



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code 0000 , 0000 NAIC Company Code 86371 Employer's ID Number 31-052223
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile US

Licensed as business type:
 Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Other []
 Health Maintenance Organization [] Is HMO Federally Qualified? Yes () No ()

Incorporated/Organized October 25, 1947 Commenced Business February 6, 1948

Statutory Home Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311 201-432-2133
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)
201-432-2133
(Area Code) (Telephone Number)

Internet Website Address www.cloverhealth.com

Statutory Statement Contact Steven Shirazi, Mr. 201-479-3885
(Name) (Area Code) (Telephone Number) (Extension)
steven.shirazi@cloverhealth.com 732-384-2810
(E-Mail Address) (Fax Number)

OFFICERS

Vivek Garipalli (CEO) Kris Gale# (Chief Technology Officer)
 Willson Keenan# (Chief Operating Officer) Dr. Mark Spektor# (Chief Medical Officer)

OTHER OFFICERS

Wendy Richey# (Chief Compliance Officer)
 Brady Priest# (General Counsel)
 Les Granow# (Chief Financial Officer)
 Ron Williams# (Chief Security Officer)
 Judah Rabinowitz# (Chief Actuary)
 Rachel Fish# (Chief Administrative Officer)

DIRECTORS OR TRUSTEES

Vivek Garipalli
 Edward Berde
 Justin Doheny

State of New Jersey }
 County of Hudson } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Vivek Garipalli CEO Les Granow# CFO

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes (X) No ()
 b. If no: 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

ASSETS

| | Current Year | | | Prior Year |
|---|--------------|----------------------------|--|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D) | 2,834,152 | | 2,834,152 | 99,945 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | | | | |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ encumbrances) | | | | |
| 5. Cash (\$ 76,081,034 , Schedule E-Part 1), cash equivalents (\$ 599,660 , Schedule E-Part 2) and short-term investments (\$ 7,166,523 , Schedule DA) | 83,847,217 | | 83,847,217 | 22,294,656 |
| 6. Contract loans (including \$ premium notes) | | | | |
| 7. Derivatives (Schedule DB) | | | | |
| 8. Other invested assets (Schedule BA) | | | | |
| 9. Receivables for securities | | | | |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 86,681,369 | | 86,681,369 | 22,394,601 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 34,725 | | 34,725 | 52 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | | |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | 3,404,418 | | 3,404,418 | 2,780,000 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 77,133,727 | | 77,133,727 | 6,174,177 |
| 16.2 Funds held by or deposited with reinsured companies | | | | |
| 16.3 Other amounts receivable under reinsurance contracts | | | | |
| 17. Amounts receivable relating to uninsured plans | 8,900,431 | | 8,900,431 | 2,539,523 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | | |
| 18.2 Net deferred tax asset | | | | |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | | | | |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | 1,066,984 | | 1,066,984 | |
| 24. Health care (\$ 5,066,396) and other amounts receivable | 11,853,018 | 6,786,622 | 5,066,396 | 1,614,177 |
| 25. Aggregate write-ins for other-than-invested assets | 11,473,603 | 4,744,749 | 6,728,854 | 7,905 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 200,548,275 | 11,531,371 | 189,016,904 | 35,510,435 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. Total (Lines 26 and 27) | 200,548,275 | 11,531,371 | 189,016,904 | 35,510,435 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. Paid Claim Recoupments | 1,023,836 | 1,023,836 | | |
| 2502. Prepaid Premium Tax | 97,739 | 97,739 | | |
| 2503. Other Receivables | 269,180 | | 269,180 | 7,905 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 10,082,848 | 3,623,174 | 6,459,674 | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 11,473,603 | 4,744,749 | 6,728,854 | 7,905 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|--|--------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 9,481,851 | | 9,481,851 | 5,901,115 |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | 608,981 | | 608,981 | 185,000 |
| 4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | 21,455,578 | | 21,455,578 | 5,761,828 |
| 5. Aggregate life policy reserves | | | | |
| 6. Property/casualty unearned premium reserves | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | | | | |
| 9. General expenses due or accrued | | | | |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)) | | | | |
| 10.2 Net deferred tax liability | | | | |
| 11. Ceded reinsurance premiums payable | 82,509,607 | | 82,509,607 | 11,412,809 |
| 12. Amounts withheld or retained for the account of others | | | | |
| 13. Remittances and items not allocated | | | | |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates | 338,483 | | 338,483 | 1,767,961 |
| 16. Derivatives | | | | |
| 17. Payable for securities | | | | |
| 18. Payable for securities lending | | | | |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | | | | |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 22. Liability for amounts held under uninsured plans | | | | |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 6,693,067 | | 6,693,067 | 296,520 |
| 24. Total liabilities (Lines 1 to 23) | 121,087,567 | | 121,087,567 | 25,325,233 |
| 25. Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 26. Common capital stock | X X X | X X X | 700,000 | 700,000 |
| 27. Preferred capital stock | X X X | X X X | | |
| 28. Gross paid in and contributed surplus | X X X | X X X | 88,173,869 | 28,349,388 |
| 29. Surplus notes | X X X | X X X | 40,000,000 | |
| 30. Aggregate write-ins for other-than-special surplus funds | X X X | X X X | | |
| 31. Unassigned funds (surplus) | X X X | X X X | (60,944,533) | (18,864,186) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | X X X | X X X | | |
| 32.2 shares preferred (value included in Line 27 \$) | X X X | X X X | | |
| 33. Total capital and surplus (Line 25 to 31 minus Line 32) | X X X | X X X | 67,929,336 | 10,185,202 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | X X X | X X X | 189,016,903 | 35,510,435 |
| DETAILS OF WRITE-INS | | | | |
| 2301. ACA Taxes Payable | | | | 296,520 |
| 2302. Accounts Payable | 485,333 | | 485,333 | |
| 2303. Other Liabilities | 4,654 | | 4,654 | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 6,203,080 | | 6,203,080 | |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 6,693,067 | | 6,693,067 | 296,520 |
| 2501. | X X X | X X X | | |
| 2502. | X X X | X X X | | |
| 2503. | X X X | X X X | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | X X X | X X X | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | X X X | X X X | | |
| 3001. | X X X | X X X | | |
| 3002. | X X X | X X X | | |
| 3003. | X X X | X X X | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | X X X | X X X | | |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year | | Prior Year |
|---|----------------|--------------|-------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member Months | X X X | 216,827 | 83,164 |
| 2. Net premium income (including \$ non-health premium income) | X X X | 45,955,135 | 52,520,881 |
| 3. Change in unearned premium reserves and reserve for rate credits | X X X | | |
| 4. Fee-for-service (net of \$ medical expenses) | X X X | | |
| 5. Risk revenue | X X X | | |
| 6. Aggregate write-ins for other health care related revenues | X X X | | |
| 7. Aggregate write-ins for other non-health revenues | X X X | | |
| 8. Total revenues (Lines 2 to 7) | X X X | 45,955,135 | 52,520,881 |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits | | 52,186,599 | 23,924,258 |
| 10. Other professional services | | 73,512,032 | 19,967,162 |
| 11. Outside referrals | | | |
| 12. Emergency room and out-of-area | | | |
| 13. Prescription drugs | | 13,283,673 | 3,720,023 |
| 14. Aggregate write-ins for other hospital and medical | | 52,116,663 | 9,281,405 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | |
| 16. Subtotal (Lines 9 to 15) | | 191,098,967 | 56,892,848 |
| Less: | | | |
| 17. Net reinsurance recoveries | | 140,354,362 | 11,001,117 |
| 18. Total hospital and medical (Lines 16 minus 17) | | 50,744,605 | 45,891,731 |
| 19. Non-health claims (net) | | | |
| 20. Claims adjustment expenses, including \$ cost containment expenses | | | |
| 21. General administrative expenses | | 14,694,476 | 8,257,097 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | 14,996,173 | 3,604,295 |
| 23. Total underwriting deductions (Lines 18 through 22) | | 80,435,254 | 57,753,123 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | (34,480,119) | (5,232,242) |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17) | | 47,478 | 255 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | | 47,478 | 255 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ (amount charged off \$)] | | | |
| 29. Aggregate write-ins for other income or expenses | | (137,946) | 292,418 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | X X X | (34,570,587) | (4,939,569) |
| 31. Federal and foreign income taxes incurred | X X X | | (8,126) |
| 32. Net income (loss) (Lines 30 minus 31) | X X X | (34,570,587) | (4,931,443) |
| DETAILS OF WRITE-INS | | | |
| 0601. | X X X | | |
| 0602. | X X X | | |
| 0603. | X X X | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | X X X | | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | X X X | | |
| 0701. | X X X | | |
| 0702. | X X X | | |
| 0703. | X X X | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | X X X | | |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | X X X | | |
| 1401. Other Hospital and Medical Expenses | | 52,116,663 | 9,281,405 |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | | 52,116,663 | 9,281,405 |
| 2901. Premium Taxes | | (1,371) | (296,520) |
| 2902. Other Income | | 1,940 | 588,938 |
| 2903. Interest Expense on Surplus Notes | | (150,000) | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | 11,485 | |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | | (137,946) | 292,418 |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY
STATEMENT OF REVENUE AND EXPENSES (continued)

| CAPITAL AND SURPLUS ACCOUNT | 1 | 2 |
|--|--------------|-------------|
| | Current Year | Prior Year |
| 33. Capital and surplus prior reporting year | 10,185,202 | 5,438,187 |
| 34. Net income or (loss) from Line 32 | (34,570,587) | (4,931,443) |
| 35. Change in valuation basis of aggregate policy and claims reserves | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | |
| 38. Change in net deferred income tax | (276,285) | |
| 39. Change in nonadmitted assets | (7,233,475) | 3,678,458 |
| 40. Change in unauthorized and certified reinsurance | | |
| 41. Change in treasury stock | | |
| 42. Change in surplus notes | 40,000,000 | |
| 43. Cumulative effect of changes in accounting principles | | |
| 44. Capital Changes: | | |
| 44.1 Paid in | | |
| 44.2 Transferred from surplus (Stock Dividend) | | |
| 44.3 Transferred to surplus | | |
| 45. Surplus adjustments: | | |
| 45.1 Paid in | 59,824,481 | 6,000,000 |
| 45.2 Transferred to capital (Stock Dividend) | | |
| 45.3 Transferred from capital | | |
| 46. Dividends to stockholders | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | | |
| 48. Net change in capital and surplus (Lines 34 to 47) | 57,744,134 | 4,747,015 |
| 49. Capital and surplus end of reporting year (Line 33 plus 48) | 67,929,336 | 10,185,202 |
| DETAILS OF WRITE-INS | | |
| 4701. Adjustment of Capital and Liabilities | | |
| 4702. | | |
| 4703. | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | | |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | | |

CASH FLOW

| | 1 | 2 |
|--|--------------|-------------|
| | Current Year | Prior Year |
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 132,121,265 | 66,544,459 |
| 2. Net investment income | 12,805 | 203 |
| 3. Miscellaneous income | | (4,064,334) |
| 4. Total (Line 1 through Line 3) | 132,134,070 | 62,480,328 |
| 5. Benefit and loss related payments | 138,185,988 | 57,952,159 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 20,769,349 | 8,624,572 |
| 8. Dividends paid to policyholders | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 276,285 | (5,174) |
| 10. Total (Line 5 through Line 9) | 159,231,622 | 66,571,557 |
| 11. Net cash from operations (Line 4 minus Line 10) | (27,097,552) | (4,091,229) |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | | |
| 12.2 Stocks | | |
| 12.3 Mortgage loans | | |
| 12.4 Real estate | | |
| 12.5 Other invested assets | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | |
| 12.7 Miscellaneous proceeds | | |
| 12.8 Total investment proceeds (Line 12.1 through Line 12.7) | | |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 2,759,365 | 99,945 |
| 13.2 Stocks | | |
| 13.3 Mortgage loans | | |
| 13.4 Real estate | | |
| 13.5 Other invested assets | | |
| 13.6 Miscellaneous applications | | |
| 13.7 Total investments acquired (Line 13.1 through Line 13.6) | 2,759,365 | 99,945 |
| 14. Net increase (decrease) in contract loans and premium notes | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (2,759,365) | (99,945) |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 40,000,000 | |
| 16.2 Capital and paid in surplus, less treasury stock | 59,824,481 | 6,000,000 |
| 16.3 Borrowed funds | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | |
| 16.5 Dividends to stockholders | | |
| 16.6 Other cash provided (applied) | (8,415,003) | 10,225,402 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 91,409,478 | 16,225,402 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) | 61,552,561 | 12,034,228 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 22,294,656 | 10,260,428 |
| 19.2 End of year (Line 18 plus Line 19.1) | 83,847,217 | 22,294,656 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | |
| 20.0001 | | |
| 20.0002 | | |
| 20.0003 | | |
| 20.0004 | | |
| 20.0005 | | |
| 20.0006 | | |
| 20.0007 | | |
| 20.0008 | | |
| 20.0009 | | |
| 20.0010 | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|--------------|---|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------------|---------------------|
| | Total | Comprehensive (Hospital and Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Net premium income | 45,955,135 | | | | | | 45,955,135 | | | |
| 2. Change in unearned premium reserves and reserve for rate credit | | | | | | | | | | |
| 3. Fee-for-service (net of \$ medical expenses) | | | | | | | | | | XXX |
| 4. Risk revenue | | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | | | | | | | | | | XXX |
| 6. Aggregate write-ins for other non-health care related revenues | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 7. Total revenues (Lines 1 to 6) | 45,955,135 | | | | | | 45,955,135 | | | |
| 8. Hospital/medical benefits | 52,186,599 | | | | | | 52,186,599 | | | XXX |
| 9. Other professional services | 73,512,032 | | | | | | 73,512,032 | | | XXX |
| 10. Outside referrals | | | | | | | | | | XXX |
| 11. Emergency room and out-of-area | | | | | | | | | | XXX |
| 12. Prescription drugs | 13,283,673 | | | | | | 13,283,673 | | | XXX |
| 13. Aggregate write-ins for other hospital and medical | 52,116,663 | | | | | | 52,116,663 | | | XXX |
| 14. Incentive pool, withhold adjustments, and bonus amounts | | | | | | | | | | XXX |
| 15. Subtotal (Lines 8 to 14) | 191,098,967 | | | | | | 191,098,967 | | | XXX |
| 16. Net reinsurance recoveries | 140,354,362 | | | | | | 140,354,362 | | | XXX |
| 17. Total hospital and medical (Lines 15 minus 16) | 50,744,605 | | | | | | 50,744,605 | | | XXX |
| 18. Non-health claims (net) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 19. Claims adjustment expenses including \$ cost containment expenses | | | | | | | | | | |
| 20. General administrative expenses | 14,694,476 | | | | | | 14,694,476 | | | |
| 21. Increase in reserves for accident and health contracts | 14,996,173 | | | | | | 14,996,173 | | | XXX |
| 22. Increase in reserves for life contracts | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22) | 80,435,254 | | | | | | 80,435,254 | | | |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | (34,480,119) | | | | | | (34,480,119) | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 0501. | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | | XXX |
| 0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | | | | | | | | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0603. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 1301. | 52,116,663 | | | | | | 52,116,663 | | | XXX |
| 1302. | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | XXX |
| 1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above) | 52,116,663 | | | | | | 52,116,663 | | | XXX |

UNDERWRITING AND INVESTMENT EXHIBIT

Part 1 - Premiums

| Line of Business | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Ceded | 4 Net Premium Income (Cols. 1+2-3) |
|---|----------------------|--------------------------|------------------------|--|
| 1. Comprehensive (hospital and medical) | | | | |
| 2. Medicare Supplement | | | | |
| 3. Dental only | | | | |
| 4. Vision only | | | | |
| 5. Federal Employees Health Benefits Plan | | | | |
| 6. Title XVIII - Medicare | 183,791,032 | | 137,835,897 | 45,955,135 |
| 7. Title XIX - Medicaid | | | | |
| 8. Other health | | | | |
| 9. Health subtotal (Lines 1 through 8) | 183,791,032 | | 137,835,897 | 45,955,135 |
| 10. Life | | | | |
| 11. Property/casualty | | | | |
| 12. Totals (Lines 9 to 11) | 183,791,032 | | 137,835,897 | 45,955,135 |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|-------------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-----------------|---------------------|
| | Total | Comprehensive (Hospital and Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 169,501,830 | | | | | | 169,501,830 | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | |
| 1.3 Reinsurance ceded | 122,337,961 | | | | | | 122,337,961 | | | |
| 1.4 Net | 47,163,869 | | | | | | 47,163,869 | | | |
| 2. Paid medical incentive pools and bonuses | | | | | | | | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | |
| 3.1 Direct | 32,325,192 | | | | | | 32,325,192 | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | |
| 3.3 Reinsurance ceded | 22,843,341 | | | | | | 22,843,341 | | | |
| 3.4 Net | 9,481,851 | | | | | | 9,481,851 | | | |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | |
| 4.1 Direct | | | | | | | | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | |
| 4.4 Net | | | | | | | | | | |
| 5. Accrued medical incentive pools and bonuses, current year | | | | | | | | | | |
| 6. Net health care receivables (a) | | | | | | | | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | |
| 8.1 Direct | 10,728,055 | | | | | | 10,728,055 | | | |
| 8.2 Reinsurance assumed | | | | | | | | | | |
| 8.3 Reinsurance ceded | 4,826,940 | | | | | | 4,826,940 | | | |
| 8.4 Net | 5,901,115 | | | | | | 5,901,115 | | | |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | |
| 9.1 Direct | | | | | | | | | | |
| 9.2 Reinsurance assumed | | | | | | | | | | |
| 9.3 Reinsurance ceded | | | | | | | | | | |
| 9.4 Net | | | | | | | | | | |
| 10. Accrued medical incentive pools and bonuses, prior year | | | | | | | | | | |
| 11. Amounts recoverable from reinsurers December 31, prior year | | | | | | | | | | |
| 12. Incurred benefits: | | | | | | | | | | |
| 12.1 Direct | 191,098,967 | | | | | | 191,098,967 | | | |
| 12.2 Reinsurance assumed | | | | | | | | | | |
| 12.3 Reinsurance ceded | 140,354,362 | | | | | | 140,354,362 | | | |
| 12.4 Net | 50,744,605 | | | | | | 50,744,605 | | | |
| 13. Incurred medical incentive pools and bonuses | | | | | | | | | | |

(a) Excludes \$ loans or advances to providers not yet expensed

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - Claims Liability End of Current Year

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|------------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-----------------|---------------------|
| | Total | Comprehensive (Hospital and Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Reported in Process of Adjustment: | | | | | | | | | | |
| 1.1 Direct | 1,876,138 | | | | | | 1,876,138 | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | |
| 1.3 Reinsurance ceded | | | | | | | | | | |
| 1.4 Net | 1,876,138 | | | | | | 1,876,138 | | | |
| 2. Incurred but Unreported: | | | | | | | | | | |
| 2.1 Direct | 30,449,054 | | | | | | 30,449,054 | | | |
| 2.2 Reinsurance assumed | | | | | | | | | | |
| 2.3 Reinsurance ceded | 22,843,341 | | | | | | 22,843,341 | | | |
| 2.4 Net | 7,605,713 | | | | | | 7,605,713 | | | |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | |
| 3.1 Direct | | | | | | | | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | |
| 3.4 Net | | | | | | | | | | |
| 4. TOTALS: | | | | | | | | | | |
| 4.1 Direct | 32,325,192 | | | | | | 32,325,192 | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | |
| 4.3 Reinsurance ceded | 22,843,341 | | | | | | 22,843,341 | | | |
| 4.4 Net | 9,481,851 | | | | | | 9,481,851 | | | |

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 | 6 |
|---|---|---|---|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid December 31 of Prior Year | 4 On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | | | | | | |
| 2. Medicare Supplement | | | | | | |
| 3. Dental Only | | | | | | |
| 4. Vision Only | | | | | | |
| 5. Federal Employees Health Benefits Plan | | | | | | |
| 6. Title XVIII - Medicare | 5,720,862 | 41,443,007 | | 9,481,851 | 5,720,862 | 5,901,115 |
| 7. Title XIX - Medicaid | | | | | | |
| 8. Other health | | | | | | |
| 9. Health subtotal (Lines 1 to 8) | 5,720,862 | 41,443,007 | | 9,481,851 | 5,720,862 | 5,901,115 |
| 10. Healthcare receivables (a) | | | | | | |
| 11. Other non-health | | | | | | |
| 12. Medical incentive pools and bonus amounts | | | | | | |
| 13. Totals (Lines 9-10+11+12) | 5,720,862 | 41,443,007 | | 9,481,851 | 5,720,862 | 5,901,115 |

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital and Medical)

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section B - Incurred Health Claims - Medicare Supplement

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Dental Only

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Dental Only

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Vision Only

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Vision Only

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefit Plan

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section B - Incurred Health Claims - Federal Employees Health Benefit Plan

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefit Plan

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | 2,068 | 2,447 | 2,460 | 2,460 |
| 4. 2014 | X X X | X X X | 18,287 | 21,228 | 21,580 |
| 5. 2015 | X X X | X X X | X X X | 40,048 | 47,517 |
| 6. 2016 | X X X | X X X | X X X | X X X | 35,909 |

Section B - Incurred Health Claims - Title XVIII Medicare

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | 2,910 | 2,448 | 2,460 | 2,460 |
| 4. 2014 | X X X | X X X | 21,587 | 21,319 | 21,591 |
| 5. 2015 | X X X | X X X | X X X | 45,892 | 46,484 |
| 6. 2016 | X X X | X X X | X X X | X X X | 43,521 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | 3,200 | 2,460 | | | 2,460 | 76.875 | | | 2,460 | 76.875 |
| 3. 2014 | 24,822 | 21,580 | | | 21,580 | 86.939 | | | 21,580 | 86.939 |
| 4. 2015 | 52,521 | 47,517 | | | 47,517 | 90.472 | | | 47,517 | 90.472 |
| 5. 2016 | 45,955 | 35,909 | | | 35,909 | 78.139 | 9,481 | 609 | 45,999 | 100.096 |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Title XIX Medicaid

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Other

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Other

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | 2,068 | 2,447 | 2,460 | 2,460 |
| 4. 2014 | X X X | X X X | 18,287 | 21,228 | 21,580 |
| 5. 2015 | X X X | X X X | X X X | 40,048 | 47,517 |
| 6. 2016 | X X X | X X X | X X X | X X X | 35,909 |

Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | 2,910 | 2,448 | 2,460 | 2,460 |
| 4. 2014 | X X X | X X X | 21,587 | 21,319 | 21,591 |
| 5. 2015 | X X X | X X X | X X X | 45,892 | 46,484 |
| 6. 2016 | X X X | X X X | X X X | X X X | 43,521 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | 3,200 | 2,460 | | | 2,460 | 76.875 | | | 2,460 | 76.875 |
| 3. 2014 | 24,822 | 21,580 | | | 21,580 | 86.939 | | | 21,580 | 86.939 |
| 4. 2015 | 52,521 | 47,517 | | | 47,517 | 90.472 | | | 47,517 | 90.472 |
| 5. 2016 | 45,955 | 35,909 | | | 35,909 | 78.139 | 9,481 | 609 | 45,999 | 100.096 |

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|------------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-------|
| | Total | Comprehensive (Hospital and Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| 1. Unearned premium reserves | | | | | | | | | |
| 2. Additional policy reserves (a) | 21,455,578 | | | | | | 21,455,578 | | |
| 3. Reserve for future contingent benefits | | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including \$ for investment income) | | | | | | | | | |
| 5. Aggregate write-ins for other policy reserves | | | | | | | | | |
| 6. Totals (gross) | 21,455,578 | | | | | | 21,455,578 | | |
| 7. Reinsurance ceded | | | | | | | | | |
| 8. Totals (Net) (Page 3, Line 4) | 21,455,578 | | | | | | 21,455,578 | | |
| 9. Present value of amounts not yet due on claims | | | | | | | | | |
| 10. Reserve for future contingent benefits | | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | | | | | | | | | |
| 12. Totals (gross) | | | | | | | | | |
| 13. Reinsurance ceded | | | | | | | | | |
| 14. Totals (Net) (Page 3, Line 7) | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 0501. | | | | | | | | | |
| 0502. | | | | | | | | | |
| 0503. | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | | | | | | | |
| 1101. | | | | | | | | | |
| 1102. | | | | | | | | | |
| 1103. | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | | | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | | | | | | |

(a) Includes \$ 19,278,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 | 4 | 5 |
|---|--------------------------------|--------------------------------------|---------------------------------|---------------------|----------------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 1. Rent (\$ for occupancy of own building) | | | | | |
| 2. Salaries, wages and other benefits | | | | | |
| 3. Commissions (less \$ ceded plus \$ assumed) | | | | | |
| 4. Legal fees and expenses | | | | | |
| 5. Certifications and accreditation fees | | | | | |
| 6. Auditing, actuarial and other consulting services | | | | | |
| 7. Traveling expenses | | | | | |
| 8. Marketing and advertising | | | | | |
| 9. Postage, express, and telephone | | | | | |
| 10. Printing and office supplies | | | | | |
| 11. Occupancy, depreciation and amortization | | | | | |
| 12. Equipment | | | | | |
| 13. Cost or depreciation of EDP equipment and software | | | | | |
| 14. Outsourced services including EDP, claims, and other services | | | | | |
| 15. Boards, bureaus and association fees | | | | | |
| 16. Insurance, except on real estate | | | | | |
| 17. Collection and bank service charges | | | | | |
| 18. Group service and administration fees | | | 14,694,476 | | 14,694,476 |
| 19. Reimbursements by uninsured accident and health plans | | | | | |
| 20. Reimbursements from fiscal intermediaries | | | | | |
| 21. Real estate expenses | | | | | |
| 22. Real estate taxes | | | | | |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | | | | | |
| 23.2 State premium taxes | | | | | |
| 23.3 Regulator authority licenses and fees | | | | | |
| 23.4 Payroll taxes | | | | | |
| 23.5 Other (excluding federal income and real estate taxes) | | | | | |
| 24. Investment expenses not included elsewhere | | | | | |
| 25. Aggregate write-ins for expenses | | | | | |
| 26. Total expenses incurred (Line 1 to Line 25) | | | 14,694,476 | | (a) 14,694,476 |
| 27. Less expenses unpaid December 31, current year | | | | | |
| 28. Add expenses unpaid December 31, prior year | | | | | |
| 29. Amounts receivable relating to uninsured plans, prior year | | | | | |
| 30. Amounts receivable relating to uninsured plans, current year | | | | | |
| 31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30) | | | 14,694,476 | | 14,694,476 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. | | | | | |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | | |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | | | | | |

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

| | 1 | 2 |
|---|-----------------------|--------------------|
| | Collected During Year | Earned During Year |
| 1. U. S. Government bonds | (a) 18,468 | 35,912 |
| 1.1 Bonds exempt from U. S. tax | (a) | |
| 1.2 Other bonds (unaffiliated) | (a) (5,214) | (4,581) |
| 1.3 Bonds of affiliates | (a) | |
| 2.1 Preferred stocks (unaffiliated) | (b) | |
| 2.11 Preferred stocks of affiliates | (b) | |
| 2.2 Common stocks (unaffiliated) | | |
| 2.21 Common stocks of affiliates | | |
| 3. Mortgage loans | (c) | |
| 4. Real estate | (d) | |
| 5. Contract loans | | |
| 6. Cash, cash equivalents and short-term investments | (e) (1,505) | 15,146 |
| 7. Derivative instruments | (f) | |
| 8. Other invested assets | | |
| 9. Aggregate write-ins for investment income | | |
| 10. Total gross investment income | 11,749 | 46,478 |
| 11. Investment expenses | | (g) |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | | (g) |
| 13. Interest expense | | (h) |
| 14. Depreciation on real estate and other invested assets | | (i) |
| 15. Aggregate write-ins for deductions from investment income | | |
| 16. Total deductions (Lines 11 through 15) | | |
| 17. Net investment income (Line 10 minus Line 16) | | 46,478 |
| DETAILS OF WRITE-INS | | |
| 0901. | | |
| 0902. | | |
| 0903. | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | | |
| 1501. | | |
| 1502. | | |
| 1503. | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | | |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) | | |

- (a) Includes \$ 4,683 accrual of discount less \$ (29,842) amortization of premium and less \$ 2,090 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 352 accrual of discount less \$ (4,808) amortization of premium and less \$ 11,058 paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 | 2 | 3 | 4 | 5 |
|--|---|----------------------------|--|--|---|
| | Realized Gain (Loss) On Sales or Maturity | Other Realized Adjustments | Total Realized Capital Gain (Loss) (Columns 1 + 2) | Change in Unrealized Capital Gain (Loss) | Change in Unrealized Foreign Exchange Capital Gain (Loss) |
| 1. U. S. Government bonds | | | | | |
| 1.1 Bonds exempt from U. S. tax | | | | | |
| 1.2 Other bonds (unaffiliated) | | | | | |
| 1.3 Bonds of affiliates | | | | | |
| 2.1 Preferred stocks (unaffiliated) | | | | | |
| 2.11 Preferred stocks of affiliates | | | | | |
| 2.2 Common stocks (unaffiliated) | | | | | |
| 2.21 Common stocks of affiliates | | | | | |
| 3. Mortgage loans | | | | | |
| 4. Real estate | | | | | |
| 5. Contract loans | | | | | |
| 6. Cash, cash equivalents and short-term investments | | | | | |
| 7. Derivative instruments | | | | | |
| 8. Other invested assets | | | | | |
| 9. Aggregate write-ins for capital gains (losses) | | | | | |
| 10. Total capital gains (losses) | | | | | |
| NONE | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | | | | |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | | | | | |

EXHIBIT OF NONADMITTED ASSETS

| | 1 | 2 | 3 |
|---|--|--|--|
| | Current Year Total Nonadmitted Assets | Prior Year Total Nonadmitted Assets | Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
| 1. Bonds (Schedule D) | | | |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | | | |
| 2.2 Common stocks | | | |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | | | |
| 3.2 Other than first liens | | | |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | | | |
| 4.2 Properties held for the production of income | | | |
| 4.3 Properties held for sale | | | |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) | | | |
| 6. Contract loans | | | |
| 7. Derivatives (Schedule DB) | | | |
| 8. Other invested assets (Schedule BA) | | | |
| 9. Receivables for securities | | | |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | | |
| 11. Aggregate write-ins for invested assets | | | |
| 12. Subtotals, cash and invested assets (Line 1 to Line 11) | | | |
| 13. Title plants (for Title insurers only) | | | |
| 14. Investment income due and accrued | | | |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due | | | |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination | | | |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers | | | |
| 16.2 Funds held by or deposited with reinsured companies | | | |
| 16.3 Other amounts receivable under reinsurance contracts | | | |
| 17. Amounts receivable relating to uninsured plans | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | |
| 18.2 Net deferred tax asset | | | |
| 19. Guaranty funds receivable or on deposit | | | |
| 20. Electronic data processing equipment and software | | | |
| 21. Furniture and equipment, including health care delivery assets | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | |
| 23. Receivables from parent, subsidiaries and affiliates | | | |
| 24. Health care and other amounts receivable | 6,786,622 | 2,450,157 | (4,336,465) |
| 25. Aggregate write-ins for other-than-invested assets | 4,744,749 | 1,847,739 | (2,897,010) |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) | 11,531,371 | 4,297,896 | (7,233,475) |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 28. Total (Line 26 and Line 27) | 11,531,371 | 4,297,896 | (7,233,475) |
| DETAILS OF WRITE-INS | | | |
| 1101. | | | |
| 1102. | | | |
| 1103. | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | |
| 1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above) | | | |
| 2501. Paid Claim Recoupment | 1,023,836 | 1,750,000 | 726,164 |
| 2502. Prepaid Premium Tax | 97,739 | 97,739 | |
| 2503. Claims receivable | 633,174 | | (633,174) |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 2,990,000 | | (2,990,000) |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | 4,744,749 | 1,847,739 | (2,897,010) |

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 Current Year Member Months |
|--|-------------------------|-----------------------|------------------------|-----------------------|----------------------|---------------------------------------|
| | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | 5 Current Year | |
| 1. Health Maintenance Organizations | | | | | | |
| 2. Provider Service Organizations | | | | | | |
| 3. Preferred Provider Organizations | 7,237 | 16,249 | 17,697 | 19,325 | 20,561 | 216,827 |
| 4. Point of Service | | | | | | |
| 5. Indemnity Only | | | | | | |
| 6. Aggregate write-ins for other lines of business | | | | | | |
| 7. Total | 7,237 | 16,249 | 17,697 | 19,325 | 20,561 | 216,827 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601 | | | | | | |
| 0602 | | | | | | |
| 0603 | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | | | | | | |
| 0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) | | | | | | |

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

The financial Statements of Clover Insurance Company (The Company) are prepared in conformity with Statutory Accounting Principles prescribed or permitted by the State of New Jersey Department of Banking and Insurance (NJ SAP).

NJ SAP recognizes only statutory accounting practices prescribed or permitted by the State of New Jersey Department of Banking and Insurance (DOBI) for determining and reporting the financial position and results of operations of an insurance company and for the purpose of determining its solvency under the New Jersey Code. The NAIC's Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the DOBI. The superintendent of the DOBI has the right to permit other specific practices that deviate from prescribed practices.

The Clover Insurance Company (Company) was licensed in 2012 with a Certificate of Authority to sell a Medicare Advantage PPO product in Hudson County, NJ beginning in the contract year 2013.

On April 12, 2016 Clover Health acquired the Union Life Insurance Company. On April 20, 2016 Ullico Life Insurance Company was re-domesticated to New Jersey and merged with Clover Insurance Company, with Ullico Life Insurance Company as the surviving entity. The company was then immediately renamed to Clover Insurance Company, but retained the prior NAIC (#86371) and (FID # 31-0522223).

The Company is approved to sell a Medicare Advantage PPO product in the following counties, Hudson, Atlantic, Mercer, Monmouth, Passaic, Essex, Union, Bergen, and Somerset. As of December 31, 2016 membership was 20,561 and member months were 216,828, compared to 18,996 members and 155,867 member months as of December 31, 2015 up by 1,565 and 60,961 respectively.

The Company's strategy in marketing new members is 85% through the broker and 15% via direct approach, such as networking, direct online, and direct mail.

On December 30, 2015 the Company entered into a Quota Share Reinsurance Agreement with Swiss Re (Reinsurer), effective as of October 1, 2015. Under the terms of the agreement the Company is ceding 75% of its gross written premiums and medical expenses to the Reinsurer.

NOTES TO FINANCIAL STATEMENTS

The Company has no employees and, as such, has entered into an administrative services agreement with Clover Health, LLC (“ASO”) to make use of certain employees, equipment and facilities in the operations and management of the Company. Under the terms of this agreement that was filed and approved by NJ DOBI, the Company paid an administrative fee of fourteen percent (14%) of the premiums it earned in 2016, for all services and expenses incurred by ASO on the Company’s behalf.

The Company is a direct wholly owned subsidiary of Clover Health Holding, Inc. a Delaware corporation. The Company’s ultimate parent is Clover Health Investment, Corp. a Delaware corporation.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed or permitted by DOBI is shown below,

| <u>Net Income</u> | <u>State of Domicile</u> | <u>2016</u> | <u>2015</u> |
|---|--------------------------|--------------|-------------|
| (1) State basis (Page 4, Line 32, Columns 2 & 3) | New Jersey | (34,570,587) | (4,931,443) |
| (2) State Permitted Practices that increase/(decrease) NAIC SAP: None | New Jersey | 0 | 0 |
| (3) NAIC SAP (1-2=3) | New Jersey | (34,570,587) | (4,931,443) |
| <u>Surplus</u> | | | |
| (4) State Basis (Page 3, Line 33, Columns 3 & 4) | | 67,929,336 | 10,185,202 |
| (5) State Prescribed Practices that increase/(decrease) NAIC SAP: None | New Jersey | 0 | 0 |
| (6) NAIC SAP (4-5=6) | New Jersey | 67,929,336 | 10,185,202 |

2. Accounting Changes and Corrections of Errors

A. Changes In Accounting Principles

None

B. Corrections Of Errors

None

3. Business Combinations and Goodwill

NOTES TO FINANCIAL STATEMENTS

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

None

B. Troubled Debt Restructuring for Creditors

None

C. Reverse Mortgages

None

D. Loan-Backed and Structured Securities

None

E. Repurchase Agreement and/or Securities Lending Transactions

None

F. Real Estate

None

H. Restricted Assets

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

| Description of Assets | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------|--|--|----------------------------------|--|---|---|
| | Total Gross Restricted from Current Year | Total Gross Restricted From Prior Year | Increase/ (Decrease) (1 minus 2) | Total Current Year Admitted Restricted | Percentage Gross Restricted to Total Assets | Percentage Admitted Restricted to Total Admitted Assets |
| | | | | | | |
| | | | | | | |
| State deposit | 2,334,322 | 99,945 | 2,234,377 | 2,334,322 | 1.16% | 1.23% |
| Total | | | | | | |

NOTES TO FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

The Company has no none admitted accrued interest to report.

8. Derivative Instrument

None

9. Income Taxes

Income before federal taxes differs from taxable income principally due to the dividends-received deduction, differences between loss and loss adjustment expense and unearned premium reserves for tax and financial reporting purposes, the exemption of certain investment income from federal income taxes and the other than temporary impairment of investments.

The provision for federal income tax consists of the following components:

| | 2016 | 2015 |
|---|------|---------|
| 1 Current Tax | | |
| a Federal | - | - |
| b Foreign | - | - |
| c Subtotal | - | - |
| d Federal income tax on net capital gains | - | - |
| e Utilization of cap loss c/f | - | (8,145) |
| f PV True Ups | - | - |
| Federal and foreign income taxes incurred | - | (8,145) |

The statutory basis of accounting requires that the Company record deferred tax assets and liabilities for certain temporary differences between statutory basis income before federal income taxes, plus certain items recorded directly to surplus, and taxable income as reflected in the Company's federal income tax return, subject to certain limitations.

The components of the net deferred tax asset/(liability) at December 31 are as follows:

| | 2016 | | | 2015 | | | Change | | |
|---|--------------|---------|--------------|-------------|---------|-------------|--------------|---------|--------------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| Total gross DTAs | 20,603,685 | - | 20,603,685 | 6,535,754 | - | 6,535,754 | 14,067,931 | - | 14,067,931 |
| Statutory Valuation Allowance | (12,002,093) | - | (12,002,093) | (6,535,754) | - | (6,535,754) | (14,067,931) | - | (14,067,931) |
| Adjusted Gross Deferred Tax Assets | 1,592 | - | 1,592 | (0) | - | (0) | 1,592 | - | 1,592 |
| Deferred Tax Assets Nonadmitted | - | - | - | - | - | - | - | - | - |
| Admitted Gross Deferred Tax Assets | 1,592 | - | 1,592 | (0) | - | (0) | 1,592 | - | 1,592 |
| Total Gross DTLs | 1,592 | - | 1,592 | - | - | - | 1,592 | - | 1,592 |
| Net Admitted Deferred Tax Asset/Liability | (0) | - | (0) | (0) | - | (0) | 0 | - | 0 |

The amount of each result of the calculations by tax character of paragraphs paragraphs 11a., 11b.i., 11b.ii., and 11c. of SSAP 101 are as follows:

| | 2016 | | | 2015 | | | Change | | |
|--|----------|---------|-------|----------|---------|-------|----------|---------|-------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| Can be recovered through loss carrybacks (11a.) | - | - | - | - | - | - | - | - | - |
| Lesser of: | | | | | | | | | |
| Expected to be realized following the B/S date | - | - | - | - | - | - | - | - | - |
| Adjusted gross DTAs allowed per limit threshold (11b.ii) | - | - | - | - | - | - | - | - | - |
| Adjusted gross DTAs offset by gross DTLs (11c.) | 1,592 | - | 1,592 | - | - | - | 1,592 | - | 1,592 |
| DTAs Admitted as a Result of the application of 101 | 1,592 | - | 1,592 | - | - | - | 1,592 | - | 1,592 |
| Ex DTA ACL RBC Ratio Percentage used to Determine Recovery Period and Threshold | | | 0% | | | 0.00% | | | |
| Amount of Adjusted C/S used to Determine Recover Period and Threshold Limitation | | | - | | | - | | | |

NOTES TO FINANCIAL STATEMENTS

Tax planning strategies have (have not) been employed by the Company and have the following impact upon the determination of adjusted gross and net admitted deferred tax assets:

The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies

| The Case | | | |
|----------|---------------------------------------|------------|-----------|
| Tax: | | | |
| | Deferred tax Assets | | |
| | Ordinary: | 2016 | 2015 |
| | Non-admitted asset | 3,920,668 | 1,661,285 |
| | Premium Deficiency Reserve | 6,551,520 | 1,455,821 |
| | Loss discounting | 26,452 | 11,022 |
| | Accrued expenses | - | - |
| | Fixed assets | - | - |
| | Non-competes | - | - |
| | Start up costs | 885,037 | 954,890 |
| | Charitable Contributions | - | - |
| | NOL Carryforward | 9,207,754 | 2,630,480 |
| | Tax Credits | 9,255 | 9,255 |
| | Subtotal deferred tax assets | 22,859,273 | 8,638,754 |
| | Stat valuation allowance | 22,859,273 | 8,638,754 |
| | Non-admitted | - | - |
| | Admitted ordinary deferred tax assets | 1,592 | (0) |
| | Capital: | | |
| | Investments | - | - |
| | Capital loss carryforward | - | - |
| | OTTI | - | - |
| | Other | - | - |
| | Subtotal | - | - |
| | Stat valuation allowance | - | - |
| | Non-admitted | - | - |
| | Admitted capital deferred tax assets | - | - |
| | Admitted Deferred Tax Asset | 1,592 | (0) |

| Deferred tax liabilities | | |
|---|-------|-----|
| Ordinary: | | |
| Bond Market Discount, Net | 1,592 | - |
| Goodwill | - | - |
| Customer relations | - | - |
| Prepaid expenses | - | - |
| Deferred Revenue | - | - |
| Fixed Assets | - | - |
| Subtotal | 1,592 | - |
| Capital: | | |
| Unrealized Gains | - | - |
| Subtotal | - | - |
| Deferred Tax Liabilities | 1,592 | - |
| Net Admitted Deferred Tax Asset (Liability) | (0) | (0) |

change in net deferred income taxes is comprised of the following, before consideration of non-admitted deferred tax assets:

| | 12/31/2015 | 12/31/2014 | Change |
|---|------------|------------|---------|
| Adjusted gross deferred tax assets | 1,592 | (0) | (1,592) |
| Total deferred tax liabilities | 1,592 | - | (1,592) |
| Net deferred tax assets (liabilities) | (0) | (0) | (0) |
| Tax effect of change in unrealized gains (losses) | | | - |
| Total change in net deferred income tax | | | (0) |

NOTES TO FINANCIAL STATEMENTS

The provision for federal income taxes incurred is different from that which would be obtained by applying the federal income tax rate to statutory income before income taxes. The items causing this difference are as follows:

| | Amount | Tax Effect | Amount | Tax Effect |
|---|--------------|------------|--------------|------------|
| Provision computed at statutory rate | (11,754,000) | 34.00% | (16,794,541) | 34.00% |
| Permanent Differences | 417,042 | -0.43% | 6,290 | -0.37% |
| PY True Up (to Deferred) | - | 0.00% | 8,126 | -0.16% |
| PY True Up (to Current) | - | 0.00% | (8,126) | 0.16% |
| Change in Non-admitted Assets | (2,459,382) | 7.19% | - | 0.00% |
| Rate Differential | - | 0.00% | (1,302,035) | 26.36% |
| Credit Utilization | - | 0.00% | - | 0.00% |
| Change in deferred income taxes | 0 | 0.00% | - | 0.00% |
| Change in Valuation Allowance | ##### | -40.69% | 2,955,073 | -59.82% |
| Income in Equity of Subsidiaries | - | 0.00% | - | 0.00% |
| Totals | - | 0.00% | (8,126) | 0.16% |
| | 2016 | | 2015 | |
| Federal and foreign income taxes incurred | - | | (8,126) | |
| Current taxes on realized capital gains | - | | - | |
| Total statutory income taxes | - | | (8,126) | |
| | | | | ##### |

At December 31, 2016, the Company had unused operating loss carryforwards available to offset against future taxable income of \$27,081,629. The carryforwards begin to expire in 2028.

The following are federal income taxes incurred in the current and prior year that may be available for recovery in the event of future net operating losses.

| | |
|------|---|
| 2016 | # |
| 2015 | # |

The company does not have deposits admitted under Section 6603 of the Internal Revenue Code.

The Company's federal income tax return is filed on a consolidated basis with:

- Clover Health Investments, Corp.
- Clover HMO, Corp.
- Clover Health, Corp.
- Clover Health Holdings, Inc.

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Amounts Due to or from Related parties

As of December 31, 2016 and 2015 the company had the following balances receivable/payables to/from its affiliates. Intercompany agreement have defined settlement terms and are reported as non-admitted if the balances remain outstanding more than ninety days past due the date specified in the agreement.

| As of December 31 | 2016 | 2015 |
|---|-------------|---------|
| Receivable from ASO | \$1,066,984 | |
| Balance less than 0.5% of admitted assets | | 1,619 |
| Receivable from affiliates | \$1,066,984 | \$1,619 |

NOTES TO FINANCIAL STATEMENTS

| As of December 31 | 2016 | 2015 |
|---|-----------|-------------|
| Payable to TPA | | 700,000 |
| Payable to ASO | | 1,069,580 |
| Balance less than 0.5% of admitted assets | 338,483 | |
| Payable to affiliates | \$338,483 | \$1,769,580 |

11. Debt

On November 15, 2015, the Company received \$40 million of surplus notes with the interest rate of 3% from its ultimate parent Clover Health Investments, Corp. This transaction was approved by New Jersey Department of Banking and Insurance.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

None

14. Liabilities, Contingencies and Assessments

None

15. Leases**A. Lessee Operating Lease**

None

B. Lessor Leases

None

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

NOTES TO FINANCIAL STATEMENTS

None

17. **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

None

18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

None

19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

None

20. **Fair Value Measurement**

c. **Fair Values for all Financial Instruments by Levels 1, 2, and 3,**

| Type of Financial Instruments | Aggregate | | | | | |
|-------------------------------|------------|-----------------|-----------|---------|---------|-------|
| | Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Total |
| Bonds | 2,882,356 | 2,834,152 | 2,834,152 | | | |

21. **Other Items**

On April 12, 2016 Clover Health acquired the Union Life Insurance Company. On April 20, 2016 Ullico Life Insurance Company was re-domesticated to New Jersey and merged with Clover Insurance Company, with Ullico Life Insurance Company as the surviving entity. The company was then immediately renamed to Clover Insurance Company, but retained the prior NAIC (#86371) and (FID # 31-0522223).

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

None

23. Reinsurance

A. Are any of the reinsurers, listed in schedule S as non affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee or director of the company.

None

B. Uncollectable Reinsurance written off during the year.

None

C. Commutation of Ceded Reinsurance .

None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

25. Change in Incurred Claims and Claims Adjustment Expenses

None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

NOTES TO FINANCIAL STATEMENTS**28. Health Care Receivables****A. Pharmaceutical Rebate Receivables**

| Quarter | Estimated Pharmacy Rebate as Reported on this schedual | Pharmacy Rebate as Billed or Otherwise Confirmed | Actual Rebate received within 90 days | Actual Rebate received within 91 to 180 days of billing | Actual Rebate received more than 181 days after billing |
|------------|--|--|---------------------------------------|---|---|
| 12/31/2016 | - | - | - | - | - |
| 9/31/2016 | 4,577,732.02 | 4,577,732.02 | - | - | - |
| 6/30/2016 | 1,497,522.86 | 3,989,925.39 | - | 2,492,402.53 | - |
| 3/31/2016 | 555,078.36 | 3,294,751.10 | - | 2,275,861.32 | 463,811.42 |
| | 6,630,333.24 | 11,862,408.51 | - | 4,768,263.85 | 463,811.42 |
| 12/31/2015 | 58,531.89 | 1,660,939.08 | | 685,351.19 | 917,056.00 |
| 9/31/2015 | 73,302.51 | 1,551,191.69 | | 991,821.49 | 486,067.69 |
| 6/30/2015 | 31,782.24 | 1,431,249.64 | - | 684,599.66 | 714,867.74 |
| 3/31/2015 | 32,246.04 | 1,281,212.67 | | 605,700.00 | 643,266.63 |
| | 195,862.68 | 5,924,593.08 | - | 2,967,472.34 | 2,761,258.06 |
| 12/31/2014 | 2,669.66 | 506,140.99 | | 238,760.00 | 264,711.33 |
| 9/31/14 | 1,437.03 | 487,894.31 | | 243,977.00 | 242,480.28 |
| 6/30/2014 | 10,662.26 | 413,415.10 | | 279,221.00 | 123,531.84 |
| 3/31/2014 | 32.71 | 339,494.74 | | 121,723.00 | 217,739.03 |
| | 14,801.66 | 1,746,945.14 | - | 883,681.00 | 848,462.48 |

B. Risk Sharing Receivables

No

29. Participating Policies

None

30. Premium Deficiency Reserves

- Liability Carried for Premium Deficiency Reserves \$ 19,278,000
- Date of the most recent evaluation of this liability December 31, 2016
- Was anticipated investment income utilized in the evaluation Yes X No

NOTES TO FINANCIAL STATEMENTS

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes (X) No ()
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes (X) No () N/A ()
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes () No (X)
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 3.2 State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/31/2015
- 3.4 By what department or departments?
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes (X) No () N/A ()
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No () N/A ()
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes () No (X)
 4.12 renewals? Yes () No (X)
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes () No (X)
 4.22 renewals? Yes () No (X)
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes (X) No ()
- 5.2 If yes, provide the name of entity, the NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
|---------------------|------------------------|------------------------|

Clover Insurance Company 14203 NJ

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes () No (X)
- 6.2 If yes, give full information:

- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes () No (X)
- 7.2 If yes,
- 7.21 State the percentage of foreign control %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
|------------------|---------------------|

.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X)
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|---------------------|-----------------------------|----------|----------|-----------|----------|

.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 BDO 100 Park Ave New York, NY 10017

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes () No (X)
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes () No (X)
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws? Yes () No (X) N/A ()
- 10.6 If the response to 10.5 is no or n/a, please explain:
Clover Insurance Company is in the process of establishing an audit committee.
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Judah Rabinowitz, Chief Actuary, Harborside Plaza Ten, 3 Second Street, Jersey City, New jersey 07311
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes () No (X)
- 12.11 Name of real estate holding company
.....
- 12.12 Number of parcels involved
.....
- 12.13 Total book/adjusted carrying value
\$
- 12.2 If yes, provide explanation
.....
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes () No ()
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes () No ()
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes () No () N/A (X)
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code. Yes (X) No ()
- 14.11 If the response to 14.1 is no, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes () No (X)
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes () No (X)
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1 American Bankers Association (ABA) Routing Number | 2 Issuing or Confirming Bank Name | 3 Circumstances That Can Trigger the Letter of Credit | 4 Amount |
|--|--------------------------------------|--|-------------|
|--|--------------------------------------|--|-------------|

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes () No (X)
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) No ()
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes (X) No ()

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes () No (X)
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.11 To directors or other officers | \$ |
| | 20.12 To stockholders not officers | \$ |
| | 20.13 Trustees, supreme or grand (Fraternal only) | \$ |
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.21 To directors or other officers | \$ |
| | 20.22 To stockholders not officers | \$ |
| | 20.23 Trustees, supreme or grand (Fraternal only) | \$ |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes () No (X)
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|----------------------------|----------|
| | 21.21 Rented from others | \$ |
| | 21.22 Borrowed from others | \$ |
| | 21.23 Leased from others | \$ |
| | 21.24 Other | \$ |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes () No (X)
- 22.2 If answer is yes:
- | | | |
|--|--|----------|
| | 22.21 Amount paid as losses or risk adjustment | \$ |
| | 22.22 Amount paid as expenses | \$ |
| | 22.23 Other amounts paid | \$ |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes (X) No ()
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes (X) No ()
- 24.02 If no, give full and complete information relating thereto:
.....
- 24.03 For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes () No () N/A (X)
- 24.05 If answer to 24.04 is YES, report amount of collateral for conforming programs. \$
- 24.06 If answer to 24.04 is NO, report amount of collateral for other programs. \$
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes () No () N/A (X)
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes () No () N/A (X)
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes () No () N/A (X)
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | |
|--|----------|
| 24.101 Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2 | \$ |
| 24.102 Total book adjusted/carrying value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2 | \$ |
| 24.103 Total payable for securities lending reported on the liability page | \$ |
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes (X) No ()
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|---|--------------------|
| | 25.21 Subject to repurchase agreements | \$ |
| | 25.22 Subject to reverse repurchase agreements | \$ |
| | 25.23 Subject to dollar repurchase agreements | \$ |
| | 25.24 Subject to reverse dollar repurchase agreements | \$ |
| | 25.25 Placed under option agreements | \$ |
| | 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock | \$ |
| | 25.27 FHLB Capital Stock | \$ |
| | 25.28 On deposit with states | \$ |
| | 25.29 On deposit with other regulatory bodies | \$ 2,334,322 |
| | 25.30 Pledged as collateral - excluding collateral pledged to an FHLB | \$ |
| | 25.31 Pledged as collateral to FHLB - including assets backing funding agreements | \$ |
| | 25.32 Other | \$ |

