



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
PERENNIAL ADVANTAGE OF OHIO, INC.

NAIC Group Code 4975, 4975 NAIC Company Code 16783 Employer's ID Number 84-3881087
(Current) (Prior)
Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO
Incorporated/Organized 08/23/2019 Commenced Business 01/01/2021
Statutory Home Office 9200 Worthington Rd Westerville, OH, US 43082
Main Administrative Office 10900 Nuckols Road STE 110
Glen Allen, VA, US 23060 804-396-6412
(Telephone)
Mail Address 10900 Nuckols Road STE 110 Glen Allen, VA, US 23060
Primary Location of Books and
Records 10900 Nuckols Road STE 110
Glen Allen, VA, US 23060 804-396-6412
(Telephone)
Internet Website Address N/A
Statutory Statement Contact Kate Weis 469-262-6873
(Telephone)
regulatoryaccounting@allyalign.com 469-262-6873
(E-Mail) (Fax)

OFFICERS

Jennifer Lynn Elam, Chief Executive Officer & President Jeremy Stephen Dressen, Chief Operating Officer
Rachel Jacqueline Martin#, Chief Financial Officer

DIRECTORS OR TRUSTEES

Jill Anne Vitale-Aussem Lynne Susan Katzmann
Laurence Charles Gumina Mark Francis Price
Benjamin Jarvis Parsons

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.

x Jennifer Lynn Elam x Rachel Jacqueline Martin x Jeremy Stephen Dressen
Chief Executive Officer & President Chief Financial Officer Chief Operating Officer

Subscribed and sworn to before me
this 24th day of

January, 2024
x [Signature]

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____

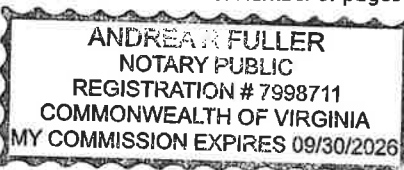


EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
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).....						

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 – Aggregate of Amounts Not Individually Listed	189,457		237,210	65,362	65,362	426,667
0199999 – Pharmaceutical Rebate Receivables	189,457		237,210	65,362	65,362	426,667
0299998 – Aggregate of Amounts Not Individually Listed				95,806	95,806	
0299999 – Claim Overpayment Receivables				95,806	95,806	
0599998 – Aggregate of Amounts Not Individually Listed				1,355,955		1,355,955
0599999 – Risk Sharing Receivables				1,355,955		1,355,955
0799999 – Gross Health Care Receivables	189,457		237,210	1,517,123	161,168	1,782,622

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	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	388,201	321,014		492,029	388,201	387,259
2. Claim overpayment receivables	68,891			95,806	68,891	26,916
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables	841,414			1,355,955	841,414	
6. Other health care receivables						
7. Totals (Lines 1 through 6)	1,298,506	321,014		1,943,790	1,298,506	414,175

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0399999 – Aggregate accounts not individually listed-covered.....	96,973					96,973
0499999 – Subtotals.....	96,973					96,973
0599999 – Unreported claims and other claim reserves						2,822,817
0799999 – Total claims unpaid						2,919,790
0899999 – Accrued medical incentive pool and bonus amounts.....						35,677

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
AllyAlign Health.....	17,098					17,098	
0199999 – Individually listed receivables.....	17,098					17,098	
0399999 – Total gross amounts receivable.....	17,098					17,098	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
AllyAlign Health.....		16,205	16,205	
Perennial Advantage of Colorado.....		32,503	32,503	
0199999 – Individually listed payable.....		48,708	48,708	
0399999 – Total gross payables.....		48,708	48,708	

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.....	1,206,775	8.272	6,549	1,212.778	851,400	355,375
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	1,206,775	8.272	6,549	1,212.778	851,400	355,375
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	12,468,519	85.471	XXX	XXX	4,302,595	8,165,924
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....	912,717	6.257	XXX	XXX	898,881	13,836
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	13,381,236	91.728	XXX	XXX	5,201,476	8,179,760
13. Total (Line 4 plus Line 12).....	14,588,011	100.000 %	XXX	XXX	6,052,876	8,535,135

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
9999999 – Totals.....			XXX	XXX	XXX

NONE

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	NONE					
2.	Medical furniture, equipment and fixtures						
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 Perennial Advantage of Ohio, Inc.

