Schedule A Part 3	NONE
E02 Schedule B Part 2	NONE
E02 Schedule B Part 3	NONE
E03 Schedule BA Part 2	NONE
E03 Schedule BA Part 3	NONE
E04 Schedule D Part 3	NONE
E05 Schedule D Part 4	NONE
E06 Schedule DB Part A Section 1	NONE
E07 Schedule DB Part B Section 1	NONE
E08 Schedule DB Part D Section 1	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10 Schedule DB Part E	NONE
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
Operating (xxx 0406)	7 Easton Oval EA5W63, Columbus, OH 43219					4,614,688	3,603,499	3,835,100	XXX
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .	XXX	XXX ..						XXX
0199999 Totals - Open Depositories		XXX	XXX ..			4,614,688	3,603,499	3,835,100	XXX
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories	XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories		XXX	XXX ..						XXX
0399999 Total Cash On Deposit		XXX	XXX ..			4,614,688	3,603,499	3,835,100	XXX
0499999 Cash in Company's Office		XXX	XXX ..	XXX	XXX ..				XXX
0599999 Total Cash		XXX	XXX ..			4,614,688	3,603,499	3,835,100	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
All Other Money Market Mutual Funds								
..... Huntington bank money market		SD	09/30/2021	0.000	XXX	650		325
8699999 Subtotal - All Other Money Market Mutual Funds						650		325
9999999 Total Cash Equivalents						650		325