

**2022 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 DIRECTOR  
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 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  
Name TOY, ANDREW  
Address 30 MONTGOMERY ST.  
15TH FLOOR  
City-State-Zip: JERSEY CITY NJ 07302

Title CHIEF MEDICAL OFFICER  
Name SPEKTOR, DR. MARK  
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

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*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:** RACHEL FISH

**SECRETARY**

**03/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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