2. Glen Allen, VA
(LOCATION)

NAIC Group Code: 4975

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2023

NAIC Company Code: 16783

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	434							434						
2. First Quarter	530							530						
3. Second Quarter	550							550						
4. Third Quarter	557							557						
5. Current Year	540							540						
6. Current Year Member Months	6,549							6,549						
Total Member Ambulatory Encounters for Year:														
7. Physician	7,629							7,629						
8. Non-Physician	53,951							53,951						
9. Total	61,580							61,580						
10. Hospital Patient Days Incurred	1,522							1,522						
11. Number of Inpatient Admissions	294							294						
12. Health Premiums Written (b)	16,111,482							16,111,482						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	16,111,482							16,111,482						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	14,588,011							14,588,011						
18. Amount Incurred for Provision of Health Care Services	12,949,977							12,949,977						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 16,111,482

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION Perennial Advantage of Ohio, Inc.

2. Glen Allen, VA
(LOCATION)

NAIC Group Code: 4975

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2023

NAIC Company Code: 16783

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	434							434						
2. First Quarter	530							530						
3. Second Quarter	550							550						
4. Third Quarter	557							557						
5. Current Year	540							540						
6. Current Year Member Months	6,549							6,549						
Total Member Ambulatory Encounters for Year:														
7. Physician	7,629							7,629						
8. Non-Physician	53,951							53,951						
9. Total	61,580							61,580						
10. Hospital Patient Days Incurred	1,522							1,522						
11. Number of Inpatient Admissions	294							294						
12. Health Premiums Written (b)	16,111,482							16,111,482						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	16,111,482							16,111,482						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	14,588,011							14,588,011						
18. Amount Incurred for Provision of Health Care Services	12,949,977							12,949,977						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 16,111,482

(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.....	01/01/2023	PartnerRE Amer Ins Co.....	DE.....	SSL/I.....	MR.....	..... 84,524	.....	.....	.....	.....	.....	.....
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							..... 84,524	.....	.....	.....	.....	.....	.....
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							..... 84,524	.....	.....	.....	.....	.....	.....
1199999 – Total General Account Authorized.....							..... 84,524	.....	.....	.....	.....	.....	.....
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							..... 84,524	.....	.....	.....	.....	.....	.....
9199999 – Total U.S.....							..... 84,524	.....	.....	.....	.....	.....	.....
9999999 – Total (Sum of 4599999 and 9099999).....							..... 84,524	.....	.....	.....	.....	.....	.....