25.3 For category (25.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
|----------------------------|------------------|-------------|

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes () No (X)
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No () N/A (X)
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes () No (X)
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$
28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian's Address |
|---------------------------|--------------------------|
|---------------------------|--------------------------|

| | |
|---------------|--|
| TD Bank, NA | TD Wealth 1006 Astoria Boulevard, Cherry Hill NJ 08034 |
| TrustMark | P.O. Box 1758, Jackson, MS 39215-1978 |
| Century Trust | 100 S. Federal Place Santa Fe, NMZ 87501 |
| Union Bank | Global Custody Services, 350 California Street, Suite 2018, San Francisco, CA 94104 |
| Xerox | Xerox State & Local Solutions, inc. 100 Hancock Street, 10th Floor, Quincy, MA 02171 |
| U.S. Bank | 2204 Lakeshore rive, Suite 205, Homewood, AL 35209 |
| Synovus | P.O. Box 1798, Sumter, SC 29151 |
| Wells Fargo | MAC T9914-010, P.O. Box 2577, Waco, TX 76702-2577 |
| PNC Bank | 620 Liberty Avenue, Pittsburgh, PA 15222 |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
|--------------|------------------|------------------------------|

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes () No (X)

28.04 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
|--------------------|--------------------|---------------------|-------------|

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [...that have access to the investment accounts"; "...handle securities"]

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
|---------------------------------|------------------|

Parkway Advisors LP U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes (X) No ()

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes (X) No ()

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identified (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Field |
|---|---------------------------------|------------------------------------|----------------------|--|
|---|---------------------------------|------------------------------------|----------------------|--|

112629 Parkway Advisors LP SEC NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes () No (X)

29.2 If yes, complete the following schedule:

| 1 CUSIP Number | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|-------------------|--------------------------|-----------------------------------|
|-------------------|--------------------------|-----------------------------------|

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1 Name of Mutual Fund (from question 29.2) | 2 Name of Significant Holding of the Mutual Fund | 3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4 Date of Valuation |
|---|---|---|------------------------|
|---|---|---|------------------------|

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|-----------------------------|---------------------------------|---------------------|--|
| 30.1 Bonds | \$ 10,600,335 | \$ 10,648,076 | \$ 47,742 |
| 30.2 Preferred stocks | \$ | \$ | \$ |
| 30.3 Totals | \$ 10,600,335 | \$ 10,648,076 | \$ 47,742 |

30.4 Describe the sources or methods utilized in determining the fair values:

.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes (X) No ()

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes (X) No ()

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes (X) No ()

32.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

34.1 Amount of payments for legal expenses, if any? \$

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|---|------------------|
| Fragomen, Del Rey, Bernsen, & Loewy LLP | \$ 23,583 |
| | \$ |
| | \$ |
| | \$ |

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes () No (X)

1.2 If yes, indicate premium earned on U.S. business only. \$

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$

1.31 Reason for excluding:
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$

1.6 Individual policies:

| | | | |
|------|--|----------|-------|
| | Most current three years: | | |
| 1.61 | Total premium earned | \$ ..... | ..... |
| 1.62 | Total incurred claims | \$ ..... | ..... |
| 1.63 | Number of covered lives | ..... | ..... |
| | All years prior to most current three years: | | |
| 1.64 | Total premium earned | \$ ..... | ..... |
| 1.65 | Total incurred claims | \$ ..... | ..... |
| 1.66 | Number of covered lives | ..... | ..... |

1.7 Group policies:

| | | | |
|------|--|----------|-------|
| | Most current three years: | | |
| 1.71 | Total premium earned | \$ ..... | ..... |
| 1.72 | Total incurred claims | \$ ..... | ..... |
| 1.73 | Number of covered lives | ..... | ..... |
| | All years prior to most current three years: | | |
| 1.74 | Total premium earned | \$ ..... | ..... |
| 1.75 | Total incurred claims | \$ ..... | ..... |
| 1.76 | Number of covered lives | ..... | ..... |

2. Health Test:

| | | | |
|-----|---------------------------|---------------------|---------------------|
| | | 1 | 2 |
| | | Current Year | Prior Year |
| 2.1 | Premium Numerator | \$ 45,955,135 | \$ 52,520,881 |
| 2.2 | Premium Denominator | \$ 45,955,135 | \$ 52,520,881 |
| 2.3 | Premium Ratio (2.1 / 2.2) | 1.000 | 1.000 |
| 2.4 | Reserve Numerator | \$ 30,937,429 | \$ 11,662,943 |
| 2.5 | Reserve Denominator | \$ 30,937,429 | \$ 11,662,943 |
| 2.6 | Reserve Ratio (2.4 / 2.5) | 1.000 | 1.000 |

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes () No (X)

3.2 If yes, give particulars:
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes (X) No ()

4.2 If not previously filed, furnish herewith a copy (ies) of such agreement (s). Do these agreements include additional benefits offered? Yes (X) No ()

5.1 Does the reporting entity have stop-loss reinsurance? Yes (X) No ()

5.2 If no, explain:
.....

5.3 Maximum retained risk (see instructions)

| | | |
|------|----------------------------|------------------|
| 5.31 | Comprehensive Medical | \$ 850,000 |
| 5.32 | Medical Only | \$ |
| 5.33 | Medicare Supplement | \$ |
| 5.34 | Dental & Vision | \$ |
| 5.35 | Other Limited Benefit Plan | \$ |
| 5.36 | Other | \$ |

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
.....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes (X) No ()

7.2 If no, give details:
.....

8. Provide the following information regarding participating providers:

| | | |
|-----|--|--------------|
| 8.1 | Number of providers at start of reporting year | 5,242 |
| 8.2 | Number of providers at end of reporting year | 10,080 |

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes () No (X)

9.2 If yes, direct premium earned:

| | | |
|------|--|-------|
| 9.21 | Business with rate guarantees between 15-36 months | ..... |
| 9.22 | Business with rate guarantees over 36 months | ..... |

10.1 Does the reporting entity have Incentive Pool, Withhold, or Bonus Arrangements in its provider contracts? Yes () No (X)

10.2 If yes:

| | | |
|-------|---|----------|
| 10.21 | Maximum amount payable bonuses | \$ |
| 10.22 | Amount actually paid for year bonuses | \$ |
| 10.23 | Maximum amount payable withholds | \$ |
| 10.24 | Amount actually paid for year withholds | \$ |

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

| | | |
|--|--|----------------|
| | 11.12 A Medical Group / Staff Model, | Yes () No (X) |
| | 11.13 An Individual Practice Association (IPA), or | Yes () No (X) |
| | 11.14 A Mixed Model (combination of above)? | Yes () No (X) |

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes (X) No ()

11.3 If yes, show the name of the state requiring such minimum capital and surplus. NJ Department of Banking & Insurance

11.4 If yes, show the amount required. \$ 7,800,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes (X) No ()

11.6 If the amount is calculated, show the calculation

.....

12. List the service areas in which reporting entity is licensed to operate:

| |
|---------------------------|
| 1 Name of Service Area |
|---------------------------|

13.1 Do you act as a custodian for health savings accounts? Yes () No (X)

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes () No (X)

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes () No () N/A (X)

14.2 If the answer to 14.1 is yes, please provide the following:

| 1 Company Name | 2 NAIC Company Code | 3 Domiciliary Jurisdiction | 4 Reserve Credit | Assets Supporting Reserve Credit | | |
|-------------------|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
| | | | | 5 Letters of Credit | 6 Trust Agreements | 7 Other |

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

| | |
|------------------------------|------------------|
| 15.1 Direct Premiums Written | \$ 502,223 |
| 15.2 Total Incurred Claims | \$ 168,433 |
| 15.3 Number of Covered Lives | 1,037 |

| |
|--|
| *Ordinary Life Insurance Includes |
| Term (whether full underwriting, limited underwriting, jet issue, "short form app") Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") Variable Life (with or without secondary guarantee) Universal Life (with or without secondary guarantee) Variable Universal Life (with or without secondary guarantee) |

FIVE - YEAR HISTORICAL DATA

| | 1 | 2 | 3 | 4 | 5 |
|---|--------------|-------------|------------|-------------|-------|
| | 2016 | 2015 | 2014 | 2013 | 2012 |
| BALANCE SHEET (Page 2 and Page 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 189,016,904 | 35,510,435 | 13,059,949 | 5,300,451 | |
| 2. Total liabilities (Page 3, Line 24) | 121,087,567 | 25,325,083 | 7,956,012 | 1,800,451 | |
| 3. Statutory minimum capital and surplus requirement | 7,800,000 | 3,500,000 | 3,500,000 | 3,500,000 | |
| 4. Total capital and surplus (Page 3, Line 33) | 67,929,336 | 10,185,352 | 5,103,937 | 3,500,000 | |
| INCOME STATEMENT (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 45,955,135 | 52,520,881 | 24,822,447 | 3,267,404 | |
| 6. Total medical and hospital expenses (Line 18) | 50,744,605 | 45,891,731 | 21,245,818 | 2,976,486 | |
| 7. Claims adjustment expenses (Line 20) | | | | | |
| 8. Total administrative expenses (Line 21) | 14,694,476 | 8,257,097 | 2,496,628 | 8,016,723 | |
| 9. Net underwriting gain (loss) (Line 24) | (34,480,119) | (5,233,041) | 402,468 | (7,725,805) | |
| 10. Net investment gain (loss) (Line 27) | 47,478 | 255 | 217 | | |
| 11. Total other income (Line 28 plus Line 29) | (137,946) | 293,367 | | | |
| 12. Net income or (loss) (Line 32) | (34,570,587) | (4,931,293) | 51,053 | (7,725,805) | |
| CASH FLOW (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | (27,097,552) | (4,273,570) | 5,243,880 | (6,652,444) | |
| RISK-BASED CAPITAL ANALYSIS | | | | | |
| 14. Total adjusted capital | 67,929,336 | 10,185,188 | 5,103,937 | 3,500,000 | |
| 15. Authorized control level risk-based capital | 2,758,522 | 1,266,564 | 1,659,014 | 996,357 | |
| ENROLLMENT (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 20,561 | 7,237 | 2,930 | 278 | |
| 17. Total members months (Column 6, Line 7) | 216,827 | 83,164 | 30,960 | 2,990 | |
| OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Line 18 plus Line 19) | 110.4 | 87.4 | 85.6 | 92.0 | |
| 20. Cost containment expenses | | | | | |
| 21. Other claims adjustment expenses | | | | | |
| 22. Total underwriting deductions (Line 23) | 175.0 | 110.0 | 98.4 | 336.0 | |
| 23. Total underwriting gain (loss) (Line 24) | (75.0) | (10.0) | 1.6 | (236.0) | |
| UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 13, Column 5) | 5,720,862 | 6,376,116 | 384,556 | | |
| 25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] | 5,901,115 | 6,433,071 | 841,187 | | |
| INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES | | | | | |
| 26. Affiliated bonds (Schedule D Summary, Line 12, Column 1) | | | | | |
| 27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1) | | | | | |
| 28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1) | | | | | |
| 29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10) | | | | | |
| 30. Affiliated mortgage loans on real estate | | | | | |
| 31. All other affiliated | | | | | |
| 32. Total of above Line 26 to Line 31 | | | | | |
| 33. Total investment in parent included in Line 26 to Line 31 above | | | | | |

Note: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes () No ()

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

| States, Etc. | 1 | Direct Business Only Year to Date | | | | | | | |
|---|---------------|-----------------------------------|----------------------|--------------------|---|--|----------------------------|---------------------------------|------------------------|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Active Status | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Plan Premiums | Life and Annuity Premiums and Other Considerations | Property/Casualty Premiums | Total Column 2 Through Column 7 | Deposit-Type Contracts |
| 1. Alabama | AL L | | | | | 454 | | 454 | |
| 2. Alaska | AK L | | | | | | | | |
| 3. Arizona | AZ L | | | | | 6,504 | | 6,504 | |
| 4. Arkansas | AR L | | | | | 820 | | 820 | |
| 5. California | CA L | | | | | 26,949 | | 26,949 | |
| 6. Colorado | CO L | | | | | 13,853 | | 13,853 | |
| 7. Connecticut | CT L | | | | | 9,190 | | 9,190 | |
| 8. Delaware | DE L | | | | | 1,207 | | 1,207 | |
| 9. District of Columbia | DC L | | | | | 581 | | 581 | |
| 10. Florida | FL L | | | | | 3,654 | | 3,654 | |
| 11. Georgia | GA L | | | | | 3,563 | | 3,563 | |
| 12. Hawaii | HI L | | | | | 38,385 | | 38,385 | |
| 13. Idaho | ID L | | | | | 2,422 | | 2,422 | |
| 14. Illinois | IL L | | | | | 103,528 | | 103,528 | |
| 15. Indiana | IN L | | | | | 8,901 | | 8,901 | |
| 16. Iowa | IA L | | | | | 17,132 | | 17,132 | |
| 17. Kansas | KS L | | | | | 10,398 | | 10,398 | |
| 18. Kentucky | KY L | | | | | 5,236 | | 5,236 | |
| 19. Louisiana | LA L | | | | | 1,808 | | 1,808 | |
| 20. Maine | ME L | | | | | | | | |
| 21. Maryland | MD L | | | | | 17,855 | | 17,855 | |
| 22. Massachusetts | MA L | | | | | 9,578 | | 9,578 | |
| 23. Michigan | MI N | | | | | 1,000 | | 1,000 | |
| 24. Minnesota | MN L | | | | | | | | |
| 25. Mississippi | MS L | | | | | | | | |
| 26. Missouri | MO L | | | | | 20,690 | | 20,690 | |
| 27. Montana | MT L | | | | | | | | |
| 28. Nebraska | NE L | | | | | 18,028 | | 18,028 | |
| 29. Nevada | NV L | | | | | 2,999 | | 2,999 | |
| 30. New Hampshire | NH N | | | | | | | | |
| 31. New Jersey | NJ L | 183,791,032 | | | | 854 | | 183,791,886 | |
| 32. New Mexico | NM L | | | | | | | | |
| 33. New York | NY N | | | | | | | | |
| 34. North Carolina | NC N | | | | | 1,527 | | 1,527 | |
| 35. North Dakota | ND L | | | | | | | | |
| 36. Ohio | OH L | | | | | 30,119 | | 30,119 | |
| 37. Oklahoma | OK L | | | | | 2,076 | | 2,076 | |
| 38. Oregon | OR L | | | | | 8,623 | | 8,623 | |
| 39. Pennsylvania | PA L | | | | | 33,601 | | 33,601 | |
| 40. Rhode Island | RI L | | | | | 46,384 | | 46,384 | |
| 41. South Carolina | SC L | | | | | 819 | | 819 | |
| 42. South Dakota | SD L | | | | | 4,480 | | 4,480 | |
| 43. Tennessee | TN L | | | | | 1,472 | | 1,472 | |
| 44. Texas | TX L | | | | | 19,330 | | 19,330 | |
| 45. Utah | UT L | | | | | 868 | | 868 | |
| 46. Vermont | VT N | | | | | | | | |
| 47. Virginia | VA L | | | | | 14,828 | | 14,828 | |
| 48. Washington | WA L | | | | | 2,972 | | 2,972 | |
| 49. West Virginia | WV L | | | | | | | | |
| 50. Wisconsin | WI L | | | | | 8,808 | | 8,808 | |
| 51. Wyoming | WY L | | | | | 724 | | 724 | |
| 52. American Samoa | AS N | | | | | | | | |
| 53. Guam | GU N | | | | | | | | |
| 54. Puerto Rico | PR N | | | | | | | | |
| 55. U.S. Virgin Islands | VI N | | | | | | | | |
| 56. Northern Mariana Islands | MP N | | | | | | | | |
| 57. Canada | CAN N | | | | | | | | |
| 58. Aggregate Other Alien | OT XXX | | | | | | | | |
| 59. Subtotal | XXX | 183,791,032 | | | | 502,220 | | 184,293,252 | |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | | |
| 61. Total (Direct Business) | (a) 46 | 183,791,032 | | | | 502,220 | | 184,293,252 | |

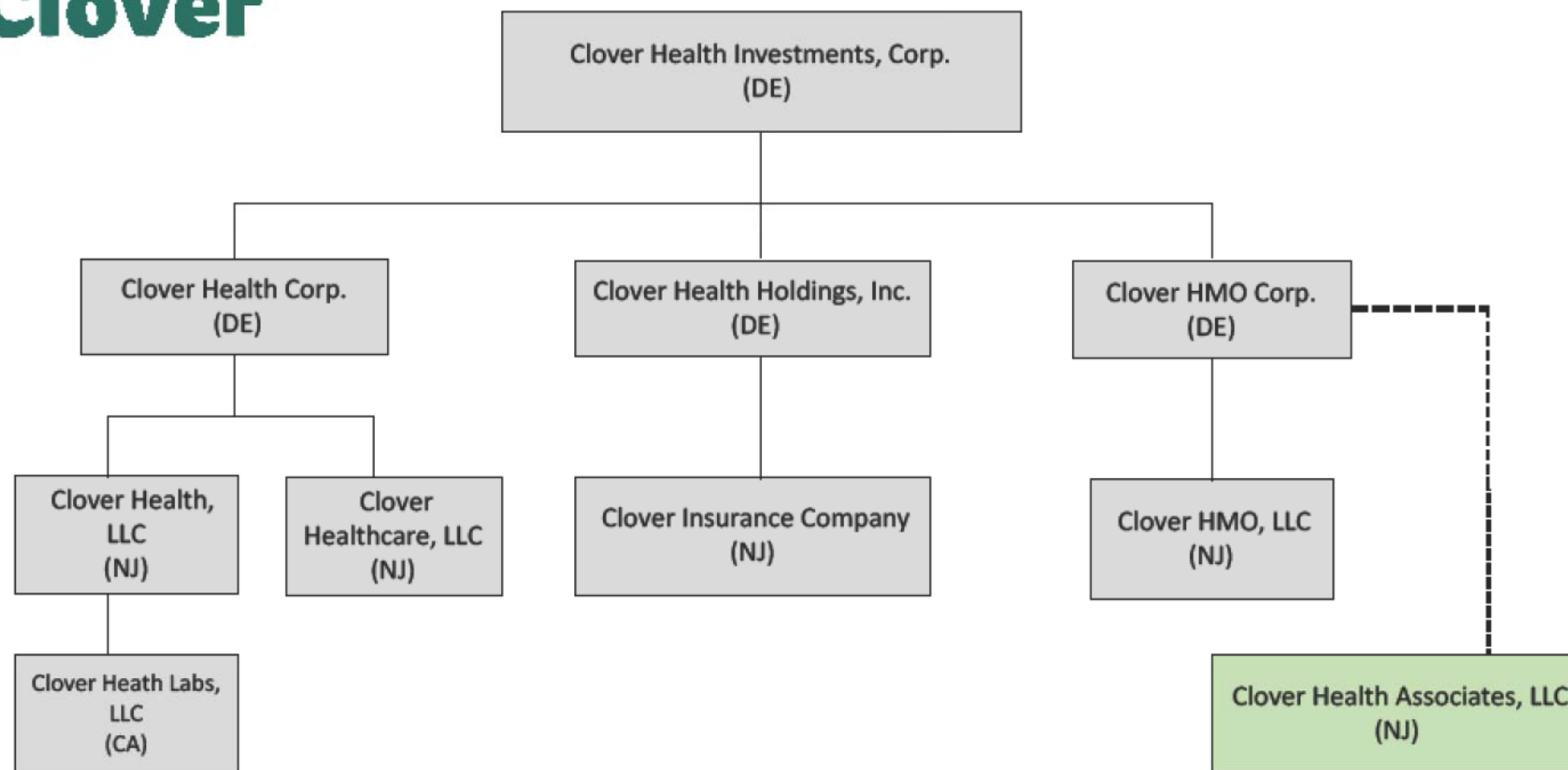
DETAILS OF WRITE-INS

| | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| 58001. | | | | | | | | | |
| 58002. | | | | | | | | | |
| 58003. | | | | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | |
| 58999. | Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above) | | | | | | | | |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of "L" responses except for Canada and Other Alien.



*Clover Health Associates, LLC is an affiliated entity, not owned by Clover Health Investments, Corp.

Health

Annual Statement Blank Alphabetical Index

| | | | |
|--|------|--|------|
| Analysis of Operations By Lines of Business | 7 | Schedule E - Verification Between Years | SI15 |
| Assets | 2 | Schedule S - Part 1 - Section 2 | 31 |
| Cash Flow | 6 | Schedule S - Part 2 | 32 |
| Exhibit 1 - Enrollment By Product Type for Health Business Only | 17 | Schedule S - Part 3 - Section 2 | 33 |
| Exhibit 2 - Accident and Health Premiums Due and Unpaid | 18 | Schedule S - Part 4 | 34 |
| Exhibit 3 - Health Care Receivables | 19 | Schedule S - Part 5 | 35 |
| Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued | 20 | Schedule S - Part 6 | 36 |
| Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus | 21 | Schedule S - Part 7 | 37 |
| Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates | 22 | Schedule T - Part 2 - Interstate Compact | 39 |
| Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates | 23 | Schedule T - Premiums and Other Considerations | 38 |
| Exhibit 7 - Part 1 - Summary of Transactions With Providers | 24 | Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group | 40 |
| Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries | 24 | Schedule Y - Part 1A - Detail of Insurance Holding Company System | 41 |
| Exhibit 8 - Furniture, Equipment and Supplies Owned | 25 | Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates | 42 |
| Exhibit of Capital Gains (Losses) | 15 | Statement of Revenue and Expenses | 4 |
| Exhibit of Net Investment Income | 15 | Summary Investment Schedule | SI01 |
| Exhibit of Nonadmitted Assets | 16 | Supplemental Exhibits and Schedules Interrogatories | 43 |
| Exhibit of Premiums, Enrollment and Utilization (State Page) | 30 | Underwriting and Investment Exhibit - Part 1 | 8 |
| Five-Year Historical Data | 29 | Underwriting and Investment Exhibit - Part 2 | 9 |
| General Interrogatories | 27 | Underwriting and Investment Exhibit - Part 2A | 10 |
| Jurat Page | 1 | Underwriting and Investment Exhibit - Part 2B | 11 |
| Liabilities, Capital and Surplus | 3 | Underwriting and Investment Exhibit - Part 2C | 12 |
| Notes To Financial Statements | 26 | Underwriting and Investment Exhibit - Part 2D | 13 |
| Overflow Page For Write-ins | 44 | Underwriting and Investment Exhibit - Part 3 | 14 |
| Schedule A - Part 1 | E01 | | |
| Schedule A - Part 2 | E02 | | |
| Schedule A - Part 3 | E03 | | |
| Schedule A - Verification Between Years | SI02 | | |
| Schedule B - Part 1 | E04 | | |
| Schedule B - Part 2 | E05 | | |
| Schedule B - Part 3 | E06 | | |
| Schedule B - Verification Between Years | SI02 | | |
| Schedule BA - Part 1 | E07 | | |
| Schedule BA - Part 2 | E08 | | |
| Schedule BA - Part 3 | E09 | | |
| Schedule BA - Verification Between Years | SI03 | | |
| Schedule D - Part 1 | E10 | | |
| Schedule D - Part 1A - Section 1 | SI05 | | |
| Schedule D - Part 1A - Section 2 | SI08 | | |
| Schedule D - Part 2 - Section 1 | E11 | | |
| Schedule D - Part 2 - Section 2 | E12 | | |
| Schedule D - Part 3 | E13 | | |
| Schedule D - Part 4 | E14 | | |
| Schedule D - Part 5 | E15 | | |
| Schedule D - Part 6 - Section 1 | E16 | | |
| Schedule D - Part 6 - Section 2 | E16 | | |
| Schedule D - Summary By Country | SI04 | | |
| Schedule D - Verification Between Years | SI03 | | |
| Schedule DA - Part 1 | E17 | | |
| Schedule DA - Verification Between Years | SI10 | | |
| Schedule DB - Part A - Section 1 | E18 | | |
| Schedule DB - Part A - Section 2 | E19 | | |
| Schedule DB - Part A - Verification Between Years | SI11 | | |
| Schedule DB - Part B - Section 1 | E20 | | |
| Schedule DB - Part B - Section 2 | E21 | | |
| Schedule DB - Part B - Verification Between Years | SI11 | | |
| Schedule DB - Part C - Section 1 | SI12 | | |
| Schedule DB - Part C - Section 2 | SI13 | | |
| Schedule DB - Part D - Section 1 | E22 | | |
| Schedule DB - Part D - Section 2 | E23 | | |
| Schedule DB - Verification | SI14 | | |
| Schedule DL - Part 1 | E24 | | |
| Schedule DL - Part 2 | E25 | | |
| Schedule E - Part 1 - Cash | E26 | | |
| Schedule E - Part 2 - Cash Equivalents | E27 | | |
| Schedule E - Part 3 - Special Deposits | E28 | | |



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code 0000 , 0000 NAIC Company Code 86371 Employer's ID Number 31-052223
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile US

Licensed as business type:

Life, Accident and Health [X] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [] Is HMO Federally Qualified? Yes () No ()

Incorporated/Organized October 25, 1947 Commenced Business February 6, 1948

Statutory Home Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311 201-432-2133
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)
201-432-2133
(Area Code) (Telephone Number)

Internet Website Address www.cloverhealth.com

Statutory Statement Contact Steven Shirazi, Mr. 201-479-3885
(Name) (Area Code) (Telephone Number) (Extension)
steven.shirazi@cloverhealth.com 732-384-2810
(E-Mail Address) (Fax Number)

OFFICERS

Vivek Garipalli (CEO)
Willson Keenan# (Chief Operating Officer)

Kris Gale# (Chief Technology Officer)
Dr. Mark Spektor# (Chief Medical Officer)

OTHER OFFICERS

Wendy Richey# (Chief Compliance Officer)
Brady Priest# (General Counsel)
Les Granow# (Chief Financial Officer)
Ron Williams# (Chief Security Officer)
Judah Rabinowitz# (Chief Actuary)
Rachel Fish# (Chief Administrative Officer)

DIRECTORS OR TRUSTEES

Vivek Garipalli
Edward Berde
Justin Doheny

State of New Jersey }
County of Hudson } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Vivek Garipalli
CEO

Les Granow#
CFO

Subscribed and sworn to before me this
day of

- a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

| | Current Year | | | Prior Year |
|---|--------------|----------------------------|--|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D) | 2,834,152 | | 2,834,152 | 99,945 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | | | | |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ encumbrances) | | | | |
| 5. Cash (\$ 76,081,034 , Schedule E-Part 1), cash equivalents (\$ 599,660 , Schedule E-Part 2) and short-term investments (\$ 7,166,523 , Schedule DA) | 83,847,217 | | 83,847,217 | 22,294,656 |
| 6. Contract loans (including \$ premium notes) | | | | |
| 7. Derivatives (Schedule DB) | | | | |
| 8. Other invested assets (Schedule BA) | | | | |
| 9. Receivables for securities | | | | |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 86,681,369 | | 86,681,369 | 22,394,601 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 34,725 | | 34,725 | 52 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | | |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | 3,404,418 | | 3,404,418 | 2,780,000 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 77,133,727 | | 77,133,727 | 6,174,177 |
| 16.2 Funds held by or deposited with reinsured companies | | | | |
| 16.3 Other amounts receivable under reinsurance contracts | | | | |
| 17. Amounts receivable relating to uninsured plans | 8,900,431 | | 8,900,431 | 2,539,523 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | | |
| 18.2 Net deferred tax asset | | | | |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | | | | |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | 1,066,984 | | 1,066,984 | |
| 24. Health care (\$ 5,066,396) and other amounts receivable | 11,853,018 | 6,786,622 | 5,066,396 | 1,614,177 |
| 25. Aggregate write-ins for other-than-invested assets | 11,473,603 | 4,744,749 | 6,728,854 | 7,905 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 200,548,275 | 11,531,371 | 189,016,904 | 35,510,435 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. Total (Lines 26 and 27) | 200,548,275 | 11,531,371 | 189,016,904 | 35,510,435 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. Paid Claim Recoupments | 1,023,836 | 1,023,836 | | |
| 2502. Prepaid Premium Tax | 97,739 | 97,739 | | |
| 2503. Other Receivables | 269,180 | | 269,180 | 7,905 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 10,082,848 | 3,623,174 | 6,459,674 | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 11,473,603 | 4,744,749 | 6,728,854 | 7,905 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|--|--------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 9,481,851 | | 9,481,851 | 5,901,115 |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | 608,981 | | 608,981 | 185,000 |
| 4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | 21,455,578 | | 21,455,578 | 5,761,828 |
| 5. Aggregate life policy reserves | | | | |
| 6. Property/casualty unearned premium reserves | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | | | | |
| 9. General expenses due or accrued | | | | |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)) | | | | |
| 10.2 Net deferred tax liability | | | | |
| 11. Ceded reinsurance premiums payable | 82,509,607 | | 82,509,607 | 11,412,809 |
| 12. Amounts withheld or retained for the account of others | | | | |
| 13. Remittances and items not allocated | | | | |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates | 338,483 | | 338,483 | 1,767,961 |
| 16. Derivatives | | | | |
| 17. Payable for securities | | | | |
| 18. Payable for securities lending | | | | |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | | | | |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 22. Liability for amounts held under uninsured plans | | | | |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 6,693,067 | | 6,693,067 | 296,520 |
| 24. Total liabilities (Lines 1 to 23) | 121,087,567 | | 121,087,567 | 25,325,233 |
| 25. Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 26. Common capital stock | X X X | X X X | 700,000 | 700,000 |
| 27. Preferred capital stock | X X X | X X X | | |
| 28. Gross paid in and contributed surplus | X X X | X X X | 88,173,869 | 28,349,388 |
| 29. Surplus notes | X X X | X X X | 40,000,000 | |
| 30. Aggregate write-ins for other-than-special surplus funds | X X X | X X X | | |
| 31. Unassigned funds (surplus) | X X X | X X X | (60,944,533) | (18,864,186) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | X X X | X X X | | |
| 32.2 shares preferred (value included in Line 27 \$) | X X X | X X X | | |
| 33. Total capital and surplus (Line 25 to 31 minus Line 32) | X X X | X X X | 67,929,336 | 10,185,202 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | X X X | X X X | 189,016,903 | 35,510,435 |
| DETAILS OF WRITE-INS | | | | |
| 2301. ACA Taxes Payable | | | | 296,520 |
| 2302. Accounts Payable | 485,333 | | 485,333 | |
| 2303. Other Liabilities | 4,654 | | 4,654 | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 6,203,080 | | 6,203,080 | |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 6,693,067 | | 6,693,067 | 296,520 |
| 2501. | X X X | X X X | | |
| 2502. | X X X | X X X | | |
| 2503. | X X X | X X X | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | X X X | X X X | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | X X X | X X X | | |
| 3001. | X X X | X X X | | |
| 3002. | X X X | X X X | | |
| 3003. | X X X | X X X | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | X X X | X X X | | |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year | | Prior Year |
|---|----------------|--------------|-------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member Months | X X X | 216,827 | 83,164 |
| 2. Net premium income (including \$ non-health premium income) | X X X | 45,955,135 | 52,520,881 |
| 3. Change in unearned premium reserves and reserve for rate credits | X X X | | |
| 4. Fee-for-service (net of \$ medical expenses) | X X X | | |
| 5. Risk revenue | X X X | | |
| 6. Aggregate write-ins for other health care related revenues | X X X | | |
| 7. Aggregate write-ins for other non-health revenues | X X X | | |
| 8. Total revenues (Lines 2 to 7) | X X X | 45,955,135 | 52,520,881 |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits | | 52,186,599 | 23,924,258 |
| 10. Other professional services | | 73,512,032 | 19,967,162 |
| 11. Outside referrals | | | |
| 12. Emergency room and out-of-area | | | |
| 13. Prescription drugs | | 13,283,673 | 3,720,023 |
| 14. Aggregate write-ins for other hospital and medical | | 52,116,663 | 9,281,405 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | |
| 16. Subtotal (Lines 9 to 15) | | 191,098,967 | 56,892,848 |
| Less: | | | |
| 17. Net reinsurance recoveries | | 140,354,362 | 11,001,117 |
| 18. Total hospital and medical (Lines 16 minus 17) | | 50,744,605 | 45,891,731 |
| 19. Non-health claims (net) | | | |
| 20. Claims adjustment expenses, including \$ cost containment expenses | | | |
| 21. General administrative expenses | | 14,694,476 | 8,257,097 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | 14,996,173 | 3,604,295 |
| 23. Total underwriting deductions (Lines 18 through 22) | | 80,435,254 | 57,753,123 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | (34,480,119) | (5,232,242) |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17) | | 47,478 | 255 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | | 47,478 | 255 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ (amount charged off \$)] | | | |
| 29. Aggregate write-ins for other income or expenses | | (137,946) | 292,418 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | X X X | (34,570,587) | (4,939,569) |
| 31. Federal and foreign income taxes incurred | X X X | | (8,126) |
| 32. Net income (loss) (Lines 30 minus 31) | X X X | (34,570,587) | (4,931,443) |
| DETAILS OF WRITE-INS | | | |
| 0601. | X X X | | |
| 0602. | X X X | | |
| 0603. | X X X | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | X X X | | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | X X X | | |
| 0701. | X X X | | |
| 0702. | X X X | | |
| 0703. | X X X | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | X X X | | |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | X X X | | |
| 1401. Other Hospital and Medical Expenses | | 52,116,663 | 9,281,405 |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | | 52,116,663 | 9,281,405 |
| 2901. Premium Taxes | | (1,371) | (296,520) |
| 2902. Other Income | | 1,940 | 588,938 |
| 2903. Interest Expense on Surplus Notes | | (150,000) | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | 11,485 | |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | | (137,946) | 292,418 |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY
STATEMENT OF REVENUE AND EXPENSES (continued)

| CAPITAL AND SURPLUS ACCOUNT | 1 | 2 |
|--|--------------|-------------|
| | Current Year | Prior Year |
| 33. Capital and surplus prior reporting year | 10,185,202 | 5,438,187 |
| 34. Net income or (loss) from Line 32 | (34,570,587) | (4,931,443) |
| 35. Change in valuation basis of aggregate policy and claims reserves | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | |
| 38. Change in net deferred income tax | (276,285) | |
| 39. Change in nonadmitted assets | (7,233,475) | 3,678,458 |
| 40. Change in unauthorized and certified reinsurance | | |
| 41. Change in treasury stock | | |
| 42. Change in surplus notes | 40,000,000 | |
| 43. Cumulative effect of changes in accounting principles | | |
| 44. Capital Changes: | | |
| 44.1 Paid in | | |
| 44.2 Transferred from surplus (Stock Dividend) | | |
| 44.3 Transferred to surplus | | |
| 45. Surplus adjustments: | | |
| 45.1 Paid in | 59,824,481 | 6,000,000 |
| 45.2 Transferred to capital (Stock Dividend) | | |
| 45.3 Transferred from capital | | |
| 46. Dividends to stockholders | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | | |
| 48. Net change in capital and surplus (Lines 34 to 47) | 57,744,134 | 4,747,015 |
| 49. Capital and surplus end of reporting year (Line 33 plus 48) | 67,929,336 | 10,185,202 |
| DETAILS OF WRITE-INS | | |
| 4701. Adjustment of Capital and Liabilities | | |
| 4702. | | |
| 4703. | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | | |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | | |

CASH FLOW

| | 1 | 2 |
|--|--------------|-------------|
| | Current Year | Prior Year |
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 132,121,265 | 66,544,459 |
| 2. Net investment income | 12,805 | 203 |
| 3. Miscellaneous income | | (4,064,334) |
| 4. Total (Line 1 through Line 3) | 132,134,070 | 62,480,328 |
| 5. Benefit and loss related payments | 138,185,988 | 57,952,159 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 20,769,349 | 8,624,572 |
| 8. Dividends paid to policyholders | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 276,285 | (5,174) |
| 10. Total (Line 5 through Line 9) | 159,231,622 | 66,571,557 |
| 11. Net cash from operations (Line 4 minus Line 10) | (27,097,552) | (4,091,229) |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | | |
| 12.2 Stocks | | |
| 12.3 Mortgage loans | | |
| 12.4 Real estate | | |
| 12.5 Other invested assets | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | |
| 12.7 Miscellaneous proceeds | | |
| 12.8 Total investment proceeds (Line 12.1 through Line 12.7) | | |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 2,759,365 | 99,945 |
| 13.2 Stocks | | |
| 13.3 Mortgage loans | | |
| 13.4 Real estate | | |
| 13.5 Other invested assets | | |
| 13.6 Miscellaneous applications | | |
| 13.7 Total investments acquired (Line 13.1 through Line 13.6) | 2,759,365 | 99,945 |
| 14. Net increase (decrease) in contract loans and premium notes | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (2,759,365) | (99,945) |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 40,000,000 | |
| 16.2 Capital and paid in surplus, less treasury stock | 59,824,481 | 6,000,000 |
| 16.3 Borrowed funds | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | |
| 16.5 Dividends to stockholders | | |
| 16.6 Other cash provided (applied) | (8,415,003) | 10,225,402 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 91,409,478 | 16,225,402 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) | 61,552,561 | 12,034,228 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 22,294,656 | 10,260,428 |
| 19.2 End of year (Line 18 plus Line 19.1) | 83,847,217 | 22,294,656 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | |
| 20.0001 | | |
| 20.0002 | | |
| 20.0003 | | |
| 20.0004 | | |
| 20.0005 | | |
| 20.0006 | | |
| 20.0007 | | |
| 20.0008 | | |
| 20.0009 | | |
| 20.0010 | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|--------------|---|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------------|---------------------|
| | Total | Comprehensive (Hospital and Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Net premium income | 45,955,135 | | | | | | 45,955,135 | | | |
| 2. Change in unearned premium reserves and reserve for rate credit | | | | | | | | | | |
| 3. Fee-for-service (net of \$ medical expenses) | | | | | | | | | | XXX |
| 4. Risk revenue | | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | | | | | | | | | | XXX |
| 6. Aggregate write-ins for other non-health care related revenues | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 7. Total revenues (Lines 1 to 6) | 45,955,135 | | | | | | 45,955,135 | | | |
| 8. Hospital/medical benefits | 52,186,599 | | | | | | 52,186,599 | | | XXX |
| 9. Other professional services | 73,512,032 | | | | | | 73,512,032 | | | XXX |
| 10. Outside referrals | | | | | | | | | | XXX |
| 11. Emergency room and out-of-area | | | | | | | | | | XXX |
| 12. Prescription drugs | 13,283,673 | | | | | | 13,283,673 | | | XXX |
| 13. Aggregate write-ins for other hospital and medical | 52,116,663 | | | | | | 52,116,663 | | | XXX |
| 14. Incentive pool, withhold adjustments, and bonus amounts | | | | | | | | | | XXX |
| 15. Subtotal (Lines 8 to 14) | 191,098,967 | | | | | | 191,098,967 | | | XXX |
| 16. Net reinsurance recoveries | 140,354,362 | | | | | | 140,354,362 | | | XXX |
| 17. Total hospital and medical (Lines 15 minus 16) | 50,744,605 | | | | | | 50,744,605 | | | XXX |
| 18. Non-health claims (net) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 19. Claims adjustment expenses including \$ cost containment expenses | | | | | | | | | | |
| 20. General administrative expenses | 14,694,476 | | | | | | 14,694,476 | | | |
| 21. Increase in reserves for accident and health contracts | 14,996,173 | | | | | | 14,996,173 | | | XXX |
| 22. Increase in reserves for life contracts | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22) | 80,435,254 | | | | | | 80,435,254 | | | |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | (34,480,119) | | | | | | (34,480,119) | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 0501. | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | | XXX |
| 0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | | | | | | | | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0603. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 1301. | 52,116,663 | | | | | | 52,116,663 | | | XXX |
| 1302. | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | XXX |
| 1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above) | 52,116,663 | | | | | | 52,116,663 | | | XXX |

UNDERWRITING AND INVESTMENT EXHIBIT

Part 1 - Premiums

| Line of Business | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Ceded | 4 Net Premium Income (Cols. 1+2-3) |
|---|----------------------|--------------------------|------------------------|--|
| 1. Comprehensive (hospital and medical) | | | | |
| 2. Medicare Supplement | | | | |
| 3. Dental only | | | | |
| 4. Vision only | | | | |
| 5. Federal Employees Health Benefits Plan | | | | |
| 6. Title XVIII - Medicare | 183,791,032 | | 137,835,897 | 45,955,135 |
| 7. Title XIX - Medicaid | | | | |
| 8. Other health | | | | |
| 9. Health subtotal (Lines 1 through 8) | 183,791,032 | | 137,835,897 | 45,955,135 |
| 10. Life | | | | |
| 11. Property/casualty | | | | |
| 12. Totals (Lines 9 to 11) | 183,791,032 | | 137,835,897 | 45,955,135 |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|-------------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-----------------|---------------------|
| | Total | Comprehensive (Hospital and Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 169,501,830 | | | | | | 169,501,830 | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | |
| 1.3 Reinsurance ceded | 122,337,961 | | | | | | 122,337,961 | | | |
| 1.4 Net | 47,163,869 | | | | | | 47,163,869 | | | |
| 2. Paid medical incentive pools and bonuses | | | | | | | | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | |
| 3.1 Direct | 32,325,192 | | | | | | 32,325,192 | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | |
| 3.3 Reinsurance ceded | 22,843,341 | | | | | | 22,843,341 | | | |
| 3.4 Net | 9,481,851 | | | | | | 9,481,851 | | | |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | |
| 4.1 Direct | | | | | | | | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | |
| 4.4 Net | | | | | | | | | | |
| 5. Accrued medical incentive pools and bonuses, current year | | | | | | | | | | |
| 6. Net health care receivables (a) | | | | | | | | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | |
| 8.1 Direct | 10,728,055 | | | | | | 10,728,055 | | | |
| 8.2 Reinsurance assumed | | | | | | | | | | |
| 8.3 Reinsurance ceded | 4,826,940 | | | | | | 4,826,940 | | | |
| 8.4 Net | 5,901,115 | | | | | | 5,901,115 | | | |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | |
| 9.1 Direct | | | | | | | | | | |
| 9.2 Reinsurance assumed | | | | | | | | | | |
| 9.3 Reinsurance ceded | | | | | | | | | | |
| 9.4 Net | | | | | | | | | | |
| 10. Accrued medical incentive pools and bonuses, prior year | | | | | | | | | | |
| 11. Amounts recoverable from reinsurers December 31, prior year | | | | | | | | | | |
| 12. Incurred benefits: | | | | | | | | | | |
| 12.1 Direct | 191,098,967 | | | | | | 191,098,967 | | | |
| 12.2 Reinsurance assumed | | | | | | | | | | |
| 12.3 Reinsurance ceded | 140,354,362 | | | | | | 140,354,362 | | | |
| 12.4 Net | 50,744,605 | | | | | | 50,744,605 | | | |
| 13. Incurred medical incentive pools and bonuses | | | | | | | | | | |

(a) Excludes \$ loans or advances to providers not yet expensed

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - Claims Liability End of Current Year

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|------------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-----------------|---------------------|
| | Total | Comprehensive (Hospital and Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Reported in Process of Adjustment: | | | | | | | | | | |
| 1.1 Direct | 1,876,138 | | | | | | 1,876,138 | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | |
| 1.3 Reinsurance ceded | | | | | | | | | | |
| 1.4 Net | 1,876,138 | | | | | | 1,876,138 | | | |
| 2. Incurred but Unreported: | | | | | | | | | | |
| 2.1 Direct | 30,449,054 | | | | | | 30,449,054 | | | |
| 2.2 Reinsurance assumed | | | | | | | | | | |
| 2.3 Reinsurance ceded | 22,843,341 | | | | | | 22,843,341 | | | |
| 2.4 Net | 7,605,713 | | | | | | 7,605,713 | | | |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | |
| 3.1 Direct | | | | | | | | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | |
| 3.4 Net | | | | | | | | | | |
| 4. TOTALS: | | | | | | | | | | |
| 4.1 Direct | 32,325,192 | | | | | | 32,325,192 | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | |
| 4.3 Reinsurance ceded | 22,843,341 | | | | | | 22,843,341 | | | |
| 4.4 Net | 9,481,851 | | | | | | 9,481,851 | | | |

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 | 6 |
|---|---|---|---|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid December 31 of Prior Year | 4 On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | | | | | | |
| 2. Medicare Supplement | | | | | | |
| 3. Dental Only | | | | | | |
| 4. Vision Only | | | | | | |
| 5. Federal Employees Health Benefits Plan | | | | | | |
| 6. Title XVIII - Medicare | 5,720,862 | 41,443,007 | | 9,481,851 | 5,720,862 | 5,901,115 |
| 7. Title XIX - Medicaid | | | | | | |
| 8. Other health | | | | | | |
| 9. Health subtotal (Lines 1 to 8) | 5,720,862 | 41,443,007 | | 9,481,851 | 5,720,862 | 5,901,115 |
| 10. Healthcare receivables (a) | | | | | | |
| 11. Other non-health | | | | | | |
| 12. Medical incentive pools and bonus amounts | | | | | | |
| 13. Totals (Lines 9-10+11+12) | 5,720,862 | 41,443,007 | | 9,481,851 | 5,720,862 | 5,901,115 |

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital and Medical)

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Medicare Supplement

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Dental Only

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Dental Only

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Vision Only

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Vision Only

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefit Plan

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section B - Incurred Health Claims - Federal Employees Health Benefit Plan

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | | | | |
| 4. 2014 | X X X | X X X | | | |
| 5. 2015 | X X X | X X X | X X X | | |
| 6. 2016 | X X X | X X X | X X X | X X X | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefit Plan

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | 2,068 | 2,447 | 2,460 | 2,460 |
| 4. 2014 | X X X | X X X | 18,287 | 21,228 | 21,580 |
| 5. 2015 | X X X | X X X | X X X | 40,048 | 47,517 |
| 6. 2016 | X X X | X X X | X X X | X X X | 35,909 |

Section B - Incurred Health Claims - Title XVIII Medicare

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | 2,910 | 2,448 | 2,460 | 2,460 |
| 4. 2014 | X X X | X X X | 21,587 | 21,319 | 21,591 |
| 5. 2015 | X X X | X X X | X X X | 45,892 | 46,484 |
| 6. 2016 | X X X | X X X | X X X | X X X | 43,521 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | 3,200 | 2,460 | | | 2,460 | 76.875 | | | 2,460 | 76.875 |
| 3. 2014 | 24,822 | 21,580 | | | 21,580 | 86.939 | | | 21,580 | 86.939 |
| 4. 2015 | 52,521 | 47,517 | | | 47,517 | 90.472 | | | 47,517 | 90.472 |
| 5. 2016 | 45,955 | 35,909 | | | 35,909 | 78.139 | 9,481 | 609 | 45,999 | 100.096 |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Title XIX Medicaid

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Other

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Other

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | | | | | | | | | | |
| 3. 2014 | | | | | | | | | | |
| 4. 2015 | | | | | | | | | | |
| 5. 2016 | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | 2,068 | 2,447 | 2,460 | 2,460 |
| 4. 2014 | X X X | X X X | 18,287 | 21,228 | 21,580 |
| 5. 2015 | X X X | X X X | X X X | 40,048 | 47,517 |
| 6. 2016 | X X X | X X X | X X X | X X X | 35,909 |

Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2012 | 2 2013 | 3 2014 | 4 2015 | 5 2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | X X X | 2,910 | 2,448 | 2,460 | 2,460 |
| 4. 2014 | X X X | X X X | 21,587 | 21,319 | 21,591 |
| 5. 2015 | X X X | X X X | X X X | 45,892 | 46,484 |
| 6. 2016 | X X X | X X X | X X X | X X X | 43,521 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

| Years in Which Premiums Were Earned and Claims Were Incurred | 1 Premiums Earned | 2 Claims Payments | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 | | | | | | | | | | |
| 2. 2013 | 3,200 | 2,460 | | | 2,460 | 76.875 | | | 2,460 | 76.875 |
| 3. 2014 | 24,822 | 21,580 | | | 21,580 | 86.939 | | | 21,580 | 86.939 |
| 4. 2015 | 52,521 | 47,517 | | | 47,517 | 90.472 | | | 47,517 | 90.472 |
| 5. 2016 | 45,955 | 35,909 | | | 35,909 | 78.139 | 9,481 | 609 | 45,999 | 100.096 |

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|------------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-------|
| | Total | Comprehensive (Hospital and Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| 1. Unearned premium reserves | | | | | | | | | |
| 2. Additional policy reserves (a) | 21,455,578 | | | | | | 21,455,578 | | |
| 3. Reserve for future contingent benefits | | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including \$ for investment income) | | | | | | | | | |
| 5. Aggregate write-ins for other policy reserves | | | | | | | | | |
| 6. Totals (gross) | 21,455,578 | | | | | | 21,455,578 | | |
| 7. Reinsurance ceded | | | | | | | | | |
| 8. Totals (Net) (Page 3, Line 4) | 21,455,578 | | | | | | 21,455,578 | | |
| 9. Present value of amounts not yet due on claims | | | | | | | | | |
| 10. Reserve for future contingent benefits | | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | | | | | | | | | |
| 12. Totals (gross) | | | | | | | | | |
| 13. Reinsurance ceded | | | | | | | | | |
| 14. Totals (Net) (Page 3, Line 7) | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 0501. | | | | | | | | | |
| 0502. | | | | | | | | | |
| 0503. | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | | | | | | | |
| 1101. | | | | | | | | | |
| 1102. | | | | | | | | | |
| 1103. | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | | | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | | | | | | |

(a) Includes \$ 19,278,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 | 4 | 5 |
|---|--------------------------------|--------------------------------------|---------------------------------|---------------------|----------------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 1. Rent (\$ for occupancy of own building) | | | | | |
| 2. Salaries, wages and other benefits | | | | | |
| 3. Commissions (less \$ ceded plus \$ assumed) | | | | | |
| 4. Legal fees and expenses | | | | | |
| 5. Certifications and accreditation fees | | | | | |
| 6. Auditing, actuarial and other consulting services | | | | | |
| 7. Traveling expenses | | | | | |
| 8. Marketing and advertising | | | | | |
| 9. Postage, express, and telephone | | | | | |
| 10. Printing and office supplies | | | | | |
| 11. Occupancy, depreciation and amortization | | | | | |
| 12. Equipment | | | | | |
| 13. Cost or depreciation of EDP equipment and software | | | | | |
| 14. Outsourced services including EDP, claims, and other services | | | | | |
| 15. Boards, bureaus and association fees | | | | | |
| 16. Insurance, except on real estate | | | | | |
| 17. Collection and bank service charges | | | | | |
| 18. Group service and administration fees | | | 14,694,476 | | 14,694,476 |
| 19. Reimbursements by uninsured accident and health plans | | | | | |
| 20. Reimbursements from fiscal intermediaries | | | | | |
| 21. Real estate expenses | | | | | |
| 22. Real estate taxes | | | | | |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | | | | | |
| 23.2 State premium taxes | | | | | |
| 23.3 Regulator authority licenses and fees | | | | | |
| 23.4 Payroll taxes | | | | | |
| 23.5 Other (excluding federal income and real estate taxes) | | | | | |
| 24. Investment expenses not included elsewhere | | | | | |
| 25. Aggregate write-ins for expenses | | | | | |
| 26. Total expenses incurred (Line 1 to Line 25) | | | 14,694,476 | | (a) 14,694,476 |
| 27. Less expenses unpaid December 31, current year | | | | | |
| 28. Add expenses unpaid December 31, prior year | | | | | |
| 29. Amounts receivable relating to uninsured plans, prior year | | | | | |
| 30. Amounts receivable relating to uninsured plans, current year | | | | | |
| 31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30) | | | 14,694,476 | | 14,694,476 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. | | | | | |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | | |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | | | | | |

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

| | 1 | 2 |
|---|-----------------------|--------------------|
| | Collected During Year | Earned During Year |
| 1. U. S. Government bonds | (a) 18,468 | 35,912 |
| 1.1 Bonds exempt from U. S. tax | (a) | |
| 1.2 Other bonds (unaffiliated) | (a) (5,214) | (4,581) |
| 1.3 Bonds of affiliates | (a) | |
| 2.1 Preferred stocks (unaffiliated) | (b) | |
| 2.11 Preferred stocks of affiliates | (b) | |
| 2.2 Common stocks (unaffiliated) | | |
| 2.21 Common stocks of affiliates | | |
| 3. Mortgage loans | (c) | |
| 4. Real estate | (d) | |
| 5. Contract loans | | |
| 6. Cash, cash equivalents and short-term investments | (e) (1,505) | 15,146 |
| 7. Derivative instruments | (f) | |
| 8. Other invested assets | | |
| 9. Aggregate write-ins for investment income | | |
| 10. Total gross investment income | 11,749 | 46,478 |
| 11. Investment expenses | | (g) |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | | (g) |
| 13. Interest expense | | (h) |
| 14. Depreciation on real estate and other invested assets | | (i) |
| 15. Aggregate write-ins for deductions from investment income | | |
| 16. Total deductions (Lines 11 through 15) | | |
| 17. Net investment income (Line 10 minus Line 16) | | 46,478 |
| DETAILS OF WRITE-INS | | |
| 0901. | | |
| 0902. | | |
| 0903. | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | | |
| 1501. | | |
| 1502. | | |
| 1503. | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | | |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) | | |

(a) Includes \$ 4,683 accrual of discount less \$ (29,842) amortization of premium and less \$ 2,090 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 352 accrual of discount less \$ (4,808) amortization of premium and less \$ 11,058 paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 | 2 | 3 | 4 | 5 |
|--|---|----------------------------|--|--|---|
| | Realized Gain (Loss) On Sales or Maturity | Other Realized Adjustments | Total Realized Capital Gain (Loss) (Columns 1 + 2) | Change in Unrealized Capital Gain (Loss) | Change in Unrealized Foreign Exchange Capital Gain (Loss) |
| 1. U. S. Government bonds | | | | | |
| 1.1 Bonds exempt from U. S. tax | | | | | |
| 1.2 Other bonds (unaffiliated) | | | | | |
| 1.3 Bonds of affiliates | | | | | |
| 2.1 Preferred stocks (unaffiliated) | | | | | |
| 2.11 Preferred stocks of affiliates | | | | | |
| 2.2 Common stocks (unaffiliated) | | | | | |
| 2.21 Common stocks of affiliates | | | | | |
| 3. Mortgage loans | | | | | |
| 4. Real estate | | | | | |
| 5. Contract loans | | | | | |
| 6. Cash, cash equivalents and short-term investments | | | | | |
| 7. Derivative instruments | | | | | |
| 8. Other invested assets | | | | | |
| 9. Aggregate write-ins for capital gains (losses) | | | | | |
| 10. Total capital gains (losses) | | | | | |
| NONE | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | | | | |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | | | | | |

EXHIBIT OF NONADMITTED ASSETS

| | 1 | 2 | 3 |
|---|--|--|--|
| | Current Year Total Nonadmitted Assets | Prior Year Total Nonadmitted Assets | Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
| 1. Bonds (Schedule D) | | | |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | | | |
| 2.2 Common stocks | | | |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | | | |
| 3.2 Other than first liens | | | |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | | | |
| 4.2 Properties held for the production of income | | | |
| 4.3 Properties held for sale | | | |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) | | | |
| 6. Contract loans | | | |
| 7. Derivatives (Schedule DB) | | | |
| 8. Other invested assets (Schedule BA) | | | |
| 9. Receivables for securities | | | |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | | |
| 11. Aggregate write-ins for invested assets | | | |
| 12. Subtotals, cash and invested assets (Line 1 to Line 11) | | | |
| 13. Title plants (for Title insurers only) | | | |
| 14. Investment income due and accrued | | | |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due | | | |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination | | | |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers | | | |
| 16.2 Funds held by or deposited with reinsured companies | | | |
| 16.3 Other amounts receivable under reinsurance contracts | | | |
| 17. Amounts receivable relating to uninsured plans | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | |
| 18.2 Net deferred tax asset | | | |
| 19. Guaranty funds receivable or on deposit | | | |
| 20. Electronic data processing equipment and software | | | |
| 21. Furniture and equipment, including health care delivery assets | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | |
| 23. Receivables from parent, subsidiaries and affiliates | | | |
| 24. Health care and other amounts receivable | 6,786,622 | 2,450,157 | (4,336,465) |
| 25. Aggregate write-ins for other-than-invested assets | 4,744,749 | 1,847,739 | (2,897,010) |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) | 11,531,371 | 4,297,896 | (7,233,475) |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 28. Total (Line 26 and Line 27) | 11,531,371 | 4,297,896 | (7,233,475) |
| DETAILS OF WRITE-INS | | | |
| 1101. | | | |
| 1102. | | | |
| 1103. | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | |
| 1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above) | | | |
| 2501. Paid Claim Recoupment | 1,023,836 | 1,750,000 | 726,164 |
| 2502. Prepaid Premium Tax | 97,739 | 97,739 | |
| 2503. Claims receivable | 633,174 | | (633,174) |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 2,990,000 | | (2,990,000) |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | 4,744,749 | 1,847,739 | (2,897,010) |

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 Current Year Member Months |
|--|-------------------------|-----------------------|------------------------|-----------------------|----------------------|---------------------------------------|
| | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | 5 Current Year | |
| 1. Health Maintenance Organizations | | | | | | |
| 2. Provider Service Organizations | | | | | | |
| 3. Preferred Provider Organizations | 7,237 | 16,249 | 17,697 | 19,325 | 20,561 | 216,827 |
| 4. Point of Service | | | | | | |
| 5. Indemnity Only | | | | | | |
| 6. Aggregate write-ins for other lines of business | | | | | | |
| 7. Total | 7,237 | 16,249 | 17,697 | 19,325 | 20,561 | 216,827 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601 | | | | | | |
| 0602 | | | | | | |
| 0603 | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | | | | | | |
| 0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) | | | | | | |

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

The financial Statements of Clover Insurance Company (The Company) are prepared in conformity with Statutory Accounting Principles prescribed or permitted by the State of New Jersey Department of Banking and Insurance (NJ SAP).

NJ SAP recognizes only statutory accounting practices prescribed or permitted by the State of New Jersey Department of Banking and Insurance (DOBI) for determining and reporting the financial position and results of operations of an insurance company and for the purpose of determining its solvency under the New Jersey Code. The NAIC's Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the DOBI. The superintendent of the DOBI has the right to permit other specific practices that deviate from prescribed practices.

The Clover Insurance Company (Company) was licensed in 2012 with a Certificate of Authority to sell a Medicare Advantage PPO product in Hudson County, NJ beginning in the contract year 2013.

On April 12, 2016 Clover Health acquired the Union Life Insurance Company. On April 20, 2016 Ullico Life Insurance Company was re-domesticated to New Jersey and merged with Clover Insurance Company, with Ullico Life Insurance Company as the surviving entity. The company was then immediately renamed to Clover Insurance Company, but retained the prior NAIC (#86371) and (FID # 31-0522223).

The Company is approved to sell a Medicare Advantage PPO product in the following counties, Hudson, Atlantic, Mercer, Monmouth, Passaic, Essex, Union, Bergen, and Somerset. As of December 31, 2016 membership was 20,561 and member months were 216,828, compared to 18,996 members and 155,867 member months as of December 31, 2015 up by 1,565 and 60,961 respectively.

The Company's strategy in marketing new members is 85% through the broker and 15% via direct approach, such as networking, direct online, and direct mail.

On December 30, 2015 the Company entered into a Quota Share Reinsurance Agreement with Swiss Re (Reinsurer), effective as of October 1, 2015. Under the terms of the agreement the Company is ceding 75% of its gross written premiums and medical expenses to the Reinsurer.

NOTES TO FINANCIAL STATEMENTS

The Company has no employees and, as such, has entered into an administrative services agreement with Clover Health, LLC (“ASO”) to make use of certain employees, equipment and facilities in the operations and management of the Company. Under the terms of this agreement that was filed and approved by NJ DOBI, the Company paid an administrative fee of fourteen percent (14%) of the premiums it earned in 2016, for all services and expenses incurred by ASO on the Company’s behalf.

The Company is a direct wholly owned subsidiary of Clover Health Holding, Inc. a Delaware corporation. The Company’s ultimate parent is Clover Health Investment, Corp. a Delaware corporation.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed or permitted by DOBI is shown below,

| <u>Net Income</u> | <u>State of Domicile</u> | <u>2016</u> | <u>2015</u> |
|---|--------------------------|--------------|-------------|
| (1) State basis (Page 4, Line 32, Columns 2 & 3) | New Jersey | (34,570,587) | (4,931,443) |
| (2) State Permitted Practices that increase/(decrease) NAIC SAP: None | New Jersey | 0 | 0 |
| (3) NAIC SAP (1-2=3) | New Jersey | (34,570,587) | (4,931,443) |
| <u>Surplus</u> | | | |
| (4) State Basis (Page 3, Line 33, Columns 3 & 4) | | 67,929,336 | 10,185,202 |
| (5) State Prescribed Practices that increase/(decrease) NAIC SAP: None | New Jersey | 0 | 0 |
| (6) NAIC SAP (4-5=6) | New Jersey | 67,929,336 | 10,185,202 |

2. Accounting Changes and Corrections of Errors

A. Changes In Accounting Principles

None

B. Corrections Of Errors

None

3. Business Combinations and Goodwill

NOTES TO FINANCIAL STATEMENTS

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

None

B. Troubled Debt Restructuring for Creditors

None

C. Reverse Mortgages

None

D. Loan-Backed and Structured Securities

None

E. Repurchase Agreement and/or Securities Lending Transactions

None

F. Real Estate

None

H. Restricted Assets

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

| Description of Assets | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------|--|--|----------------------------------|--|---|---|
| | Total Gross Restricted from Current Year | Total Gross Restricted From Prior Year | Increase/ (Decrease) (1 minus 2) | Total Current Year Admitted Restricted | Percentage Gross Restricted to Total Assets | Percentage Admitted Restricted to Total Admitted Assets |
| | | | | | | |
| State deposit | 2,334,322 | 99,945 | 2,234,377 | 2,334,322 | 1.16% | 1.23% |
| Total | | | | | | |

NOTES TO FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

The Company has no none admitted accrued interest to report.

8. Derivative Instrument

None

9. Income Taxes

Income before federal taxes differs from taxable income principally due to the dividends-received deduction, differences between loss and loss adjustment expense and unearned premium reserves for tax and financial reporting purposes, the exemption of certain investment income from federal income taxes and the other than temporary impairment of investments.

The provision for federal income tax consists of the following components:

| | 2016 | 2015 |
|---|------|---------|
| 1 Current Tax | | |
| a Federal | - | - |
| b Foreign | - | - |
| c Subtotal | - | - |
| d Federal income tax on net capital gains | - | - |
| e Utilization of cap loss c/f | - | (8,145) |
| f PV True Ups | - | - |
| Federal and foreign income taxes incurred | - | (8,145) |

The statutory basis of accounting requires that the Company record deferred tax assets and liabilities for certain temporary differences between statutory basis income before federal income taxes, plus certain items recorded directly to surplus, and taxable income as reflected in the Company's federal income tax return, subject to certain limitations.

The components of the net deferred tax asset/(liability) at December 31 are as follows:

| | 2016 | | | 2015 | | | Change | | |
|---|--------------|---------|--------------|-------------|---------|-------------|--------------|---------|--------------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| Total gross DTAs | 20,603,685 | - | 20,603,685 | 6,535,754 | - | 6,535,754 | 14,067,931 | - | 14,067,931 |
| Statutory Valuation Allowance | (12,002,093) | - | (12,002,093) | (6,535,754) | - | (6,535,754) | (14,067,931) | - | (14,067,931) |
| Adjusted Gross Deferred Tax Assets | 1,592 | - | 1,592 | (0) | - | (0) | 1,592 | - | 1,592 |
| Deferred Tax Assets Nonadmitted | - | - | - | - | - | - | - | - | - |
| Admitted Gross Deferred Tax Assets | 1,592 | - | 1,592 | (0) | - | (0) | 1,592 | - | 1,592 |
| Total Gross DTLs | 1,592 | - | 1,592 | - | - | - | 1,592 | - | 1,592 |
| Net Admitted Deferred Tax Asset/Liability | (0) | - | (0) | (0) | - | (0) | 0 | - | 0 |

The amount of each result of the calculations by tax character of paragraphs paragraphs 11a., 11b.i., 11b.ii., and 11c. of SSAP 101 are as follows:

| | 2016 | | | 2015 | | | Change | | |
|--|----------|---------|-------|----------|---------|-------|----------|---------|-------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| Can be recovered through loss carrybacks (11a.) | - | - | - | - | - | - | - | - | - |
| Lesser of: | | | | | | | | | |
| Expected to be realized following the B/S date | - | - | - | - | - | - | - | - | - |
| Adjusted gross DTAs allowed per limit threshold (11b.ii) | - | - | - | - | - | - | - | - | - |
| Adjusted gross DTAs offset by gross DTLs (11c.) | 1,592 | - | 1,592 | - | - | - | 1,592 | - | 1,592 |
| DTAs Admitted as a Result of the application of 101 | 1,592 | - | 1,592 | - | - | - | 1,592 | - | 1,592 |
| Ex DTA ACL RBC Ratio Percentage used to Determine Recovery Period and Threshold | | | 0% | | | 0.00% | | | |
| Amount of Adjusted C/S used to Determine Recover Period and Threshold Limitation | | | - | | | - | | | |

NOTES TO FINANCIAL STATEMENTS

Tax planning strategies have (have not) been employed by the Company and have the following impact upon the determination of adjusted gross and net admitted deferred tax assets:

The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies

| The Case | | | |
|----------|---------------------------------------|------------|-----------|
| tax: | | | |
| | Deferred tax Assets | | |
| | Ordinary: | 2016 | 2015 |
| | Non-admitted asset | 3,920,668 | 1,661,285 |
| | Premium Deficiency Reserve | 6,551,520 | 1,455,821 |
| | Loss discounting | 26,452 | 11,022 |
| | Accrued expenses | - | - |
| | Fixed assets | - | - |
| | Non-competes | - | - |
| | Start up costs | 885,037 | 954,890 |
| | Charitable Contributions | - | - |
| | NOL Carryforward | 9,207,754 | 2,630,480 |
| | Tax Credits | 9,255 | 9,255 |
| | Subtotal deferred tax assets | 22,858,273 | 8,638,754 |
| | Stat valuation allowance | 22,858,273 | 8,638,754 |
| | Non-admitted | - | - |
| | Admitted ordinary deferred tax assets | 1,592 | (0) |
| | Capital: | | |
| | Investments | - | - |
| | Capital loss carryforward | - | - |
| | OTTI | - | - |
| | Other | - | - |
| | Subtotal | - | - |
| | Stat valuation allowance | - | - |
| | Non-admitted | - | - |
| | Admitted capital deferred tax assets | - | - |
| | Admitted Deferred Tax Asset | 1,592 | (0) |

| Deferred tax liabilities | | |
|---|-------|-----|
| Ordinary: | | |
| Bond Market Discount, Net | 1,592 | - |
| Goodwill | - | - |
| Customer relations | - | - |
| Prepaid expenses | - | - |
| Deferred Revenue | - | - |
| Fixed Assets | - | - |
| Subtotal | 1,592 | - |
| Capital: | | |
| Unrealized Gains | - | - |
| Subtotal | - | - |
| Deferred Tax Liabilities | 1,592 | - |
| Net Admitted Deferred Tax Asset (Liability) | (0) | (0) |

change in net deferred income taxes is comprised of the following, before consideration of non-admitted deferred tax assets:

| | 12/31/2015 | 12/31/2014 | Change |
|---|------------|------------|---------|
| Adjusted gross deferred tax assets | 1,592 | (0) | (1,592) |
| Total deferred tax liabilities | 1,592 | - | (1,592) |
| Net deferred tax assets (liabilities) | (0) | (0) | (0) |
| Tax effect of change in unrealized gains (losses) | | | - |
| Total change in net deferred income tax | | | (0) |

NOTES TO FINANCIAL STATEMENTS

The provision for federal income taxes incurred is different from that which would be obtained by applying the federal income tax rate to statutory income before income taxes. The items causing this difference are as follows:

| | Amount | Tax Effect | Amount | Tax Effect |
|---|--------------|------------|--------------|------------|
| Provision computed at statutory rate | (11,754,000) | 34.00% | (16,794,541) | 34.00% |
| Permanent Differences | 417,042 | -0.43% | 6,290 | -0.37% |
| PY True Up (to Deferred) | - | 0.00% | 8,126 | -0.16% |
| PY True Up (to Current) | - | 0.00% | (8,126) | 0.16% |
| Change in Non-admitted Assets | (2,459,382) | 7.19% | - | 0.00% |
| Rate Differential | - | 0.00% | (1,302,035) | 26.36% |
| Credit Utilization | - | 0.00% | - | 0.00% |
| Change in deferred income taxes | 0 | 0.00% | - | 0.00% |
| Change in Valuation Allowance | ##### | -40.69% | 2,955,073 | -59.82% |
| Income in Equity of Subsidiaries | - | 0.00% | - | 0.00% |
| Totals | - | 0.00% | (8,126) | 0.16% |
| | 2016 | | 2015 | |
| Federal and foreign income taxes incurred | - | | (8,126) | |
| Current taxes on realized capital gains | - | | - | |
| Total statutory income taxes | - | | (8,126) | |
| | | | | ##### |

At December 31, 2016, the Company had unused operating loss carryforwards available to offset against future taxable income of \$27,081,629. The carryforwards begin to expire in 2028.

The following are federal income taxes incurred in the current and prior year that may be available for recovery in the event of future net operating losses.

| | |
|------|---|
| 2016 | # |
| 2015 | # |

The company does not have deposits admitted under Section 6603 of the Internal Revenue Code.

The Company's federal income tax return is filed on a consolidated basis with:

- Clover Health Investments, Corp.
- Clover HMO, Corp.
- Clover Health, Corp.
- Clover Health Holdings, Inc.

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Amounts Due to or from Related parties

As of December 31, 2016 and 2015 the company had the following balances receivable/payables to/from its affiliates. Intercompany agreement have defined settlement terms and are reported as non-admitted if the balances remain outstanding more than ninety days past due the date specified in the agreement.

| As of December 31 | 2016 | 2015 |
|---|-------------|---------|
| Receivable from ASO | \$1,066,984 | |
| Balance less than 0.5% of admitted assets | | 1,619 |
| Receivable from affiliates | \$1,066,984 | \$1,619 |

NOTES TO FINANCIAL STATEMENTS

| As of December 31 | 2016 | 2015 |
|---|-----------|-------------|
| Payable to TPA | | 700,000 |
| Payable to ASO | | 1,069,580 |
| Balance less than 0.5% of admitted assets | 338,483 | |
| Payable to affiliates | \$338,483 | \$1,769,580 |

11. Debt

On November 15, 2015, the Company received \$40 million of surplus notes with the interest rate of 3% from its ultimate parent Clover Health Investments, Corp. This transaction was approved by New Jersey Department of Banking and Insurance.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

None

14. Liabilities, Contingencies and Assessments

None

15. Leases**A. Lessee Operating Lease**

None

B. Lessor Leases

None

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

NOTES TO FINANCIAL STATEMENTS

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurement**c. Fair Values for all Financial Instruments by Levels 1, 2, and 3,**

| Type of Financial Instruments | Aggregate | | | | | Total |
|-------------------------------|------------|-----------------|-----------|---------|---------|-------|
| | Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | |
| Bonds | 2,882,356 | 2,834,152 | 2,834,152 | | | |

21. Other Items

On April 12, 2016 Clover Health acquired the Union Life Insurance Company. On April 20, 2016 Ullico Life Insurance Company was re-domesticated to New Jersey and merged with Clover Insurance Company, with Ullico Life Insurance Company as the surviving entity. The company was then immediately renamed to Clover Insurance Company, but retained the prior NAIC (#86371) and (FID # 31-0522223).

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

None

23. Reinsurance

A. Are any of the reinsurers, listed in schedule S as non affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee or director of the company.

None

B. Uncollectable Reinsurance written off during the year.

None

C. Commutation of Ceded Reinsurance .

None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

25. Change in Incurred Claims and Claims Adjustment Expenses

None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

| Quarter | Estimated Pharmacy Rebate as Reported on this schedule | Pharmacy Rebate as Billed or Otherwise Confirmed | Actual Rebate received within 90 days | Actual Rebate received within 91 to 180 days of billing | Actual Rebate received more than 181 days after billing |
|------------|--|--|---------------------------------------|---|---|
| 12/31/2016 | - | - | - | - | - |
| 9/31/2016 | 4,577,732.02 | 4,577,732.02 | - | - | - |
| 6/30/2016 | 1,497,522.86 | 3,989,925.39 | - | 2,492,402.53 | - |
| 3/31/2016 | 555,078.36 | 3,294,751.10 | - | 2,275,861.32 | 463,811.42 |
| | 6,630,333.24 | 11,862,408.51 | - | 4,768,263.85 | 463,811.42 |
| 12/31/2015 | 58,531.89 | 1,660,939.08 | - | 685,351.19 | 917,056.00 |
| 9/31/2015 | 73,302.51 | 1,551,191.69 | - | 991,821.49 | 486,067.69 |
| 6/30/2015 | 31,782.24 | 1,431,249.64 | - | 684,599.66 | 714,867.74 |
| 3/31/2015 | 32,246.04 | 1,281,212.67 | - | 605,700.00 | 643,266.63 |
| | 195,862.68 | 5,924,593.08 | - | 2,967,472.34 | 2,761,258.06 |
| 12/31/2014 | 2,669.66 | 506,140.99 | - | 238,760.00 | 264,711.33 |
| 9/31/14 | 1,437.03 | 487,894.31 | - | 243,977.00 | 242,480.28 |
| 6/30/2014 | 10,662.26 | 413,415.10 | - | 279,221.00 | 123,531.84 |
| 3/31/2014 | 32.71 | 339,494.74 | - | 121,723.00 | 217,739.03 |
| | 14,801.66 | 1,746,945.14 | - | 883,681.00 | 848,462.48 |

B. Risk Sharing Receivables

No

29. Participating Policies

None

30. Premium Deficiency Reserves

- | | |
|---|-------------------|
| 1. Liability Carried for Premium Deficiency Reserves | \$ 19,278,000 |
| 2. Date of the most recent evaluation of this liability | December 31, 2016 |
| 3. Was anticipated investment income utilized in the evaluation | Yes X No |

NOTES TO FINANCIAL STATEMENTS

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes (X) No ()
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes (X) No () N/A ()
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes () No (X)
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 3.2 State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/31/2015
- 3.4 By what department or departments?
.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes (X) No () N/A ()
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No () N/A ()
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 - 4.11 sales of new business? Yes () No (X)
 - 4.12 renewals? Yes () No (X)
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 - 4.21 sales of new business? Yes () No (X)
 - 4.22 renewals? Yes () No (X)
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes (X) No ()
- 5.2 If yes, provide the name of entity, the NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
|---------------------|------------------------|------------------------|

Clover Insurance Company 14203 NJ

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes () No (X)
- 6.2 If yes, give full information:
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes () No (X)
- 7.2 If yes,
 - 7.21 State the percentage of foreign control %
 - 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
|------------------|---------------------|

.....
.....
.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X)
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|---------------------|-----------------------------|----------|----------|-----------|----------|

.....
.....
.....

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
BDO 100 Park Ave New York, NY 10017

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes () No (X)
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes () No (X)
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws? Yes () No (X) N/A ()
- 10.6 If the response to 10.5 is no or n/a, please explain:
Clover Insurance Company is in the process of establishing an audit committee.
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Judah Rabinowitz, Chief Actuary, Harborside Plaza Ten, 3 Second Street, Jersey City, New jersey 07311
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes () No (X)
- 12.11 Name of real estate holding company
.....
- 12.12 Number of parcels involved
.....
- 12.13 Total book/adjusted carrying value
\$
- 12.2 If yes, provide explanation
.....
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes () No ()
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes () No ()
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes () No () N/A (X)
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ()
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes () No (X)
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes () No (X)
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1 American Bankers Association (ABA) Routing Number | 2 Issuing or Confirming Bank Name | 3 Circumstances That Can Trigger the Letter of Credit | 4 Amount |
|--|--------------------------------------|--|-------------|
|--|--------------------------------------|--|-------------|

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes () No (X)
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) No ()
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes (X) No ()

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes () No (X)
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.11 To directors or other officers | \$ |
| | 20.12 To stockholders not officers | \$ |
| | 20.13 Trustees, supreme or grand (Fraternal only) | \$ |
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.21 To directors or other officers | \$ |
| | 20.22 To stockholders not officers | \$ |
| | 20.23 Trustees, supreme or grand (Fraternal only) | \$ |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes () No (X)
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|----------------------------|----------|
| | 21.21 Rented from others | \$ |
| | 21.22 Borrowed from others | \$ |
| | 21.23 Leased from others | \$ |
| | 21.24 Other | \$ |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes () No (X)
- 22.2 If answer is yes:
- | | | |
|--|--|----------|
| | 22.21 Amount paid as losses or risk adjustment | \$ |
| | 22.22 Amount paid as expenses | \$ |
| | 22.23 Other amounts paid | \$ |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes (X) No ()
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes (X) No ()
- 24.02 If no, give full and complete information relating thereto:
.....
- 24.03 For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes () No () N/A (X)
- 24.05 If answer to 24.04 is YES, report amount of collateral for conforming programs. \$
- 24.06 If answer to 24.04 is NO, report amount of collateral for other programs. \$
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes () No () N/A (X)
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes () No () N/A (X)
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes () No () N/A (X)
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | |
|--|----------|
| 24.101 Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2 | \$ |
| 24.102 Total book adjusted/carrying value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2 | \$ |
| 24.103 Total payable for securities lending reported on the liability page | \$ |
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes (X) No ()
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|---|--------------------|
| | 25.21 Subject to repurchase agreements | \$ |
| | 25.22 Subject to reverse repurchase agreements | \$ |
| | 25.23 Subject to dollar repurchase agreements | \$ |
| | 25.24 Subject to reverse dollar repurchase agreements | \$ |
| | 25.25 Placed under option agreements | \$ |
| | 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock | \$ |
| | 25.27 FHLB Capital Stock | \$ |
| | 25.28 On deposit with states | \$ |
| | 25.29 On deposit with other regulatory bodies | \$ 2,334,322 |
| | 25.30 Pledged as collateral - excluding collateral pledged to an FHLB | \$ |
| | 25.31 Pledged as collateral to FHLB - including assets backing funding agreements | \$ |
| | 25.32 Other | \$ |

25.3 For category (25.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
|----------------------------|------------------|-------------|

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes () No (X)
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No () N/A (X)
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes () No (X)
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$
28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian's Address |
|---------------------------|--------------------------|
|---------------------------|--------------------------|

| | |
|---------------|--|
| TD Bank, NA | TD Wealth 1006 Astoria Boulevard, Cherry Hill NJ 08034 |
| TrustMark | P.O. Box 1758, Jackson, MS 39215-1978 |
| Century Trust | 100 S. Federal Place Santa Fe, NMZ 87501 |
| Union Bank | Global Custody Services, 350 California Street, Suite 2018, San Francisco, CA 94104 |
| Xerox | Xerox State & Local Solutions, inc. 100 Hancock Street, 10th Floor, Quincy, MA 02171 |
| U.S. Bank | 2204 Lakeshore rive, Suite 205, Homewood, AL 35209 |
| Synovus | P.O. Box 1798, Sumter, SC 29151 |
| Wells Fargo | MAC T9914-010, P.O. Box 2577, Waco, TX 76702-2577 |
| PNC Bank | 620 Liberty Avenue, Pittsburgh, PA 15222 |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
|--------------|------------------|------------------------------|

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes () No (X)

28.04 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
|--------------------|--------------------|---------------------|-------------|

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [...that have access to the investment accounts"; "...handle securities"]

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
|---------------------------------|------------------|

Parkway Advisors LP U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes (X) No ()

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes (X) No ()

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identified (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Field |
|---|---------------------------------|------------------------------------|----------------------|--|
|---|---------------------------------|------------------------------------|----------------------|--|

