

# ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 2025 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 ..... https://perennialadvantage.com/ .....  
Statutory Statement Contact ..... Kate Weis ..... 469-262-6873 .....  
(Telephone)  
regulatoryaccounting@curanahealth.com ..... 469-262-6873 .....  
(E-Mail) (Fax)

### OFFICERS

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

### DIRECTORS OR TRUSTEES

John Henry Cochrane III ..... 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.

Signed by Black Knight EXP-DocVerify: 2026-01-16 11:04:47 EST  
X Jennifer Lynn Elam X Rachel Jacqueline Martin X Jeremy Stephen Dressen  
0805112-41812845-43122543 Chief Executive Officer & President Chief Financial Officer Chief Operating Officer

Subscribed and sworn to before me  
this 1/16/2026 day of

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

Signed by Black Knight EXP-DocVerify: 2026-01-16 11:05:07 EST | 2026  
X Andrea R Fuller  
0805112-41812845-444984

ANDREA R FULLER  
Electronic Notary Public  
Commonwealth of Virginia  
Commission No. 7998711  
My Commission Expires Sep 30, 2026

Notarial Act Performed by Audio visual communication

**ANNUAL STATEMENT**  
FOR THE YEAR ENDED DECEMBER 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
**PERENNIAL ADVANTAGE OF OHIO, INC.**

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John Henry Cochrane III ..... Lynne Susan Katzmann .....  
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State of Ohio .....  
County of Delaware ..... SS

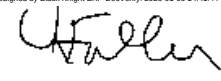
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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 \_\_\_\_\_ X  X   
Jennifer Lynn Elam Rachel Jacqueline Martin Jeremy Stephen Dressen  
Chief Executive Officer & President Chief Financial Officer Chief Operating Officer

Subscribed and sworn to before me  
this 1/6/2026 day of

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

\_\_\_\_\_ 2026



X \_\_\_\_\_

ANDREA R FULLER  
Electronic Notary Public  
Commonwealth of Virginia  
Commission No. 7998711  
My Commission Expires Sep 30, 2026

Notarial Act Performed by Audio visual communication

**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.....	326					326
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.....	1,109,957					1,109,957
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	1,110,283					1,110,283

**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 – Aggregate of Amounts Not Individually Listed .....	291,138		291,656			582,794
0199999 – Pharmaceutical Rebate Receivables .....	291,138		291,656			582,794
0299998 – Aggregate of Amounts Not Individually Listed .....				196,826	196,826	
0299999 – Claim Overpayment Receivables .....				196,826	196,826	
0799999 – Gross Health Care Receivables .....	291,138		291,656	196,826	196,826	582,794

**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 (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	352,012	566,627		582,794	352,012	309,040
2. Claim overpayment receivables .....	160,095			196,826	160,095	160,095
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) .....	512,107	566,627		779,620	512,107	469,135

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
0399999 – Aggregate accounts not individually listed-covered .....	311,633					311,633
0499999 – Subtotals .....	311,633					311,633
0599999 – Unreported claims and other claim reserves .....						2,823,478
0799999 – Total claims unpaid .....						3,135,111
0899999 – Accrued medical incentive pool and bonus amounts .....						294,972

**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
0399999 – Total gross amounts receivable.....							

**NONE**

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
AllyAlign Health	Management Fees	49,575	49,575	
Perennial Consortium	Partner Fees	20,128	20,128	
0199999 – Individually listed payable		69,703	69,703	
0399999 – Total gross payables		69,703	69,703	

**EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non- Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups	1,190,578	6.372	783	100.000	965,003	225,575
2. Intermediaries						
3. All other providers						
4. Total capitation payments	1,190,578	6.372	783	100.000	965,003	225,575
<b>Other Payments:</b>						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	15,447,335	82.671	XXX	XXX	2,949,546	12,497,789
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments	2,047,376	10.957	XXX	XXX	1,961,445	85,931
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	17,494,711	93.628	XXX	XXX	4,910,991	12,583,720
13. Total (Line 4 plus Line 12)	18,685,289	100.000 %	XXX	XXX	5,875,994	12,809,295

**EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals			XXX	XXX	XXX

**NONE**

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total .....						

**NONE**



**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 2025

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year.....	557							557						
2. First quarter.....	711							711						
3. Second quarter.....	727							727						
4. Third quarter.....	737							737						
5. Current year.....	783							783						
6. Current year member months.....	8,786							8,786						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	13,016							13,016						
8. Non-physician.....	49,370							49,370						
9. Total.....	62,386							62,386						
10. Hospital patient days incurred.....	2,000							2,000						
11. Number of inpatient admissions.....	336							336						
12. Health premiums written (b).....	21,244,273							21,244,273						
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	21,244,273							21,244,273						
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	18,685,289							18,685,289						
18. Amount incurred for provision of health care services.....	17,889,249							17,889,249						

HO CH

(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 \$ 21,244,273



**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 2025

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
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(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 21,244,273

30.GT

(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		
<b>General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates</b>													
11835	04-1590940	01/01/2025	PartnerRe Amer Ins Co	DE	SSL/I	MR	146,948						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							146,948						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							146,948						
1199999 – Total General Account Authorized							146,948						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							146,948						
9199999 – Total U.S.							146,948						
9999999 – Total (Sum of 4599999 and 9099999)							146,948						

(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)

