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2017 NOV -7 AM 10:37

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 819436

1. Corporation Name  
Clover Insurance Company

2. Principal Office Address - No P.O. Box # 30 Montgomery Street Suite, Apt. #, etc. 15th Floor City & State Jersey City Zip 07302		3. Mailing Office Address 30 Montgomery Street Suite, Apt. #, etc. 15th Floor City & State Jersey City Zip 07302	
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable)  
30 Montgomery St. 15th Floor  
Suite, Apt. #, etc.

City  
Jersey City

State  
NJ

Zip Code  
07302

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Les Granow Date 10/20/2017

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/Dir	Vivck Garipalli	30 Montgomery St. 15th Floor	Jersey City NJ 07302
Sec.	Rachel Fish	30 Montgomery St. 15th Floor	Jersey City NJ 07302
CFO	Les Granow	30 Montgomery St. 15th Floor	Jersey City NJ 07302
Dir	Justine Doheny	30 Montgomery St. 15th Floor	Jersey City NJ 07302
Dir	Edward Berde	30 Montgomery St. 15th Floor	Jersey City NJ 07302

10. E-mail Address: registeredagent@cloverhealth.com  
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

**SIGNATURE:** Rachel Fish 10/16/2017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**CORPORATION REINSTATEMENT  
CLOVER INSURANCE COMPANY**

Certificate of Status	0
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