112629 Parkway Advisors LP SEC NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes () No (X)

29.2 If yes, complete the following schedule:

| 1 CUSIP Number | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|-------------------|--------------------------|-----------------------------------|
|-------------------|--------------------------|-----------------------------------|

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1 Name of Mutual Fund (from question 29.2) | 2 Name of Significant Holding of the Mutual Fund | 3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4 Date of Valuation |
|---|---|---|------------------------|
|---|---|---|------------------------|

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|-----------------------------|---------------------------------|---------------------|--|
| 30.1 Bonds | \$ 10,600,335 | \$ 10,648,076 | \$ 47,742 |
| 30.2 Preferred stocks | \$ | \$ | \$ |
| 30.3 Totals | \$ 10,600,335 | \$ 10,648,076 | \$ 47,742 |

30.4 Describe the sources or methods utilized in determining the fair values:
.....
.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes (X) No ()

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes (X) No ()

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes (X) No ()

32.2 If no, list exceptions:
.....
.....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

34.1 Amount of payments for legal expenses, if any? \$

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|---|------------------|
| Fragomen, Del Rey, Bernsen, & Loewy LLP | \$ 23,583 |
| | \$ |
| | \$ |
| | \$ |

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes () No (X)
 1.2 If yes, indicate premium earned on U.S. business only. \$

- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
 1.31 Reason for excluding:

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$

- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$

- 1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned \$
 1.62 Total incurred claims \$
 1.63 Number of covered lives
 All years prior to most current three years:
 1.64 Total premium earned \$
 1.65 Total incurred claims \$
 1.66 Number of covered lives

- 1.7 Group policies:
 Most current three years:
 1.71 Total premium earned \$
 1.72 Total incurred claims \$
 1.73 Number of covered lives
 All years prior to most current three years:
 1.74 Total premium earned \$
 1.75 Total incurred claims \$
 1.76 Number of covered lives

2. Health Test:

| | 1 | 2 |
|-------------------------------|---------------------|---------------------|
| | Current Year | Prior Year |
| 2.1 Premium Numerator | \$ 45,955,135 | \$ 52,520,881 |
| 2.2 Premium Denominator | \$ 45,955,135 | \$ 52,520,881 |
| 2.3 Premium Ratio (2.1 / 2.2) | 1.000 | 1.000 |
| 2.4 Reserve Numerator | \$ 30,937,429 | \$ 11,662,943 |
| 2.5 Reserve Denominator | \$ 30,937,429 | \$ 11,662,943 |
| 2.6 Reserve Ratio (2.4 / 2.5) | 1.000 | 1.000 |

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes () No (X)

- 3.2 If yes, give particulars:

- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes (X) No ()

- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes (X) No ()

- 5.1 Does the reporting entity have stop-loss reinsurance? Yes (X) No ()

- 5.2 If no, explain:

- 5.3 Maximum retained risk (see instructions)
- | | |
|---------------------------------|------------------|
| 5.31 Comprehensive Medical | \$ 850,000 |
| 5.32 Medical Only | \$ |
| 5.33 Medicare Supplement | \$ |
| 5.34 Dental & Vision | \$ |
| 5.35 Other Limited Benefit Plan | \$ |
| 5.36 Other | \$ |

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes (X) No ()

- 7.2 If no, give details:

8. Provide the following information regarding participating providers:

- | | |
|--|--------------|
| 8.1 Number of providers at start of reporting year | 5,242 |
| 8.2 Number of providers at end of reporting year | 10,080 |

- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes () No (X)

- 9.2 If yes, direct premium earned:
 9.21 Business with rate guarantees between 15-36 months
 9.22 Business with rate guarantees over 36 months

- 10.1 Does the reporting entity have Incentive Pool, Withhold, or Bonus Arrangements in its provider contracts? Yes () No (X)

- 10.2 If yes:
- | | |
|---|----------|
| 10.21 Maximum amount payable bonuses | \$ |
| 10.22 Amount actually paid for year bonuses | \$ |
| 10.23 Maximum amount payable withholds | \$ |
| 10.24 Amount actually paid for year withholds | \$ |

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

| | | |
|--|--|----------------|
| | 11.12 A Medical Group / Staff Model, | Yes () No (X) |
| | 11.13 An Individual Practice Association (IPA), or | Yes () No (X) |
| | 11.14 A Mixed Model (combination of above)? | Yes () No (X) |

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes (X) No ()

11.3 If yes, show the name of the state requiring such minimum capital and surplus. NJ Department of Banking & Insurance

11.4 If yes, show the amount required. \$ 7,800,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes (X) No ()

11.6 If the amount is calculated, show the calculation

.....

12. List the service areas in which reporting entity is licensed to operate:

| |
|---------------------------|
| 1 Name of Service Area |
|---------------------------|

13.1 Do you act as a custodian for health savings accounts? Yes () No (X)

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes () No (X)

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes () No () N/A (X)

14.2 If the answer to 14.1 is yes, please provide the following:

| 1 Company Name | 2 NAIC Company Code | 3 Domiciliary Jurisdiction | 4 Reserve Credit | Assets Supporting Reserve Credit | | |
|-------------------|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
| | | | | 5 Letters of Credit | 6 Trust Agreements | 7 Other |

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

| | | |
|------------------------------|----------|---------|
| 15.1 Direct Premiums Written | \$ | 502,223 |
| 15.2 Total Incurred Claims | \$ | 168,433 |
| 15.3 Number of Covered Lives | ..... | 1,037 |

| |
|--|
| *Ordinary Life Insurance Includes |
| Term (whether full underwriting, limited underwriting, jet issue, "short form app") Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") Variable Life (with or without secondary guarantee) Universal Life (with or without secondary guarantee) Variable Universal Life (with or without secondary guarantee) |

FIVE - YEAR HISTORICAL DATA

| | 1 | 2 | 3 | 4 | 5 |
|---|--------------|-------------|------------|-------------|-------|
| | 2016 | 2015 | 2014 | 2013 | 2012 |
| BALANCE SHEET (Page 2 and Page 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 189,016,904 | 35,510,435 | 13,059,949 | 5,300,451 | |
| 2. Total liabilities (Page 3, Line 24) | 121,087,567 | 25,325,083 | 7,956,012 | 1,800,451 | |
| 3. Statutory minimum capital and surplus requirement | 7,800,000 | 3,500,000 | 3,500,000 | 3,500,000 | |
| 4. Total capital and surplus (Page 3, Line 33) | 67,929,336 | 10,185,352 | 5,103,937 | 3,500,000 | |
| INCOME STATEMENT (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 45,955,135 | 52,520,881 | 24,822,447 | 3,267,404 | |
| 6. Total medical and hospital expenses (Line 18) | 50,744,605 | 45,891,731 | 21,245,818 | 2,976,486 | |
| 7. Claims adjustment expenses (Line 20) | | | | | |
| 8. Total administrative expenses (Line 21) | 14,694,476 | 8,257,097 | 2,496,628 | 8,016,723 | |
| 9. Net underwriting gain (loss) (Line 24) | (34,480,119) | (5,233,041) | 402,468 | (7,725,805) | |
| 10. Net investment gain (loss) (Line 27) | 47,478 | 255 | 217 | | |
| 11. Total other income (Line 28 plus Line 29) | (137,946) | 293,367 | | | |
| 12. Net income or (loss) (Line 32) | (34,570,587) | (4,931,293) | 51,053 | (7,725,805) | |
| CASH FLOW (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | (27,097,552) | (4,273,570) | 5,243,880 | (6,652,444) | |
| RISK-BASED CAPITAL ANALYSIS | | | | | |
| 14. Total adjusted capital | 67,929,336 | 10,185,188 | 5,103,937 | 3,500,000 | |
| 15. Authorized control level risk-based capital | 2,758,522 | 1,266,564 | 1,659,014 | 996,357 | |
| ENROLLMENT (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 20,561 | 7,237 | 2,930 | 278 | |
| 17. Total members months (Column 6, Line 7) | 216,827 | 83,164 | 30,960 | 2,990 | |
| OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Line 18 plus Line 19) | 110.4 | 87.4 | 85.6 | 92.0 | |
| 20. Cost containment expenses | | | | | |
| 21. Other claims adjustment expenses | | | | | |
| 22. Total underwriting deductions (Line 23) | 175.0 | 110.0 | 98.4 | 336.0 | |
| 23. Total underwriting gain (loss) (Line 24) | (75.0) | (10.0) | 1.6 | (236.0) | |
| UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 13, Column 5) | 5,720,862 | 6,376,116 | 384,556 | | |
| 25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] | 5,901,115 | 6,433,071 | 841,187 | | |
| INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES | | | | | |
| 26. Affiliated bonds (Schedule D Summary, Line 12, Column 1) | | | | | |
| 27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1) | | | | | |
| 28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1) | | | | | |
| 29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10) | | | | | |
| 30. Affiliated mortgage loans on real estate | | | | | |
| 31. All other affiliated | | | | | |
| 32. Total of above Line 26 to Line 31 | | | | | |
| 33. Total investment in parent included in Line 26 to Line 31 above | | | | | |

Note: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes () No ()

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

| States, Etc. | 1 | Direct Business Only Year to Date | | | | | | | |
|---|---------------|-----------------------------------|----------------------|--------------------|---|--|----------------------------|---------------------------------|------------------------|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Active Status | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Plan Premiums | Life and Annuity Premiums and Other Considerations | Property/Casualty Premiums | Total Column 2 Through Column 7 | Deposit-Type Contracts |
| 1. Alabama | AL L | | | | | 454 | | 454 | |
| 2. Alaska | AK L | | | | | | | | |
| 3. Arizona | AZ L | | | | | 6,504 | | 6,504 | |
| 4. Arkansas | AR L | | | | | 820 | | 820 | |
| 5. California | CA L | | | | | 26,949 | | 26,949 | |
| 6. Colorado | CO L | | | | | 13,853 | | 13,853 | |
| 7. Connecticut | CT L | | | | | 9,190 | | 9,190 | |
| 8. Delaware | DE L | | | | | 1,207 | | 1,207 | |
| 9. District of Columbia | DC L | | | | | 581 | | 581 | |
| 10. Florida | FL L | | | | | 3,654 | | 3,654 | |
| 11. Georgia | GA L | | | | | 3,563 | | 3,563 | |
| 12. Hawaii | HI L | | | | | 38,385 | | 38,385 | |
| 13. Idaho | ID L | | | | | 2,422 | | 2,422 | |
| 14. Illinois | IL L | | | | | 103,528 | | 103,528 | |
| 15. Indiana | IN L | | | | | 8,901 | | 8,901 | |
| 16. Iowa | IA L | | | | | 17,132 | | 17,132 | |
| 17. Kansas | KS L | | | | | 10,398 | | 10,398 | |
| 18. Kentucky | KY L | | | | | 5,236 | | 5,236 | |
| 19. Louisiana | LA L | | | | | 1,808 | | 1,808 | |
| 20. Maine | ME L | | | | | | | | |
| 21. Maryland | MD L | | | | | 17,855 | | 17,855 | |
| 22. Massachusetts | MA L | | | | | 9,578 | | 9,578 | |
| 23. Michigan | MI N | | | | | 1,000 | | 1,000 | |
| 24. Minnesota | MN L | | | | | | | | |
| 25. Mississippi | MS L | | | | | | | | |
| 26. Missouri | MO L | | | | | 20,690 | | 20,690 | |
| 27. Montana | MT L | | | | | | | | |
| 28. Nebraska | NE L | | | | | 18,028 | | 18,028 | |
| 29. Nevada | NV L | | | | | 2,999 | | 2,999 | |
| 30. New Hampshire | NH N | | | | | | | | |
| 31. New Jersey | NJ L | | 183,791,032 | | | 854 | | 183,791,886 | |
| 32. New Mexico | NM L | | | | | | | | |
| 33. New York | NY N | | | | | | | | |
| 34. North Carolina | NC N | | | | | 1,527 | | 1,527 | |
| 35. North Dakota | ND L | | | | | | | | |
| 36. Ohio | OH L | | | | | 30,119 | | 30,119 | |
| 37. Oklahoma | OK L | | | | | 2,076 | | 2,076 | |
| 38. Oregon | OR L | | | | | 8,623 | | 8,623 | |
| 39. Pennsylvania | PA L | | | | | 33,601 | | 33,601 | |
| 40. Rhode Island | RI L | | | | | 46,384 | | 46,384 | |
| 41. South Carolina | SC L | | | | | 819 | | 819 | |
| 42. South Dakota | SD L | | | | | 4,480 | | 4,480 | |
| 43. Tennessee | TN L | | | | | 1,472 | | 1,472 | |
| 44. Texas | TX L | | | | | 19,330 | | 19,330 | |
| 45. Utah | UT L | | | | | 868 | | 868 | |
| 46. Vermont | VT N | | | | | | | | |
| 47. Virginia | VA L | | | | | 14,828 | | 14,828 | |
| 48. Washington | WA L | | | | | 2,972 | | 2,972 | |
| 49. West Virginia | WV L | | | | | | | | |
| 50. Wisconsin | WI L | | | | | 8,808 | | 8,808 | |
| 51. Wyoming | WY L | | | | | 724 | | 724 | |
| 52. American Samoa | AS N | | | | | | | | |
| 53. Guam | GU N | | | | | | | | |
| 54. Puerto Rico | PR N | | | | | | | | |
| 55. U.S. Virgin Islands | VI N | | | | | | | | |
| 56. Northern Mariana Islands | MP N | | | | | | | | |
| 57. Canada | CAN N | | | | | | | | |
| 58. Aggregate Other Alien | OT XXX | | | | | | | | |
| 59. Subtotal | XXX | | 183,791,032 | | | 502,220 | | 184,293,252 | |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | | |
| 61. Total (Direct Business) | (a) 46 | | 183,791,032 | | | 502,220 | | 184,293,252 | |

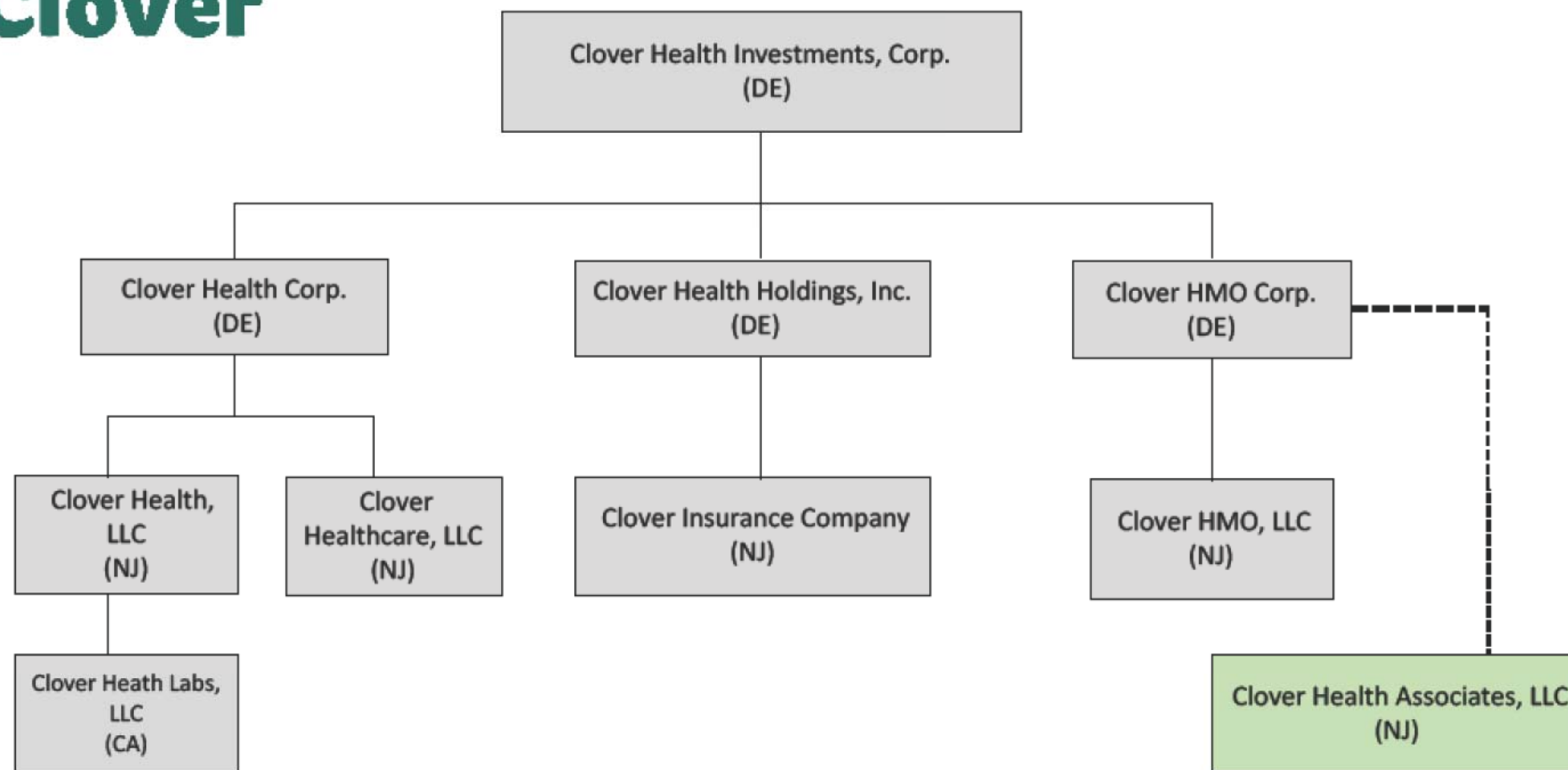
DETAILS OF WRITE-INS

| | | | | | | | | | |
|--------|---|--|--|--|--|--|--|--|--|
| 58001. | | | | | | | | | |
| 58002. | | | | | | | | | |
| 58003. | | | | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | |
| 58999. | Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above) | | | | | | | | |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of "L" responses except for Canada and Other Alien.



*Clover Health Associates, LLC is an affiliated entity, not owned by Clover Health Investments, Corp.

Health

Annual Statement Blank Alphabetical Index

| | | | |
|--|------|--|------|
| Analysis of Operations By Lines of Business | 7 | Schedule E - Verification Between Years | SI15 |
| Assets | 2 | Schedule S - Part 1 - Section 2 | 31 |
| Cash Flow | 6 | Schedule S - Part 2 | 32 |
| Exhibit 1 - Enrollment By Product Type for Health Business Only | 17 | Schedule S - Part 3 - Section 2 | 33 |
| Exhibit 2 - Accident and Health Premiums Due and Unpaid | 18 | Schedule S - Part 4 | 34 |
| Exhibit 3 - Health Care Receivables | 19 | Schedule S - Part 5 | 35 |
| Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued | 20 | Schedule S - Part 6 | 36 |
| Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus | 21 | Schedule S - Part 7 | 37 |
| Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates | 22 | Schedule T - Part 2 - Interstate Compact | 39 |
| Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates | 23 | Schedule T - Premiums and Other Considerations | 38 |
| Exhibit 7 - Part 1 - Summary of Transactions With Providers | 24 | Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group | 40 |
| Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries | 24 | Schedule Y - Part 1A - Detail of Insurance Holding Company System | 41 |
| Exhibit 8 - Furniture, Equipment and Supplies Owned | 25 | Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates | 42 |
| Exhibit of Capital Gains (Losses) | 15 | Statement of Revenue and Expenses | 4 |
| Exhibit of Net Investment Income | 15 | Summary Investment Schedule | SI01 |
| Exhibit of Nonadmitted Assets | 16 | Supplemental Exhibits and Schedules Interrogatories | 43 |
| Exhibit of Premiums, Enrollment and Utilization (State Page) | 30 | Underwriting and Investment Exhibit - Part 1 | 8 |
| Five-Year Historical Data | 29 | Underwriting and Investment Exhibit - Part 2 | 9 |
| General Interrogatories | 27 | Underwriting and Investment Exhibit - Part 2A | 10 |
| Jurat Page | 1 | Underwriting and Investment Exhibit - Part 2B | 11 |
| Liabilities, Capital and Surplus | 3 | Underwriting and Investment Exhibit - Part 2C | 12 |
| Notes To Financial Statements | 26 | Underwriting and Investment Exhibit - Part 2D | 13 |
| Overflow Page For Write-ins | 44 | Underwriting and Investment Exhibit - Part 3 | 14 |
| Schedule A - Part 1 | E01 | | |
| Schedule A - Part 2 | E02 | | |
| Schedule A - Part 3 | E03 | | |
| Schedule A - Verification Between Years | SI02 | | |
| Schedule B - Part 1 | E04 | | |
| Schedule B - Part 2 | E05 | | |
| Schedule B - Part 3 | E06 | | |
| Schedule B - Verification Between Years | SI02 | | |
| Schedule BA - Part 1 | E07 | | |
| Schedule BA - Part 2 | E08 | | |
| Schedule BA - Part 3 | E09 | | |
| Schedule BA - Verification Between Years | SI03 | | |
| Schedule D - Part 1 | E10 | | |
| Schedule D - Part 1A - Section 1 | SI05 | | |
| Schedule D - Part 1A - Section 2 | SI08 | | |
| Schedule D - Part 2 - Section 1 | E11 | | |
| Schedule D - Part 2 - Section 2 | E12 | | |
| Schedule D - Part 3 | E13 | | |
| Schedule D - Part 4 | E14 | | |
| Schedule D - Part 5 | E15 | | |
| Schedule D - Part 6 - Section 1 | E16 | | |
| Schedule D - Part 6 - Section 2 | E16 | | |
| Schedule D - Summary By Country | SI04 | | |
| Schedule D - Verification Between Years | SI03 | | |
| Schedule DA - Part 1 | E17 | | |
| Schedule DA - Verification Between Years | SI10 | | |
| Schedule DB - Part A - Section 1 | E18 | | |
| Schedule DB - Part A - Section 2 | E19 | | |
| Schedule DB - Part A - Verification Between Years | SI11 | | |
| Schedule DB - Part B - Section 1 | E20 | | |
| Schedule DB - Part B - Section 2 | E21 | | |
| Schedule DB - Part B - Verification Between Years | SI11 | | |
| Schedule DB - Part C - Section 1 | SI12 | | |
| Schedule DB - Part C - Section 2 | SI13 | | |
| Schedule DB - Part D - Section 1 | E22 | | |
| Schedule DB - Part D - Section 2 | E23 | | |
| Schedule DB - Verification | SI14 | | |
| Schedule DL - Part 1 | E24 | | |
| Schedule DL - Part 2 | E25 | | |
| Schedule E - Part 1 - Cash | E26 | | |
| Schedule E - Part 2 - Cash Equivalents | E27 | | |
| Schedule E - Part 3 - Special Deposits | E28 | | |



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code 0000 , 0000 NAIC Company Code 86371 Employer's ID Number 31-052223
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Other []
 Health Maintenance Organization [] Is HMO Federally Qualified? Yes () No ()

Incorporated/Organized October 25, 1947 Commenced Business February 6, 1948

Statutory Home Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311 201-432-2133
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)
201-432-2133
(Area Code) (Telephone Number)

Internet Website Address www.cloverhealth.com

Statutory Statement Contact Steven Shirazi, Mr. 201-479-3885
(Name) (Area Code) (Telephone Number) (Extension)
steven.shirazi@cloverhealth.com 732-384-2810
(E-Mail Address) (Fax Number)

OFFICERS

Vivek Garipalli (CEO)
Willson Keenan# (Chief Operating Officer)

Kris Gale# (Chief Technology Officer)
Dr. Mark Spektor# (Chief Medical Officer)

OTHER OFFICERS

Wendy Richey# (Chief Compliance Officer)
Brady Priest# (General Counsel)
Les Granow# (Chief Financial Officer)
Ron Williams# (Chief Security Officer)
Judah Rabinowitz# (Chief Actuary)
Rachel Fish# (Chief Administrative Officer)

DIRECTORS OR TRUSTEES

Vivek Garipalli
Edward Berde
Justin Doheny

State of New Jersey }
 County of Hudson } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Vivek Garipalli
 CEO

Les Granow#
 CFO

Subscribed and sworn to before me this
 day of _____

- a. Is this an original filing? Yes (X) No ()
 b. If no: 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

SUMMARY INVESTMENT SCHEDULE

| Investment Categories | Gross Investment Holdings | | Admitted Assets as Reported in the Annual Statement | | | |
|---|---------------------------|-----------------|---|--|--------------------------------|-----------------|
| | 1 Amount | 2 Percentage | 3 Amount | 4 Securities Lending Reinvested Collateral Amount | 5 Total Amount (Col 3+4) | 6 Percentage |
| 1. Bonds: | | | | | | |
| 1.1 U.S. treasury securities | 1,721,216 | 1.986 | 1,721,216 | | 1,721,216 | 1.986 |
| 1.2 U.S. government agency obligations (excluding mortgage-backed securities): | | | | | | |
| 1.21 Issued by U.S. government agencies | | | | | | |
| 1.22 Issued by U.S. government sponsored agencies | 1,112,936 | 1.284 | 1,112,936 | | 1,112,936 | 1.284 |
| 1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities) | | | | | | |
| 1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.: | | | | | | |
| 1.41 States, territories and possessions general obligations | | | | | | |
| 1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations | | | | | | |
| 1.43 Revenue and assessment obligations | | | | | | |
| 1.44 Industrial development and similar obligations | | | | | | |
| 1.5 Mortgage-backed securities (includes residential and commercial MBS): | | | | | | |
| 1.51 Pass-through securities: | | | | | | |
| 1.511 Issued or guaranteed by GNMA | | | | | | |
| 1.512 Issued or guaranteed by FNMA and FHLMC | | | | | | |
| 1.513 All other | | | | | | |
| 1.52 CMOs and REMICs: | | | | | | |
| 1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA | | | | | | |
| 1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521 | | | | | | |
| 1.523 All other | | | | | | |
| 2. Other debt and other fixed income securities (excluding short term): | | | | | | |
| 2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities) | | | | | | |
| 2.2 Unaffiliated non-U.S. securities (including Canada) | | | | | | |
| 2.3 Affiliated securities | | | | | | |
| 3. Equity interests: | | | | | | |
| 3.1 Investments in mutual funds | | | | | | |
| 3.2 Preferred stocks: | | | | | | |
| 3.21 Affiliated | | | | | | |
| 3.22 Unaffiliated | | | | | | |
| 3.3 Publicly traded equity securities (excluding preferred stocks): | | | | | | |
| 3.31 Affiliated | | | | | | |
| 3.32 Unaffiliated | | | | | | |
| 3.4 Other equity securities: | | | | | | |
| 3.41 Affiliated | | | | | | |
| 3.42 Unaffiliated | | | | | | |
| 3.5 Other equity interests including tangible personal property under lease: | | | | | | |
| 3.51 Affiliated | | | | | | |
| 3.52 Unaffiliated | | | | | | |
| 4. Mortgage loans: | | | | | | |
| 4.1 Construction and land development | | | | | | |
| 4.2 Agricultural | | | | | | |
| 4.3 Single family residential properties | | | | | | |
| 4.4 Multifamily residential properties | | | | | | |
| 4.5 Commercial loans | | | | | | |
| 4.6 Mezzanine real estate loans | | | | | | |
| 5. Real estate investments: | | | | | | |
| 5.1 Property occupied by company | | | | | | |
| 5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt) | | | | | | |
| 5.3 Property held for sale (including \$ _____ property acquired in satisfaction of debt) | | | | | | |
| 6. Contract loans | | | | | | |
| 7. Derivatives | | | | | | |
| 8. Receivables for securities | | | | | | |
| 9. Securities Lending (Line 10, Asset page reinvested collateral) | | | | XXX | XXX | XXX |
| 10. Cash, cash equivalents and short-term investments | 83,847,216 | 96.730 | 83,847,216 | | 83,847,216 | 96.730 |
| 11. Other invested assets | | | | | | |
| 12. Total invested assets | 86,681,368 | 100.000 | 86,681,368 | | 86,681,368 | 100.000 |