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

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

		2023	2022	2021	2020	2019
A.	OPERATIONS ITEMS					
1	Premiums.....					
2	Title XVIII-Medicare.....	85	66	62		
3	Title XIX-Medicaid.....					
4	Commissions and reinsurance expense allowance.....					
5	Total hospital and medical expenses.....		29			
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	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1	Cash and invested assets (Line 12)	3,453,615		3,453,615
2	Accident and health premiums due and unpaid (Line 15)	918,610		918,610
3	Amounts recoverable from reinsurers (Line 16.1)			
4	Net credit for ceded reinsurance	XXX		
5	All other admitted assets (Balance)	1,984,339		1,984,339
6	Total assets (Line 28)	6,356,564		6,356,564
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7	Claims unpaid (Line 1)	2,919,790		2,919,790
8	Accrued medical incentive pool and bonus payments (Line 2)	35,677		35,677
9	Premiums received in advance (Line 8)	159,147		159,147
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)	440,837		440,837
15	Total liabilities (Line 24)	3,555,451		3,555,451
16	Total capital and surplus (Line 33)	2,801,113	XXX	2,801,113
17	Total liabilities, capital and surplus (Line 34)	6,356,564		6,356,564
NET CREDIT FOR CEDED REINSURANCE				
18	Claims unpaid		XXX	XXX
19	Accrued medical incentive pool		XXX	XXX
20	Premiums received in advance		XXX	XXX
21	Reinsurance recoverable on paid losses		XXX	XXX
22	Other ceded reinsurance recoverables		XXX	XXX
23	Total ceded reinsurance recoverables		XXX	XXX
24	Premiums receivable		XXX	XXX
25	Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26	Unauthorized reinsurance		XXX	XXX
27	Reinsurance with Certified Reinsurers		XXX	XXX
28	Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29	Other ceded reinsurance payables/offsets		XXX	XXX
30	Total ceded reinsurance payables/offsets		XXX	XXX
31	Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
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	100.000	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	100.000	Perennial Consortium, LLC	NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Ohio Living Ventures, LLC	Ownership	30.400		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Perennial Advantage of Ohio Holdings, LLC	Ownership	23.400		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	SNF Services Holdings	Ownership	15.900		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Graceworks Lutheran Services	Ownership	10.800		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Jennings Center for Older Adults	Ownership	6.500		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	McGregor Foundation	Ownership	6.500		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Otterbein Homes, Inc	Ownership	6.500		NO	
							Perennial Advantage of Ohio Holdings, LLC	OH	UIP	Perennial Consortium of Ohio Holdings, LLC	Ownership	100.000		NO	
			83-2633840				Perennial Consortium of Ohio Holdings, LLC	OH	UIP	Perennial Consortium, LLC	Ownership	100.000		NO	
							Perennial Consortium, LLC	DE	UIP	Ohio Living Ventures, LLC	Ownership	25.000		NO	
			83-2633840				Christian Living Communities Population Health Perennial, LLC	DE	UIP	Christian Living Communities Population Health Perennial, LLC	Ownership	25.000		NO	
			83-2633840				Perennial Consortium, LLC	DE	UIP	Health Futures, LLC	Ownership	25.000		NO	
			83-2633840				Perennial Consortium, LLC	DE	UIP	AllyAlign Health, Inc	Ownership	25.000		NO	
			46-2915506				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UIP	AllyAlign Health, Inc	Ownership	100.000		NO	
			81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UDP	Senior Housing Buyer, Inc.	Ownership	100.000		NO	
			85-3423867				Senior Housing Buyer, Inc.	DE	UDP	Senior Housing NewCo, LLC	Ownership	100.000		NO	
			37-1960450				Ohio Living Ventures, LLC	OH	UIP	Ohio Living	Ownership	100.000		NO	
							Christian Living Communities Population Health Perennial, LLC								
			35-2651641				Christian Living Communities Population Health Perennial, LLC	CO	UIP	CLC Population Health, Inc	Ownership	100.000		NO	
			37-1921045				CLC Population Health, Inc	CO	UIP	Christian Living Communities	Ownership	100.000		NO	
Asterisk	Explanation														

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					(2,126,281)				(2,126,281)	
	83-2633840	Perennial Consortium, LLC					289,312				289,312	
	46-2915506	AllyAlign Health, Inc					1,836,969				1,836,969	
9999999 – Control Totals							–		XXX		–	

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 Ohio, Inc.....	100.000 %	NO	Perennial Consortium, LLC.....	Perennial Consortium LLC GRP.....	100.000 %	NO.....
Perennial Advantage of Colorado, Inc.....	Perennial Advantage of Colorado Intermediate, LLC.....	100.000 %	NO	Perennial Consortium, LLC	Perennial Consortium LLC GRP.....	100.000 %	NO.....

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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.













		Response
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

SUPPLEMENTAL FILINGS

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 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
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?	YES
April Filing		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
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10.	 1 6 7 8 3 2 0 2 3 3 6 0 0 0 0 0 0
11.	 1 6 7 8 3 2 0 2 3 2 0 5 0 0 0 0 0
12.	 1 6 7 8 3 2 0 2 3 4 2 0 0 0 0 0 0
13.	 1 6 7 8 3 2 0 2 3 3 7 1 0 0 0 0 0
14.	 1 6 7 8 3 2 0 2 3 3 7 0 0 0 0 0 0
15.	 1 6 7 8 3 2 0 2 3 3 6 5 0 0 0 0 0
16.	 1 6 7 8 3 2 0 2 3 2 2 4 0 0 0 0 0
17.	 1 6 7 8 3 2 0 2 3 2 2 5 0 0 0 0 0
18.	 1 6 7 8 3 2 0 2 3 2 2 6 0 0 0 0 0
19.	
20.	 1 6 7 8 3 2 0 2 3 3 0 6 0 0 0 0 0
21.	 1 6 7 8 3 2 0 2 3 2 1 1 0 0 0 0 0
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24.	 1 6 7 8 3 2 0 2 3 2 2 3 0 0 0 0 0

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MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed By March 1)
FOR THE STATE OF Ohio

NAIC Group Code: 4975

NAIC Company Code: 16783

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO