



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

Perennial Advantage of Ohio, Inc.

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	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 <small>(Street and Number)</small>		Westerville, OH, US 43082 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	Glen Allen, VA, US 23060 <small>(City or Town, State, Country and Zip Code)</small>		10900 Nuckols Road STE 110 <small>(Street and Number)</small>		(804)396-6412 <small>(Area Code) (Telephone Number)</small>	
Mail Address	10900 Nuckols Road STE 110 <small>(Street and Number or P.O. Box)</small>		Glen Allen, VA, US 23060 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	Glen Allen, VA, US 23060 <small>(City or Town, State, Country and Zip Code)</small>		10900 Nuckols Road STE 110 <small>(Street and Number)</small>		(804)396-6412 <small>(Area Code) (Telephone Number)</small>	
Internet Website Address	N/A					
Statutory Statement Contact	Robert Ragland <small>(Name)</small>		(804)220-6171 <small>(Area Code)(Telephone Number)(Extension)</small>			
	regulatoryaccounting@allyalign.com <small>(E-Mail Address)</small>		(804)241-1577 <small>(Fax Number)</small>			

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

Terry Rogers #

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 _____, 2022

- 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)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed	382					382
0299999 TOTAL Group	382					382
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	382					382

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	97,284	.....	124,835	68,755	68,755	222,119
0199999 Subtotal - Pharmaceutical Rebate Receivables	97,284	.....	124,835	68,755	68,755	222,119
0799999 Gross Health Care receivables	97,284	.....	124,835	68,755	68,755	222,119

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables		153,961		290,874		
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)		153,961		290,874		

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - 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
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	13,613					13,613
0499999 Subtotals	13,613					13,613
0599999 Unreported claims and other claim reserves						2,780,117
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						2,793,730
0899999 Accrued Medical Incentive Pool and Bonus Amounts						26,133

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted		
						7 Current	8 Non-Current	
	N O N E							
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
AllyAlign Health	Management fees	19,700	19,700	
0199999 Total - Individually Listed Payables	X X X	19,700	19,700	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	19,700	19,700	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	517,200	8.358	387	100.000	69,400	447,800
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments	517,200	8.358	387	100.000	69,400	447,800
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	5,649,379	91.298	X X X	X X X	4,444,133	1,205,246
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	21,287	0.344	X X X	X X X	21,287	
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	5,670,666	91.642	X X X	X X X	4,465,420	1,205,246
13. TOTAL (Line 4 plus Line 12)	6,187,866	100.000	X X X	X X X	4,534,820	1,653,046

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	NONE					
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code

NAIC Company Code 16783

	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	387							387		
6. Current Year Member Months	4,690							4,690		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	4,838							4,838		
8. Non-Physician	31,261							31,261		
9. TOTAL	36,099							36,099		
10. Hospital Patient Days Incurred	1,203							1,203		
11. Number of Inpatient Admissions	169							169		
12. Health Premiums Written (b)	11,310,056							11,310,056		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,310,056							11,310,056		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	6,187,866							6,187,866		
18. Amount Incurred for Provision of Health Care Services	8,716,855							8,716,855		

(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 \$.....11,310,056



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 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	387							387		
6. Current Year Member Months	4,690							4,690		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	4,838							4,838		
8. Non-Physician	31,261							31,261		
9. TOTAL	36,099							36,099		
10. Hospital Patient Days Incurred	1,203							1,203		
11. Number of Inpatient Admissions	169							169		
12. Health Premiums Written (b)	11,310,056							11,310,056		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,310,056							11,310,056		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	6,187,866							6,187,866		
18. Amount Incurred for Provision of Health Care Services	8,716,855							8,716,855		

(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 \$.....11,310,056

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2021	PARTNERRE AMER INS CO	DE	SSL/I	MR	62,430						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							62,430						
1099999 Total - General Account - Authorized - Non-Affiliates							62,430						
1199999 Total - General Account - Authorized							62,430						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							62,430						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							62,430						
9999999 Total (Sum of 4599999 and 9099999)							62,430						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	62				
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	3,971,582		3,971,582
2. Accident and health premiums due and unpaid (Line 15)	429,663		429,663
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,522,275		1,522,275
6. TOTAL Assets (Line 28)	5,923,520		5,923,520
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	2,793,730		2,793,730
8. Accrued medical incentive pool and bonus payments (Line 2)	26,133		26,133
9. Premiums received in advance (Line 8)	85,406		85,406
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	170,065		170,065
15. TOTAL Liabilities (Line 24)	3,075,334		3,075,334
16. TOTAL Capital and Surplus (Line 33)	2,848,186	X X X	2,848,186
17. TOTAL Liabilities, Capital and Surplus (Line 34)	5,923,520		5,923,520
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4975	Perennial Consortium LLC GRP	16783	84-3881087				Perennial Advantage of Ohio Inc	OH	RE	Perennial Advantage of Ohio, LLC	Ownership	100.0	Perennial Consortium, LLC	No	
4975	Perennial Consortium LLC GRP	16784	84-4187621				Perennial Advantage of Colorado Inc	CO	IA	Perennial Advantage of Colorado Intermediate, LLC	Ownership	100.0	Perennial Consortium, LLC	No	
		00000	85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Ohio Living Ventures, LLC	Ownership	33.0		No	
		00000	85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Perennial Advantage of Ohio Holdings, LLC	Ownership	25.0		No	
		00000	85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	SNF Services Holdings	Ownership	17.0		No	
		00000	85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Graceworks Lutheran Services	Ownership	12.0		No	
		00000	85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Jennings Center for Older Adults	Ownership	7.0		No	
		00000	85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	McGregor Foundation	Ownership	7.0		No	
		00000					Perennial Advantage of Ohio Holdings, LLC	OH	UIP	Perennial Consortium of Ohio Holdings, LLC	Ownership	100.0		No	
		00000					Perennial Consortium of Ohio Holdings, LLC	OH	UIP	Perennial Consortium, LLC	Ownership	100.0		No	
		00000	83-2633840				Perennial Consortium, LLC	DE	UIP	Ohio Living Ventures, LLC	Ownership	25.0		No	
		00000	83-2633840				Perennial Consortium, LLC	DE	UIP	Christian Living Communities Population Health Perennial, LLC	Ownership	25.0		No	
		00000	83-2633840				Perennial Consortium, LLC	DE	UIP	Health Futures, LLC	Ownership	25.0		No	
		00000	83-2633840				Perennial Consortium, LLC	DE	UIP	AllyAlign Health, Inc	Ownership	25.0		No	
		00000	46-2915506				AllyAlign Health, Inc	DE	UIP	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	100.0		No	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UDP	Senior Housing Buyer, Inc.	Ownership	100.0		No	
		00000	85-3423867				Senior Housing Buyer, Inc.	DE	UDP	Senior Housing NewCo, LLC	Ownership	100.0		No	
		00000	37-1960450				Ohio Living Ventures, LLC	OH	UIP	Ohio Living	Ownership	100.0		No	
		00000	35-2651641				Christian Living Communities Population Health Perennial, LLC	CO	UIP	CLC Population Health, Inc	Ownership	100.0		No	
		00000	37-1921045				CLC Population Health, Inc	CO	UIP	Christian Living Communities	Ownership	100.0		No	

41

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/(Disbursements) 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 .....	.....	.....	.....	.....	..... (1,519,513)	.....	.....	.....	..... (1,519,513)	.....
.....	.. 83-2633840 ..	Perennial Consortium, LLC .....	.....	.....	.....	.....	..... 108,327	.....	.....	.....	..... 108,327	.....
.....	.. 46-2915506 ..	AllyAlign Health, Inc .....	.....	.....	.....	.....	..... 1,267,236	.....	.....	.....	..... 1,267,236	.....
.....	.....	Graceworks Lutheran Services .....	.....	.....	.....	.....	..... 7,675	.....	.....	.....	..... 7,675	.....
.....	.....	SNF Service Holdings .....	.....	.....	.....	.....	..... 58,175	.....	.....	.....	..... 58,175	.....
.....	.....	Jennings Center for Older Adults .....	.....	.....	.....	.....	..... 25,425	.....	.....	.....	..... 25,425	.....
.....	.....	McGregor Foundation .....	.....	.....	.....	.....	..... 27,075	.....	.....	.....	..... 27,075	.....
.....	.....	Ohio Living Ventures, LLC .....	.....	.....	.....	.....	..... 25,600	.....	.....	.....	..... 25,600	.....
9999999 Control Totals .....		.....	.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....

Schedule Y Part 2 Explanation:

SCHEDULE Y

Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Perennial Advantage of Ohio Inc Perennial Advantage of Colorado Inc	Perennial Advantage of Ohio, LLC Perennial Advantage of Colorado Intermediate, LLC	100.0% 100.0%	No No	Perennial Consortium, LLC Perennial Consortium, LLC	Perennial Consortium LLC GRP Perennial Consortium LLC GRP	100.0% 100.0%	No No

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? | Yes |
| 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? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

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

- | | |
|--|----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 13. 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 |
| 14. 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 |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 16. 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 |
| 17. 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 |
| 18. 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

- | | |
|--|-----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 21. 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 |
| 22. 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 |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|--|-----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April



16783202121100000

2021

Document Code: 211

NONE