SCHEDULE A - VERIFICATION BETWEEN YEARS
Real Estate

| | | |
|---|-------|-------|
| 1. Book/adjusted carrying value, December 31 of prior year | _____ | _____ |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition (Part 2, Column 6) | _____ | _____ |
| 2.2 Additional investment made after acquisition (Part 2, Column 9) | _____ | _____ |
| 3. Current year change in encumbrances: | | |
| 3.1 Totals, Part 1, Column 13 | _____ | _____ |
| 3.2 Totals, Part 3, Column 11 | _____ | _____ |
| 4. Total gain (loss) on disposals, Part 3, Column 18 | _____ | _____ |
| 5. Deduct amounts received on disposals, Part 3, C | _____ | _____ |
| 6. Total foreign exchange change in book/adjusted c | _____ | _____ |
| 6.1 Totals, Part 1, Column 15 | _____ | _____ |
| 6.2 Totals, Part 3, Column 13 | _____ | _____ |
| 7. Deduct current year's other-than-temporary impair..... | | |
| 7.1 Totals, Part 1, Column 12 | _____ | _____ |
| 7.2 Totals, Part 3, Column 10 | _____ | _____ |
| 8. Deduct current year's depreciation: | | |
| 8.1 Totals, Part 1, Column 11 | _____ | _____ |
| 8.2 Totals, Part 3, Column 9 | _____ | _____ |
| 9. Book/adjusted carrying value at the end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 minus Line 7 minus Line 8) | _____ | _____ |
| 10. Deduct total nonadmitted amounts | _____ | _____ |
| 11. Statement value at end of current period (Line 9 minus Line 10) | _____ | _____ |

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS
Mortgage Loans

| | | |
|--|-------|-------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | _____ | _____ |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition (Part 2, Column 7) | _____ | _____ |
| 2.2 Additional investment made after acquisition (Part 2, Column 8) | _____ | _____ |
| 3. Capitalized deferred interest and other: | | |
| 3.1 Totals, Part 1, Column 12 | _____ | _____ |
| 3.2 Totals, Part 3, Column 11 | _____ | _____ |
| 4. Accrual of discount | _____ | _____ |
| 5. Unrealized valuation increase (decrease): | | |
| 5.1 Totals, Part 1, Column 9 | _____ | _____ |
| 5.2 Totals, Part 3, Column 8 | _____ | _____ |
| 6. Total gain (loss) on disposals, Part 3, Column 18 | _____ | _____ |
| 7. Deduct amounts received on disposals, Part 3, C | _____ | _____ |
| 8. Deduct amortization of premium and mortgage int | _____ | _____ |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest: | | |
| 9.1 Totals, Part 1, Column 13 | _____ | _____ |
| 9.2 Totals, Part 3, Column 13 | _____ | _____ |
| 10. Deduct current year's other-than-temporary impairment recognized: | | |
| 10.1 Totals, Part 1, Column 11 | _____ | _____ |
| 10.2 Totals, Part 3, Column 10 | _____ | _____ |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10) | _____ | _____ |
| 12. Total valuation allowance | _____ | _____ |
| 13. Subtotal (Line 11 plus Line 12) | _____ | _____ |
| 14. Deduct total nonadmitted amounts | _____ | _____ |
| 15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14) | _____ | _____ |

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS
Other Long-Term Invested Assets

| | | |
|--|-------------|--|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition (Part 2, Column 8) | | |
| 2.2 Additional investment made after acquisition (Part 2, Column 9) | | |
| 3. Capitalized deferred interest and other | | |
| 3.1 Totals, Part 1, Column 16 | | |
| 3.2 Totals, Part 3, Column 12 | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease): | | |
| 5.1 Totals, Part 1, Column 13 | NONE | |
| 5.2 Totals, Part 3, Column 9 | | |
| 6. Total gain (loss) on disposals, Part 3, Column 19 | | |
| 7. Deduct amounts received on disposals, Part 3, Col | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value: | | |
| 9.1 Totals, Part 1, Column 17 | | |
| 9.2 Totals, Part 3, Column 14 | | |
| 10. Deduct current year's other-than-temporary impairment recognized: | | |
| 10.1 Totals, Part 1, Column 15 | | |
| 10.2 Totals, Part 3, Column 11 | | |
| 11. Book/adjusted carrying value at the end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

SCHEDULE D - VERIFICATION BETWEEN YEARS
Bonds and Stocks

| | | |
|---|--|-----------|
| 1. Book/adjusted carrying value, December 31 of prior year | | 99,945 |
| 2. Cost of bonds and stocks acquired, Part 3, Column 7 | | 2,759,365 |
| 3. Accrual of discount | | 4,683 |
| 4. Unrealized valuation increase (decrease): | | |
| 4.1 Part 1, Column 12 | | |
| 4.2 Part 2, Section 1, Column 15 | | |
| 4.3 Part 2, Section 2, Column 13 | | |
| 4.4 Part 4, Column 11 | | |
| 5. Total gain (loss) on disposals, Part 4, Column 19 | | |
| 6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 | | |
| 7. Deduct amortization of premium | | 29,842 |
| 8. Total foreign exchange change in book/adjusted carrying value: | | |
| 8.1 Part 1, Column 15 | | |
| 8.2 Part 2, Section 1, Column 19 | | |
| 8.3 Part 2, Section 2, Column 16 | | |
| 8.4 Part 4, Column 15 | | |
| 9. Deduct current year's other-than-temporary impairment recognized: | | |
| 9.1 Part 1, Column 14 | | |
| 9.2 Part 2, Section 1, Column 17 | | |
| 9.3 Part 2, Section 2, Column 14 | | |
| 9.4 Part 4, Column 13 | | |
| 10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9) | | 2,834,151 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | | 2,834,151 |

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

| Description | | 1 | 2 | 3 | 4 |
|--|----------------------------------|---------------------------------|------------|-------------|-----------------------|
| | | Book/Adjusted Carrying Value | Fair Value | Actual Cost | Par Value of Bonds |
| BONDS Governments (Including all obligations guaranteed by governments) | 1. United States | 1,721,216 | 1,771,296 | 1,730,476 | 1,720,000 |
| | 2. Canada | | | | |
| | 3. Other Countries | | | | |
| | 4. Totals | 1,721,216 | 1,771,296 | 1,730,476 | 1,720,000 |
| U. S. States, Territories and Possessions (Direct and guaranteed) | 5. Totals | | | | |
| U. S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed) | 6. Totals | | | | |
| U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions | 7. Totals | 1,112,936 | 1,111,059 | 1,128,835 | 1,105,000 |
| Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated) | 8. United States | | | | |
| | 9. Canada | | | | |
| | 10. Other Countries | | | | |
| | 11. Totals | | | | |
| Parent, Subsidiaries and Affiliates | 12. Totals | | | | |
| | 13. Total Bonds | 2,834,152 | 2,882,355 | 2,859,311 | 2,825,000 |
| PREFERRED STOCKS Industrial and Miscellaneous (unaffiliated) | 14. United States | | | | |
| | 15. Canada | | | | |
| | 16. Other Countries | | | | |
| | 17. Totals | | | | |
| Parent, Subsidiaries and Affiliates | 18. Totals | | | | |
| | 19. Total Preferred Stocks | | | | |
| COMMON STOCKS Industrial and Miscellaneous (unaffiliated) | 20. United States | | | | |
| | 21. Canada | | | | |
| | 22. Other Countries | | | | |
| | 23. Totals | | | | |
| Parent, Subsidiaries and Affiliates | 24. Totals | | | | |
| | 25. Total Common Stocks | | | | |
| | 26. Total Stocks | | | | |
| | 27. Total Bonds and Stocks | 2,834,152 | 2,882,355 | 2,859,311 | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| NAIC Designation | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.7 | 9 Total from Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed (a) |
|--|---------------------------|--|--|---|--------------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------|--|
| 1. U.S. Governments | | | | | | | | | | | | |
| 1.1 NAIC 1 | 4,000,719 | 1,015,931 | | | | XXX | 5,016,650 | 47.4 | 99,945 | 100.0 | 5,016,650 | |
| 1.2 NAIC 2 | | | | | | XXX | | | | | | |
| 1.3 NAIC 3 | | | | | | XXX | | | | | | |
| 1.4 NAIC 4 | | | | | | XXX | | | | | | |
| 1.5 NAIC 5 | | | | | | XXX | | | | | | |
| 1.6 NAIC 6 | | | | | | XXX | | | | | | |
| 1.7 Totals | 4,000,719 | 1,015,931 | | | | XXX | 5,016,650 | 47.4 | 99,945 | 100.0 | 5,016,650 | |
| 2. All Other Governments | | | | | | | | | | | | |
| 2.1 NAIC 1 | | | | | | XXX | | | | | | |
| 2.2 NAIC 2 | | | | | | XXX | | | | | | |
| 2.3 NAIC 3 | | | | | | XXX | | | | | | |
| 2.4 NAIC 4 | | | | | | XXX | | | | | | |
| 2.5 NAIC 5 | | | | | | XXX | | | | | | |
| 2.6 NAIC 6 | | | | | | XXX | | | | | | |
| 2.7 Totals | | | | | | XXX | | | | | | |
| 3. U.S. States, Territories and Possessions etc., Guaranteed | | | | | | | | | | | | |
| 3.1 NAIC 1 | | | | | | XXX | | | | | | |
| 3.2 NAIC 2 | | | | | | XXX | | | | | | |
| 3.3 NAIC 3 | | | | | | XXX | | | | | | |
| 3.4 NAIC 4 | | | | | | XXX | | | | | | |
| 3.5 NAIC 5 | | | | | | XXX | | | | | | |
| 3.6 NAIC 6 | | | | | | XXX | | | | | | |
| 3.7 Totals | | | | | | XXX | | | | | | |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 NAIC 1 | | | | | | XXX | | | | | | |
| 4.2 NAIC 2 | | | | | | XXX | | | | | | |
| 4.3 NAIC 3 | | | | | | XXX | | | | | | |
| 4.4 NAIC 4 | | | | | | XXX | | | | | | |
| 4.5 NAIC 5 | | | | | | XXX | | | | | | |
| 4.6 NAIC 6 | | | | | | XXX | | | | | | |
| 4.7 Totals | | | | | | XXX | | | | | | |
| 5. U.S. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed | | | | | | | | | | | | |
| 5.1 NAIC 1 | 4,944,064 | 613,105 | | | | XXX | 5,557,169 | 52.6 | | | 5,557,169 | |
| 5.2 NAIC 2 | | | | | | XXX | | | | | | |
| 5.3 NAIC 3 | | | | | | XXX | | | | | | |
| 5.4 NAIC 4 | | | | | | XXX | | | | | | |
| 5.5 NAIC 5 | | | | | | XXX | | | | | | |
| 5.6 NAIC 6 | | | | | | XXX | | | | | | |
| 5.7 Totals | 4,944,064 | 613,105 | | | | XXX | 5,557,169 | 52.6 | | | 5,557,169 | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| NAIC Designation | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.7 | 9 Total from Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed (a) |
|---|---------------------------|--|--|---|--------------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------|--|
| 6. Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | | | |
| 6.1 NAIC 1 | | | | | | XXX | | | | | | |
| 6.2 NAIC 2 | | | | | | XXX | | | | | | |
| 6.3 NAIC 3 | | | | | | XXX | | | | | | |
| 6.4 NAIC 4 | | | | | | XXX | | | | | | |
| 6.5 NAIC 5 | | | | | | XXX | | | | | | |
| 6.6 NAIC 6 | | | | | | XXX | | | | | | |
| 6.7 Totals | | | | | | XXX | | | | | | |
| 7. Hybrid Securities | | | | | | | | | | | | |
| 7.1 NAIC 1 | | | | | | XXX | | | | | | |
| 7.2 NAIC 2 | | | | | | XXX | | | | | | |
| 7.3 NAIC 3 | | | | | | XXX | | | | | | |
| 7.4 NAIC 4 | | | | | | | | | | | | |
| 7.5 NAIC 5 | | | | | | | | | | | | |
| 7.6 NAIC 6 | | | | | | | | | | | | |
| 7.7 Totals | | | | | | | | | | | | |
| 8. Parent, Subsidiaries and Affiliates | | | | | | | | | | | | |
| 8.1 NAIC 1 | | | | | | | | | | | | |
| 8.2 NAIC 2 | | | | | | | | | | | | |
| 8.3 NAIC 3 | | | | | | | | | | | | |
| 8.4 NAIC 4 | | | | | | | | | | | | |
| 8.5 NAIC 5 | | | | | | XXX | | | | | | |
| 8.6 NAIC 6 | | | | | | XXX | | | | | | |
| 8.7 Totals | | | | | | XXX | | | | | | |
| 9. SVO Identified Funds | | | | | | | | | | | | |
| 9.1 NAIC 1 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.2 NAIC 2 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.3 NAIC 3 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.4 NAIC 4 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.5 NAIC 5 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.6 NAIC 6 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.7 Totals | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| NAIC Designation | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.7 | 9 Total from Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed (a) |
|--|---------------------------|--|--|---|--------------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------|--|
| 10. Total Bonds Current Year | | | | | | | | | | | | |
| 10.1 NAIC 1 | (d) 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | XXX | XXX | 10,573,819 | |
| 10.2 NAIC 2 | (d) | | | | | | | | XXX | XXX | | |
| 10.3 NAIC 3 | (d) | | | | | | | | XXX | XXX | | |
| 10.4 NAIC 4 | (d) | | | | | | | | XXX | XXX | | |
| 10.5 NAIC 5 | (d) | | | | | | | | XXX | XXX | | |
| 10.6 NAIC 6 | (d) | | | | | | (c) | | XXX | XXX | | |
| 10.7 Totals | 8,944,783 | 1,629,036 | | | | | (b) 10,573,819 | 100.0 | XXX | XXX | 10,573,819 | |
| 10.8 Line 10.7 as a % of Column 7 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | |
| 11. Total Bonds Prior Year | | | | | | | | | | | | |
| 11.1 NAIC 1 | | 99,945 | | | | XXX | XXX | XXX | 99,945 | 100.0 | 99,945 | |
| 11.2 NAIC 2 | | | | | | XXX | XXX | XXX | | | | |
| 11.3 NAIC 3 | | | | | | XXX | XXX | XXX | | | | |
| 11.4 NAIC 4 | | | | | | XXX | XXX | XXX | | | | |
| 11.5 NAIC 5 | | | | | | XXX | XXX | XXX | (c) | | | |
| 11.6 NAIC 6 | | | | | | XXX | XXX | XXX | (c) | | | |
| 11.7 Totals | | 99,945 | | | | XXX | XXX | XXX | (b) 99,945 | 100.0 | 99,945 | |
| 11.8 Line 11.7 as a % of Column 9 | | 100.0 | | | | XXX | XXX | XXX | 100.0 | XXX | 100.0 | |
| 12. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 12.1 NAIC 1 | 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | 99,945 | 100.0 | 10,573,819 | XXX |
| 12.2 NAIC 2 | | | | | | | | | | | | XXX |
| 12.3 NAIC 3 | | | | | | | | | | | | XXX |
| 12.4 NAIC 4 | | | | | | | | | | | | XXX |
| 12.5 NAIC 5 | | | | | | | | | | | | XXX |
| 12.6 NAIC 6 | | | | | | | | | | | | XXX |
| 12.7 Totals | 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | 99,945 | 100.0 | 10,573,819 | XXX |
| 12.8 Line 12.7 as a % of Column 7 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 12.9 Line 12.7 as a % of Line 10.7, Column 7, Section 10 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | | XXX |
| 13. Total Privately Placed Bonds | | | | | | | | | | | | |
| 13.1 NAIC 1 | | | | | | | | | | | XXX | |
| 13.2 NAIC 2 | | | | | | | | | | | XXX | |
| 13.3 NAIC 3 | | | | | | | | | | | XXX | |
| 13.4 NAIC 4 | | | | | | | | | | | XXX | |
| 13.5 NAIC 5 | | | | | | | | | | | XXX | |
| 13.6 NAIC 6 | | | | | | | | | | | XXX | |
| 13.7 Totals | | | | | | | | | | | XXX | |
| 13.8 Line 13.7 as a % of Column 7 | | | | | | | | XXX | XXX | XXX | XXX | |
| 13.9 Line 13.7 as a % of Line 10.7, Column 7, Section 10 | | | | | | | | XXX | XXX | XXX | XXX | |

(a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ current year, \$ prior year of bonds with Z designations and \$ current year, \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$ current year, \$ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 7,739,667 ; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31 , At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

| Distribution by Type | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.6 | 9 Total From Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed |
|---|------------------------|--|--|---|-----------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|-----------------------------------|------------------------------------|
| 1. U.S. Governments | | | | | | | | | | | | |
| 1.1 Issuer Obligations | 4,000,719 | 1,015,931 | | | | XXX | 5,016,650 | 47.4 | 99,945 | 100.0 | 5,016,650 | |
| 1.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 1.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 1.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 1.5 Totals | 4,000,719 | 1,015,931 | | | | XXX | 5,016,650 | 47.4 | 99,945 | 100.0 | 5,016,650 | |
| 2. All Other Governments | | | | | | | | | | | | |
| 2.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 2.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 2.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 2.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 2.5 Totals | | | | | | XXX | | | | | | |
| 3. U.S. States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 3.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 3.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 3.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 3.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 3.5 Totals | | | | | | XXX | | | | | | |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 4.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 4.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 4.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 4.5 Totals | | | | | | XXX | | | | | | |
| 5. U.S. Special Revenue & Special Assessment Obligations etc. , Non-Guaranteed | | | | | | | | | | | | |
| 5.1 Issuer Obligations | 4,944,064 | 613,105 | | | | XXX | 5,557,169 | 52.6 | | | 5,557,169 | |
| 5.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 5.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 5.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 5.5 Totals | 4,944,064 | 613,105 | | | | XXX | 5,557,169 | 52.6 | | | 5,557,169 | |
| 6. Industrial and Miscellaneous | | | | | | | | | | | | |
| 6.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 6.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 6.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 6.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 6.5 Totals | | | | | | XXX | | | | | | |
| 7. Hybrid Securities | | | | | | | | | | | | |
| 7.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 7.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 7.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 7.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 7.5 Totals | | | | | | XXX | | | | | | |
| 8. Parent, Subsidiaries and Affiliates | | | | | | | | | | | | |
| 8.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 8.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 8.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 8.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 8.5 Totals | | | | | | XXX | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

| Distribution by Type | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.6 | 9 Total From Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed |
|--|------------------------|--|--|---|-----------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|-----------------------------------|------------------------------------|
| 9. SVO Identified Funds | | | | | | | | | | | | |
| 9.1 Exchange Traded Funds Identified by the SVO | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.2 Bond Mutual Funds Identified by the SVO | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.3 Totals | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 10. Total Bonds Current Year | | | | | | | | | | | | |
| 10.1 Issuer Obligations | 8,944,783 | 1,629,036 | | | | XXX | 10,573,819 | 100.0 | XXX | XXX | 10,573,819 | |
| 10.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 10.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 10.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | XXX | XXX | | |
| 10.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 10.6 Totals | 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | XXX | XXX | 10,573,819 | |
| 10.7 Line 10.6 as a % of Col. 7 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | |
| 11. Total Bonds Prior Year | | | | | | | | | | | | |
| 11.1 Issuer Obligations | | 99,945 | | | | XXX | XXX | XXX | 99,945 | 100.0 | 99,945 | |
| 11.2 Residential Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | | | | |
| 11.3 Commercial Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | | | | |
| 11.4 Other Loan-Backed and Structured Securities | | | | | | XXX | XXX | XXX | | | | |
| 11.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 11.6 Totals | | 99,945 | | | | XXX | XXX | XXX | 99,945 | 100.0 | 99,945 | |
| 11.7 Line 11.6 as a % of Col. 9 | | 100.0 | | | | XXX | XXX | XXX | 100 | XXX | 100.0 | |
| 12. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 12.1 Issuer Obligations | 8,944,783 | 1,629,036 | | | | XXX | 10,573,819 | 100.0 | 99,945 | 100.0 | 10,573,819 | XXX |
| 12.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | XXX |
| 12.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | XXX |
| 12.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | XXX |
| 12.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | XXX |
| 12.6 Totals | 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | 99,945 | 100.0 | 10,573,819 | XXX |
| 12.7 Line 12.6 as a % of Col. 7 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 13. Total Privately Placed Bonds | | | | | | | | | | | | |
| 13.1 Issuer Obligations | | | | | | XXX | | | | | XXX | |
| 13.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | XXX | |
| 13.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | XXX | |
| 13.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | XXX | |
| 13.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | XXX | |
| 13.6 Totals | | | | | | | | | | | XXX | |
| 13.7 Line 13.6 as a % of Col. 7 | | | | | | | | | XXX | XXX | XXX | |
| 13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10 | | | | | | | | | XXX | XXX | XXX | |

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|---|------------|------------|-------------------|--|---|
| | Total | Bonds | Mortgage Loans | Other Short-term Investment Assets (a) | Investments in Parent, Subsidiaries and Affiliates |
| 1. Book/adjusted carrying value, December 31 of prior year | | | | | |
| 2. Cost of short-term investments acquired | 12,182,752 | 12,156,237 | | 26,515 | |
| 3. Accrual of discount | 173 | 173 | | | |
| 4. Unrealized valuation increase (decrease) | | | | | |
| 5. Total gain (loss) on disposals | | | | | |
| 6. Deduct consideration received on disposals | 5,011,594 | 5,011,594 | | | |
| 7. Deduct amortization of premium | 4,808 | 4,808 | | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | | | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | | | | |
| 10. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4+5-6-7+8-9) | 7,166,523 | 7,140,008 | | 26,515 | |
| 11. Deduct total nonadmitted amounts | | | | | |
| 12. Statement value of end of current period (Line 10 minus Line 11) | 7,166,523 | 7,140,008 | | 26,515 | |

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

| | |
|---|--|
| 1. Book/Adjusted carrying value, December 31, prior year (Line 9, prior year) | |
| 2. Cost paid / (consideration received) on additions: | |
| 2.1 Current year paid / (consideration received) at time of acquisition, still open, Section 1, Column 12 | |
| 2.2 Current year paid / (consideration received) at time of acquisition, terminated, Section 2, Column 14 | |
| 3. Unrealized valuation increase / (decrease): | |
| 3.1 Section 1, Column 17 | |
| 3.2 Section 2, Column 19 | |
| 4. Total gain (loss) on termination recognized, Section 2, Column 20 | |
| 5. Considerations received / (paid) on terminations, Section 2, Column 21 | |
| 6. Amortization: | |
| 6.1 Section 1, Column 19 | |
| 6.2 Section 2, Column 21 | |
| 7. Adjustment to the book/adjusted carrying value of hedged item: | |
| 7.1 Section 1, Column 20 | |
| 7.2 Section 2, Column 23 | |
| 8. Total foreign exchange change in book/adjusted carrying value: | |
| 8.1 Section 1, Column 18 | |
| 8.2 Section 2, Column 20 | |
| 9. Book/Adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 - Line 5 + Line 6 + Line 7 + Line 8) | |
| 10. Deduct nonadmitted assets | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | |

NONE

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Futures Contracts

| | |
|--|--|
| 1. Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year) | |
| 2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change Column) | |
| 3.1 Add: | |
| Change in variation margin on open contracts - Highly effective hedges: | |
| 3.11 Section 1, Column 15, current year minus | |
| 3.12 Section 1, Column 15, prior year | |
| Change in the variation margin on open contracts - All other: | |
| 3.13 Section 1, Column 18, current year minus | |
| 3.14 Section 1, Column 18, prior year | |
| 3.2 Add: | |
| Change in adjustment to basis of hedged item: | |
| 3.21 Section 1, Column 17, current year to date minus | |
| 3.22 Section 1, Column 17, prior year | |
| Change in amount recognized: | |
| 3.23 Section 1, Column 19, current year to date minus | |
| 3.24 Section 1, Column 19, prior year | |
| 3.3 Subtotal (Line 3.1 minus Line 3.2) | |
| 4.1 Cumulative variation margin on terminated contracts during the current year (Section 2, Column 15) | |
| 4.2 Less: | |
| 4.21 Amount used to adjust basis of hedged item (Section 2, Column 17) | |
| 4.22 Amount recognized (Section 2, Column 16) | |
| 4.3 Subtotal (Line 4.1 minus Line 4.2) | |
| 5. Dispositions gains (losses) on contracts terminated in prior year: | |
| 5.1 Total gain (loss) recognized for terminations in prior year | |
| 5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year | |
| 6. Book/Adjusted carrying value at end of current period (Lines 1 + Line 2 + Line 3.3 - Line 4.3 - Line 5.1 - Line 5.2) | |
| 7. Deduct total nonadmitted amounts | |
| 8. Statement value at end of current period (Line 6 minus Line 7) | |

NONE

Page SI12

Schedule DB, Part C, Section 1

NONE

Page SI13

Schedule DB, Part C, Section 2

NONE

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

| | Book/Adjusted Carrying Value |
|---|------------------------------|
| 1. Part A, Section 1, Column 14 | |
| 2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balances | |
| 3. Total (Line 1 plus Line 2) | |
| 4. Part D, Section 1, Column 5 | |
| 5. Part D, Section 1, Column 6 | |
| 6. Total (Line 3 minus Line 4 minus Line 5) | |

NONE

eck

| | |
|--|-------|
| 7. Part A, Section 1, Column | |
| 8. Part B, Section 1, Column | |
| 9. Total (Line 7 plus Line 8) ..... | ..... |
| 10. Part D, Section 1, Column 8 ..... | ..... |
| 11. Part D, Section 1, Column 9 ..... | ..... |
| 12. Total (Line 9 minus Line 10 minus Line 11) ..... | ..... |

