

2021 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 CHIEF PEOPLE OFFICER
Name FISH, RACHEL
Address 30 MONTGOMERY ST.
15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

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

Title SECRETARY
Name FISH, RACHEL
Address 30 MONTGOMERY ST.
15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

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

Title GENERAL COUNSEL
Name LEE, GIA
Address 30 MONTGOMERY ST.
15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

Title CHIEF CLINICAL INFORMATICS
OFFICER
Name CHANG, DR. SOPHIA
Address 30 MONTGOMERY ST.
15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

Title CHIEF MEDICARE COMPLIANCE
OFFICER
Name RICHEY, WENDY
Address 30 MONTGOMERY ST.
15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

Title PRESIDENT & CTO
Name TOY, ANDREW
Address 30 MONTGOMERY ST.
15TH FLOOR
City-State-Zip: JERSEY CITY NJ 07302

Continues on page 2

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**DIRECTOR****04/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF MEDICAL OFFICER
Name SPEKTOR, DR. MARK
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

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