	1	2	3	4	5
	2025	2024	2023	2022	2021
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....					
2. Title XVIII-Medicare.....	147	97	85	66	62
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	25	32		29	
<b>B. BALANCE SHEET ITEMS</b>					
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.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	4,943,025		4,943,025
2. Accident and health premiums due and unpaid (Line 15)	1,110,283		1,110,283
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	1,014,634		1,014,634
6. Total assets (Line 28)	7,067,942		7,067,942
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	3,135,111		3,135,111
8. Accrued medical incentive pool and bonus payments (Line 2)	294,972		294,972
9. Premiums received in advance (Line 8)	61,352		61,352
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)	289,591		289,591
15. Total liabilities (Line 24)	3,781,026		3,781,026
16. Total capital and surplus (Line 33)	3,286,916	XXX	3,286,916
17. Total liabilities, capital and surplus (Line 34)	7,067,942		7,067,942
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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					
States, Etc.			1	2	3	4	5	6
			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate other alien	OT						
59.	Totals							

**NONE**

**SCHEDULE Y**

PART 1A - DETAILS 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	30.000		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Perennial Advantage of Ohio Holdings, LLC	Ownership	23.000		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	SNF Services Holdings	Ownership	16.000		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Graceworks Lutheran Services	Ownership	11.000		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Jennings Center for Older Adults	Ownership	7.000		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	McGregor Foundation	Ownership	7.000		NO	
			85-2904403				Perennial Advantage of Ohio, LLC	OH	UDP	Otterbein Homes, Inc.	Ownership	7.000		NO	
							Perennial Advantage of Ohio Holdings, LLC	OH	UIP	Perennial Consortium of Ohio Holdings, LLC	Ownership	100.000		NO	
			83-2633840				Perennial Consortium, LLC	DE	UIP	Perennial Consortium, LLC	Ownership	100.000		NO	
			83-2633840				Perennial Consortium, LLC	DE	UIP	Ohio Living Ventures, LLC	Ownership	25.000		NO	
			83-2633840				Perennial Consortium, LLC	DE	UIP	HG Perennial, LLC	Ownership	25.000		NO	
			83-2633840				Perennial Consortium, LLC	DE	UIP	Health Futures, LLC	Ownership	25.000		NO	
							Perennial Consortium, LLC	DE	UIP	AllyAlign Health, Inc.	Ownership	25.000		NO	
			46-2915506				AllyAlign Health, Inc.	DE	UIP	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	100.000		NO	
			81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UDP	Curana Health, Inc.	Ownership	100.000		NO	
			85-3423867				Curana Health, Inc.	DE	UIP	Curana Health Holdings, LLC	Ownership	100.000		NO	
			37-1960450				Ohio Living Ventures, LLC	OH	UIP	Ohio Living	Ownership	100.000		NO	
			99-4570006				HG Perennial, LLC	DE	UIP	HumanGood Cornerstone	Ownership	100.000		NO	
			30-0184304				HumanGood Cornerstone	CA	UIP	HumanGood	Ownership	100.000		NO	

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Asterisk	Explanation
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**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 Ohio, Inc		500,000			(2,503,717)				(2,003,717)	
	83-2633840	Perennial Consortium, LLC		(116,903)			327,858				210,955	
	46-2915506	AllyAlign Health, Inc					2,175,859				2,175,859	
	85-2904403	Perennial Advantage of Ohio, LLC		(383,097)							(383,097)	
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  Insurers in Holding Company	2  Owners with Greater than 10% Ownership	3  Ownership Percentage Column 2 of Column 1	4  Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5  Ultimate Controlling Party	6  U.S. Insurance Groups or Entities Controlled by Column 5	7  Ownership Percentage (Column 5 of Column 6)	8  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.











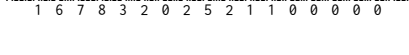

	Responses
<b>March Filing</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES.....
2. Will an Actuarial Opinion be filed by March 1?.....	YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES.....
<b>April Filing</b>	
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.....
<b>June Filing</b>	
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.

<b>March Filing</b>	
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.....
<b>April Filing</b>	
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.....
<b>August Filing</b>	
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.	
5.	
6.	
7.	
8.	
9.	
10.	 1 6 7 8 3 2 0 2 5 3 6 0 0 0 0 0 0
11.	 1 6 7 8 3 2 0 2 5 2 0 5 0 0 0 0 0
12.	 1 6 7 8 3 2 0 2 5 4 2 0 0 0 0 0 0
13.	 1 6 7 8 3 2 0 2 5 3 7 1 0 0 0 0 0
14.	 1 6 7 8 3 2 0 2 5 3 7 0 0 0 0 0 0
15.	 1 6 7 8 3 2 0 2 5 3 6 5 0 0 0 0 0
16.	 1 6 7 8 3 2 0 2 5 2 2 4 0 0 0 0 0
17.	 1 6 7 8 3 2 0 2 5 2 2 5 0 0 0 0 0
18.	 1 6 7 8 3 2 0 2 5 2 2 6 0 0 0 0 0
19.	
20.	 1 6 7 8 3 2 0 2 5 3 0 6 0 0 0 0 0
21.	 1 6 7 8 3 2 0 2 5 2 1 1 0 0 0 0 0
22.	
23.	
24.	 1 6 7 8 3 2 0 2 5 2 2 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

**OVERFLOW PAGE FOR WRITE-INS**



**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2025  
 (To Be Filed By March 1)  
 FOR THE STATE OF Ohio

NAIC Group Code: 4975

NAIC Company Code: 16783

MCAS Lines of Business		1 MCAS Reportable Premium / Considerations (YES/NO)
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
13.	Pet insurance plans.....	NO