

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819436

Entity Name: CLOVER INSURANCE COMPANY

Current Principal Place of Business:

30 MONTGOMERY ST.,15TH FLOOR
JERSEY CITY, NJ 07302

Current Mailing Address:

30 MONTGOMERY ST.,15TH FLOOR
JERSEY CITY, NJ 07302 US

FEI Number: 31-0522223

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
30 MONTGOMERY STREET
15TH FLOOR
JERSEY CITY, FL 07302 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BAXI, PRITAM
Address 30 MONTGOMERY ST.,15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

Title DIRECTOR
Name BERDE, EDWARD
Address 30 MONTGOMERY ST.,15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

Title DIRECTOR
Name DOHENY, JUSTINE
Address 30 MONTGOMERY ST.,15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

Title DIRECTOR, PRESIDENT
Name GARIPALLI, VIVEK
Address 30 MONTGOMERY ST.,15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VIVEK GARIPALLI

PRESIDENT

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date