

2020 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 CFO
Name WAGNER, JOSEPH
Address 30 MONTGOMERY ST.
15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

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

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

Title DIRECTOR
Name DOHENY, JUSTIN
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

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/CEO

05/13/2020

Electronic Signature of Signing Officer/Director Detail

Date