Potential Exposure Check

| | |
|---|-------|
| 13. Part A, Section 1, Column 21 ..... | ..... |
| 14. Part B, Section 1, Column 20 ..... | ..... |
| 15. Part D, Section 1, Column 11 ..... | ..... |
| 16. Total (Lines 13 plus Line 14 minus Line 15) ..... | ..... |

SCHEDULE E - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

| | 1 | 2 | 3 |
|--|---------|---------|--------------|
| | Total | Bonds | Other (a) |
| 1. Book/adjusted carrying value, December 31 of prior year | | | |
| 2. Cost of cash equivalents acquired | 599,481 | 599,481 | |
| 3. Accrual of discount | 179 | 179 | |
| 4. Unrealized valuation increase (decrease) | | | |
| 5. Total gain (loss) on disposals | | | |
| 6. Deduct consideration received on disposals | | | |
| 7. Deduct amortization of premium | | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 599,660 | 599,660 | |
| 11. Deduct total nonadmitted amounts | | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 599,660 | 599,660 | |

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment

Page E01

Schedule A, Pt. 1, Real Estate Owned
NONE

Page E02

Schedule A, Pt. 2, Real Estate Acquired
NONE

Page E03

Schedule A, Pt. 3, Real Estate Sold
NONE

Page E04

Schedule B, Pt. 1, Mortgage Loans Owned
NONE

Page E05

Schedule B, Pt. 2, Mortgage Loans Acquired
NONE

Page E06

Schedule B, Pt. 3, Mortgage Loans Disposed
NONE

Page E07

Schedule BA, Pt. 1, Other Long-Term Invested Assets Owned
NONE

Page E08

Schedule BA, Pt. 2, Other Long-Term Invested Assets Acquired
NONE

Page E09

Schedule BA, Pt. 3, Other Long-Term Invested Assets Disposed
NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

| 1 CUSIP Identifi- cation | 2 Description | Codes | | | 6 NAIC Desig- nation | 7 Actual Cost | Fair Value | | 10 Par Value | 11 Book/ Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | Interest | | | | | Dates | |
|--|--|-----------|-------------------|-------------------|-------------------------------|---------------------|---|-----------------|--------------------|--|--|--|--|---|---------------|----------------------------|--------------------|--|--|----------------|---|
| | | 3 Code | 4 For- eign | 5 Bond CHAR | | | 8 Rate Used To Obtain Fair Value | 9 Fair Value | | | 12 Unrealized Valuation Increase/ (Decrease) | 13 Current Year's (Amortization) / Accretion | 14 Current Year's Other-Than- Temporary Impairment Recognized | 15 Total Foreign Exchange Change in B./A.C.V. | 16 Rate of | 17 Effective Rate of | 18 When Paid | 19 Admitted Amount Due and Accrued | 20 Amount Received During Year | 21 Acquired | 22 Stated Contractual Maturity Date |
| U. S. Governments - Issuer Obligations | | | | | | | | | | | | | | | | | | | | | |
| 912828-B3-3 | US TREASURY NOTE | SD | | | 1 | 150,000 | 100.543 | 150,815 | 150,000 | 150,000 | | | | | 1.500 | 1.500 | JJ | 935 | 1,125 | 01/31/2014 | 01/31/2019 |
| 912828-JH-4 | US TREASURY NOTE | SD | | | 1 | 504,609 | 104.715 | 523,575 | 500,000 | 500,929 | | (3,680) | | | 4.000 | 3.881 | FA | 7,500 | 10,000 | 08/13/2008 | 08/15/2018 |
| 912828-N2-2 | US TREASURY NOTE | SD | | | 1 | 99,945 | 100.125 | 100,125 | 100,000 | 99,964 | | 18 | | | 1.250 | 1.269 | JD | 55 | 1,250 | 12/21/2015 | 12/15/2018 |
| 912828-NR-7 | US TREASURY NOTE | SD | | | 1 | 511,348 | 100.961 | 504,805 | 500,000 | 501,140 | | (10,208) | | | 2.380 | 1.983 | JJ | 4,958 | 5,938 | 08/23/2010 | 07/31/2017 |
| 912828-PK-0 | US TREASURY NOTE | SD | | | 1 | 199,490 | 101.227 | 207,515 | 205,000 | 204,145 | | 4,655 | | | 2.250 | 2.716 | MN | 393 | 4,613 | 12/08/2010 | 11/30/2017 |
| 912828-PX-2 | US TREASURY NOTE | SD | | | 1 | 265,083 | 107.344 | 284,462 | 265,000 | 265,038 | | (45) | | | 3.625 | 3.621 | FA | 3,602 | 4,803 | 02/14/2011 | 02/15/2021 |
| 0199999 | U. S. Governments - Issuer Obligations | | | | | 1,730,476 | | 1,771,296 | 1,720,000 | 1,721,216 | | (9,260) | | | | | | 17,444 | 27,728 | | |
| 0599999 | Subtotal - U. S. Governments | | | | | 1,730,476 | | 1,771,296 | 1,720,000 | 1,721,216 | | (9,260) | | | | | | 17,444 | 27,728 | | |
| U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations | | | | | | | | | | | | | | | | | | | | | |
| 313376-BR-5 | FEDERAL HOME LOAN BANK | SD | | | 1 | 629,015 | 101.047 | 611,334 | 605,000 | 613,105 | | (15,910) | | | 1.750 | 1.055 | JD | 500 | 10,588 | 09/10/2012 | 12/14/2018 |
| 3135G0-RT-2 | FEDERAL NATL MORTGAGE ASSOC 0.875% | | | | 1 | 499,820 | 99.945 | 499,725 | 500,000 | 499,831 | | 11 | | | 0.875 | 0.910 | JD | 134 | 2,188 | 12/09/2016 | 12/20/2017 |
| 2599999 | U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations | | | | | 1,128,835 | | 1,111,059 | 1,105,000 | 1,112,936 | | (15,899) | | | | | | 634 | 12,775 | | |
| 3199999 | Subtotal - U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | 1,128,835 | | 1,111,059 | 1,105,000 | 1,112,936 | | (15,899) | | | | | | 634 | 12,775 | | |
| 7799999 | Total Bonds - Subtotal - Issuer Obligations | | | | | 2,859,311 | | 2,882,356 | 2,825,000 | 2,834,152 | | (25,159) | | | | | | 18,078 | 40,503 | | |
| 8399999 | Total Bonds | | | | | 2,859,311 | | 2,882,356 | 2,825,000 | 2,834,152 | | (25,159) | | | | | | 18,078 | 40,503 | | |

Page E11

Sch. D, Pt. 2, Sn. 1, Preferred Stocks Owned

NONE

Page E12

Sch. D, Pt. 2, Sn. 2, Common Stocks Owned

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends |
|---|--|--------------|-----------------------|---------------------|-----------------------------------|------------------|----------------|---|
| Bonds - U. S. Governments | | | | | | | | |
| 313376-BR-5 | Federal Home Loan Bank | | 04/12/2016 | Merger | | 629,015 | 605,000.00 | |
| 912828-B3-3 | US Treasury Note | | 04/12/2016 | Merger | | 150,000 | 150,000.00 | |
| 912828-JH-4 | US Treasury Note | | 04/12/2016 | Merger | | 504,609 | 500,000.00 | |
| 912828-NR-7 | US Treasury Note | | 04/12/2016 | Merger | | 511,348 | 500,000.00 | |
| 912828-PK-0 | US Treasury Note | | 04/12/2016 | Merger | | 199,490 | 205,000.00 | |
| 912828-PX-2 | US Treasury Note | | 04/12/2016 | Merger | | 265,083 | 265,000.00 | |
| 0599999 | Subtotal - Bonds - U. S. Governments | | | | | 2,259,545 | 2,225,000.00 | |
| Bonds - U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | | | |
| 3135G0-RT-2 | FEDERAL NATL MORTGAGE ASSOC 0.875% | | 12/09/2016 | GX Clarke | | 499,820 | 500,000.00 | 2,090 |
| 3199999 | Subtotal - Bonds - U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | 499,820 | 500,000.00 | 2,090 |
| 8399997 | Subtotal - Bonds - Part 3 | | | | | 2,759,365 | 2,725,000.00 | 2,090 |
| 8399999 | Subtotal - Bonds | | | | | 2,759,365 | 2,725,000.00 | 2,090 |
| 9999999 | TOTALS | | | | | 2,759,365 | | 2,090 |

Page E14

Sch. D, Pt. 4, Long-Term Bonds and Stocks Disposed of
NONE

Page E15

Sch. D, Pt. 5, Long-Term Bonds and Stocks Acquired and Disp. of
NONE

Page E16

Sch. D, Pt. 6, Sn. 1, Valuation of Shares
NONE

Sch. D, Pt. 6, Sn. 2, Valuation of Shares
NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

| 1 CUSIP Identification | 2 Description | Codes | | 5 Date Acquired | 6 Name of Vendor | 7 Maturity Date | 8 Book/Adjusted Carrying Value | Change In Book/Adjusted Carrying Value | | | | 13 Par Value | 14 Actual Cost | Interest | | | | | | 21 Paid for Accrued Interest | | | |
|---|---|-----------|--------------|-----------------------|---------------------|-----------------------|--------------------------------------|---|--|--|---|-----------------|----------------------|---|--|------------------|----------------------------|--------------------|--------------------------------------|---------------------------------------|--------|--------|--------|
| | | 3 Code | 4 Foreign | | | | | 9 Unrealized Valuation Increase/ (Decrease) | 10 Current Year's (Amortization)/ Accretion | 11 Current Year's Other-Than- Temporary Impairment Recognized | 12 Total Foreign Exchange Change in B./A.C.V. | | | 15 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default | 16 Non-Admitted Due and Accrued | 17 Rate of | 18 Effective Rate of | 19 When Paid | 20 Amount Received During Year | | | | |
| U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations | | | | | | | | | | | | | | | | | | | | | | | |
| | FANNIE MAE | | | 12/09/2016 | Raymond James | 05/11/2017 | 507,816 | | (1,319) | | | 500,000 | 509,135 | 3,472 | | 5.000 | 0.661 | MN | | 2,153 | | | |
| | FANNIE MAE | | | 12/09/2016 | GX Clarke | 09/27/2017 | 200,246 | | (20) | | | 200,000 | 200,266 | 522 | | 1.000 | 0.833 | MS | | 417 | | | |
| | FANNIE MAE | | | 12/09/2016 | GX Clarke | 06/12/2017 | 510,232 | | (1,393) | | | 500,000 | 511,625 | 1,418 | | 5.375 | 0.783 | JD | | | | | |
| | FED HOME LN DISCOUNT NT | | | 12/09/2016 | Raymond James | 03/27/2017 | 299,628 | | 101 | | | 300,000 | 299,528 | | | | 0.529 | MS | | | | | |
| | FEDERAL FARM CREDIT BANK | | | 12/09/2016 | GX Clarke | 09/21/2017 | 308,973 | | (756) | | | 300,000 | 309,729 | 4,208 | | 5.050 | 0.888 | MS | | 3,409 | | | |
| | FEDERAL HOME LOAN BANK | | | 12/09/2016 | GX Clarke | 11/17/2017 | 517,761 | | (1,229) | | | 500,000 | 518,990 | 3,056 | | 5.000 | 0.928 | MN | | 1,736 | | | |
| | FEDERAL HOME LOAN BANK | | | 12/09/2016 | Raymond James | 08/28/2017 | 499,974 | | 4 | | | 500,000 | 499,970 | 1,281 | | 0.750 | 0.764 | FA | | 1,083 | | | |
| | FEDERAL HOME LOAN BANK | | | 12/09/2016 | Raymond James | 10/26/2017 | 499,085 | | 68 | | | 500,000 | 499,017 | 564 | | 0.625 | 0.850 | AO | | 399 | | | |
| | FREDDIE MAC | | | 12/09/2016 | Raymond James | 07/28/2017 | 500,859 | | (91) | | | 500,000 | 500,950 | 2,125 | | 1.000 | 0.700 | JJ | | 1,861 | | | |
| 2599999 | U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations | | | | | | | 3,844,574 | | (4,636) | | | 3,800,000 | 3,849,210 | 16,647 | | | | | | | 11,058 | |
| 3199999 | Subtotal - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | | 3,844,574 | | (4,636) | | | 3,800,000 | 3,849,210 | 16,647 | | | | | | | | 11,058 |
| 7799999 | Total Bonds - Subtotal - Issuer Obligations | | | | | | | 3,844,574 | | (4,636) | | | 3,800,000 | 3,849,210 | 16,647 | | | | | | | | 11,058 |
| 8399999 | TOTAL - Bonds | | | | | | | 3,844,574 | | (4,636) | | | 3,800,000 | 3,849,210 | 16,647 | | | | | | | | 11,058 |
| Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | | | | | | | | | | | | | | | | | | |
| 26200X-87-8 | DREYFUS INST TREAS & AGENCY | | | 12/30/2016 | BNY Mellon | | 3,253,780 | | | | | | 3,253,780 | | | | | MON | | 13,986 | | | |
| 261908-10-7 | DREYFUS TREASURY & AGENCY CASH MGT | | | 11/01/2016 | Undefined | | | | | | | | | | | | | MON | | 1 | | | |
| 316175-50-4 | FIDELITY TREASURY MONEY MARKET | | | 12/08/2016 | PNC | | 40,529 | | | | | | 40,529 | | | | | MON | | | | | |
| 94975H-29-6 | WELLS FARGO TREASURY PLUS MMF | | | 12/01/2016 | MERGER | | 1,125 | | | | | | 1,125 | | | | | MON | | | | | |
| 8899999 | Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | | 3,295,434 | | | | | 3,295,434 | | | | | | | | | 13,986 | |
| All Other Money Market Mutual Funds | | | | | | | | | | | | | | | | | | | | | | | |
| 711990-33-3 | TD BANK DEPOSIT SWEEP | | | 12/31/2016 | TD Bank | | 26,515 | | | | | | 26,515 | | | | | MON | | 23 | | | |
| 8999999 | Subtotal - All Other Money Market Mutual Funds | | | | | | | 26,515 | | | | | 26,515 | | | | | | | | | 23 | |
| 9199999 | TOTAL Short-Term Investments | | | | | | | 7,166,523 | | (4,636) | | | 7,171,159 | 7,171,159 | 16,647 | | | | | | 14,010 | 11,058 | |

Page E18

Schedule DB, Part A, Section 1

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

Page E19

Schedule DB, Part A, Section 2

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

Page E20

Schedule DB, Part B, Section 1

NONE

Broker Name

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

Page E21

Schedule DB, Part B, Section 2

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

Page E22

Schedule DB, Part D, Section 1

NONE

Page E23

Schedule DB, Part D, Section 2, Collateral Pledged By

NONE

Schedule DB, Part D, Section 2, Collateral Pledged To

NONE

Page E24

Schedule DL, Part 1, Securities Lending Collateral Assets

NONE

Page E25

Schedule DL, Part 2, Securities Lending Collateral Assets

NONE

SCHEDULE E - PART 1 - CASH

| 1 | | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|---------------|------------------|---|--|-------------|---|
| Depository | | Code | Rate of Interest | Amount of Interest Received During Year | Amount of Interest Accrued December 31 of Current Year | Balance | * |
| Name | Location and Supplemental Information | | | | | | |
| Open Depositories | | | | | | | |
| PNC Bank | PO Box 535230 Pittsburgh, Pennsylvania 15253-5230 | | | | | 45,859,597 | |
| PNC Bank | PO Box 535230 Pittsburgh, Pennsylvania 15253-5230 | | | | | 37,988,660 | |
| PNC Bank | PO Box 535230 Pittsburgh, Pennsylvania 15253-5230 | | | | | (7,767,223) | |
| 0199999 - TOTAL - Open Depositories | | | | | | 76,081,034 | |
| Suspended Depositories | | | | | | | |
| Various Accounts | | Cash accounts | | | | | |
| 0299999 - TOTAL - Suspended Depositories | | | | | | | |
| 0399999 - TOTAL Cash on Deposit | | | | | | 76,081,034 | |
| 0599999 - TOTAL Cash | | | | | | 76,081,034 | |

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

| | | | | | | | |
|-------------|------------|----------|------------|--------------|------------|--------------|------------|
| 1. January | 23,817,947 | 4. April | 29,026,448 | 7. July | 16,524,337 | 10. October | 16,421,459 |
| 2. February | 25,007,110 | 5. May | 16,085,823 | 8. August | 17,556,524 | 11. November | 5,217,454 |
| 3. March | 26,537,865 | 6. June | 15,968,135 | 9. September | 33,828,236 | 12. December | 76,081,034 |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

| 1 Description | 2 Code | 3 Date Acquired | 4 Rate of Interest | 5 Maturity Date | 6 Book/Adjusted Carrying Value | 7 Amount of Interest Due and Accrued | 8 Amount Received During Year |
|--|-----------|--------------------|-----------------------|--------------------|--------------------------------------|--|-------------------------------------|
| U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions, Issuer Obligations | | | | | | | |
| FED HOME LN DISCOUNT NT | | 12/09/2016 | | 01/30/2017 | 299,893 | | 85 |
| FED HOME LN DISCOUNT NT | | 12/09/2016 | | 02/27/2017 | 299,767 | | 94 |
| 2599999 - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions, Issuer Obligations | | | | | 599,660 | | 179 |
| 3199999 - Subtotals - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | 599,660 | | 179 |
| 7799999 - TOTAL Bonds, Subtotals - Issuer Obligations | | | | | 599,660 | | 179 |
| 8399999 - TOTAL Bonds, Subtotals - Bonds | | | | | 599,660 | | 179 |
| 8699999 - TOTAL Cash Equivalents | | | | | 599,660 | | 179 |

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

| States, Etc. | 1 Type of Deposit | 2 Purpose of Deposit | Deposits For the Benefit of All Policyholders | | All Other Special Deposits | |
|---|----------------------|-------------------------|---|-----------------|-----------------------------------|-----------------|
| | | | 3 Book/Adjusted Carrying Value | 4 Fair Value | 5 Book/Adjusted Carrying Value | 6 Fair Value |
| 1. Alabama | AL | | | | | |
| 2. Alaska | AK | | | | | |
| 3. Arizona | AZ | B | Policy Holders | 55,008 | 59,039 | |
| 4. Arkansas | AR | | | | | |
| 5. California | CA | | | | | |
| 6. Colorado | CO | | | | | |
| 7. Connecticut | CT | | | | | |
| 8. Delaware | DE | | | | | |
| 9. District of Columbia | DC | | | | | |
| 10. Florida | FL | | | | | |
| 11. Georgia | GA | B | Policy Holders | 99,583 | 101,227 | |
| 12. Hawaii | HI | | | | | |
| 13. Idaho | ID | | | | | |
| 14. Illinois | IL | | | | | |
| 15. Indiana | IN | | | | | |
| 16. Iowa | IA | | | | | |
| 17. Kansas | KS | | | | | |
| 18. Kentucky | KY | | | | | |
| 19. Louisiana | LA | | | | | |
| 20. Maine | ME | | | | | |
| 21. Maryland | MD | | | | | |
| 22. Massachusetts | MA | B | Policy Holders | 104,562 | 106,288 | |
| 23. Michigan | MI | | | | | |
| 24. Minnesota | MN | | | | | |
| 25. Mississippi | MS | | | | | |
| 26. Missouri | MO | | | | | |
| 27. Montana | MT | | | | | |
| 28. Nebraska | NE | | | | | |
| 29. Nevada | NV | | | | | |
| 30. New Hampshire | NH | | | | | |
| 31. New Jersey | NJ | B | Policy Holders | 1,608,732 | 1,633,740 | |
| 32. New Mexico | NM | B | Policy Holders | 105,015 | 112,711 | |
| 33. New York | NY | | | | | |
| 34. North Carolina | NC | | | | | |
| 35. North Dakota | ND | | | | | |
| 36. Ohio | OH | B | Policy Holders | 105,015 | 112,711 | |
| 37. Oklahoma | OK | | | | | |
| 38. Oregon | OR | | | | | |
| 39. Pennsylvania | PA | | | | | |
| 40. Rhode Island | RI | | | | | |
| 41. South Carolina | SC | B | Policy Holders | 150,000 | 150,815 | |
| 42. South Dakota | SD | | | | | |
| 43. Tennessee | TN | | | | | |
| 44. Texas | TX | | | | | |
| 45. Utah | UT | | | | | |
| 46. Vermont | VT | | | | | |
| 47. Virginia | VA | B | Policy Holders | 106,407 | 106,099 | |
| 48. Washington | WA | | | | | |
| 49. West Virginia | WV | | | | | |
| 50. Wisconsin | WI | | | | | |
| 51. Wyoming | WY | | | | | |
| 52. American Samoa | AS | | | | | |
| 53. Guam | GU | | | | | |
| 54. Puerto Rico | PR | | | | | |
| 55. U. S. Virgin Islands | VI | | | | | |
| 56. Northern Mariana Islands | MP | | | | | |
| 57. Canada | CAN | | | | | |
| 58. Aggregate Alien and Other | OT | XXX | XXX | | | |
| 59. Total | | XXX | XXX | 2,334,322 | 2,382,630 | |
| DETAILS OF WRITE-INS | | | | | | |
| 5801. | | | | | | |
| 5802. | | | | | | |
| 5803. | | | | | | |
| 5898. Sum of remaining write-ins for Line 58 from overflow page | | XXX | XXX | | | |
| 5899. Total (Lines 5801 - 5803 + 5898) | | XXX | XXX | | | |

Health

Annual Statement Blank Alphabetical Index

| | | | |
|--|------|--|------|
| Analysis of Operations By Lines of Business | 7 | Schedule E - Verification Between Years | SI15 |
| Assets | 2 | Schedule S - Part 1 - Section 2 | 31 |
| Cash Flow | 6 | Schedule S - Part 2 | 32 |
| Exhibit 1 - Enrollment By Product Type for Health Business Only | 17 | Schedule S - Part 3 - Section 2 | 33 |
| Exhibit 2 - Accident and Health Premiums Due and Unpaid | 18 | Schedule S - Part 4 | 34 |
| Exhibit 3 - Health Care Receivables | 19 | Schedule S - Part 5 | 35 |
| Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued | 20 | Schedule S - Part 6 | 36 |
| Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus | 21 | Schedule S - Part 7 | 37 |
| Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates | 22 | Schedule T - Part 2 - Interstate Compact | 39 |
| Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates | 23 | Schedule T - Premiums and Other Considerations | 38 |
| Exhibit 7 - Part 1 - Summary of Transactions With Providers | 24 | Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group | 40 |
| Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries | 24 | Schedule Y - Part 1A - Detail of Insurance Holding Company System | 41 |
| Exhibit 8 - Furniture, Equipment and Supplies Owned | 25 | Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates | 42 |
| Exhibit of Capital Gains (Losses) | 15 | Statement of Revenue and Expenses | 4 |
| Exhibit of Net Investment Income | 15 | Summary Investment Schedule | SI01 |
| Exhibit of Nonadmitted Assets | 16 | Supplemental Exhibits and Schedules Interrogatories | 43 |
| Exhibit of Premiums, Enrollment and Utilization (State Page) | 30 | Underwriting and Investment Exhibit - Part 1 | 8 |
| Five-Year Historical Data | 29 | Underwriting and Investment Exhibit - Part 2 | 9 |
| General Interrogatories | 27 | Underwriting and Investment Exhibit - Part 2A | 10 |
| Jurat Page | 1 | Underwriting and Investment Exhibit - Part 2B | 11 |
| Liabilities, Capital and Surplus | 3 | Underwriting and Investment Exhibit - Part 2C | 12 |
| Notes To Financial Statements | 26 | Underwriting and Investment Exhibit - Part 2D | 13 |
| Overflow Page For Write-ins | 44 | Underwriting and Investment Exhibit - Part 3 | 14 |
| Schedule A - Part 1 | E01 | | |
| Schedule A - Part 2 | E02 | | |
| Schedule A - Part 3 | E03 | | |
| Schedule A - Verification Between Years | SI02 | | |
| Schedule B - Part 1 | E04 | | |
| Schedule B - Part 2 | E05 | | |
| Schedule B - Part 3 | E06 | | |
| Schedule B - Verification Between Years | SI02 | | |
| Schedule BA - Part 1 | E07 | | |
| Schedule BA - Part 2 | E08 | | |
| Schedule BA - Part 3 | E09 | | |
| Schedule BA - Verification Between Years | SI03 | | |
| Schedule D - Part 1 | E10 | | |
| Schedule D - Part 1A - Section 1 | SI05 | | |
| Schedule D - Part 1A - Section 2 | SI08 | | |
| Schedule D - Part 2 - Section 1 | E11 | | |
| Schedule D - Part 2 - Section 2 | E12 | | |
| Schedule D - Part 3 | E13 | | |
| Schedule D - Part 4 | E14 | | |
| Schedule D - Part 5 | E15 | | |
| Schedule D - Part 6 - Section 1 | E16 | | |
| Schedule D - Part 6 - Section 2 | E16 | | |
| Schedule D - Summary By Country | SI04 | | |
| Schedule D - Verification Between Years | SI03 | | |
| Schedule DA - Part 1 | E17 | | |
| Schedule DA - Verification Between Years | SI10 | | |
| Schedule DB - Part A - Section 1 | E18 | | |
| Schedule DB - Part A - Section 2 | E19 | | |
| Schedule DB - Part A - Verification Between Years | SI11 | | |
| Schedule DB - Part B - Section 1 | E20 | | |
| Schedule DB - Part B - Section 2 | E21 | | |
| Schedule DB - Part B - Verification Between Years | SI11 | | |
| Schedule DB - Part C - Section 1 | SI12 | | |
| Schedule DB - Part C - Section 2 | SI13 | | |
| Schedule DB - Part D - Section 1 | E22 | | |
| Schedule DB - Part D - Section 2 | E23 | | |
| Schedule DB - Verification | SI14 | | |
| Schedule DL - Part 1 | E24 | | |
| Schedule DL - Part 2 | E25 | | |
| Schedule E - Part 1 - Cash | E26 | | |
| Schedule E - Part 2 - Cash Equivalents | E27 | | |
| Schedule E - Part 3 - Special Deposits | E28 | | |



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code 0000 , 0000 NAIC Company Code 86371 Employer's ID Number 31-052223
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Other []
 Health Maintenance Organization [] Is HMO Federally Qualified? Yes () No ()

Incorporated/Organized October 25, 1947 Commenced Business February 6, 1948

Statutory Home Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311 201-432-2133
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)
201-432-2133
(Area Code) (Telephone Number)

Internet Website Address www.cloverhealth.com

Statutory Statement Contact Steven Shirazi, Mr. 201-479-3885
(Name) (Area Code) (Telephone Number) (Extension)
steven.shirazi@cloverhealth.com 732-384-2810
(E-Mail Address) (Fax Number)

OFFICERS

Vivek Garipalli (CEO) Kris Gale# (Chief Technology Officer)
 Willson Keenan# (Chief Operating Officer) Dr. Mark Spektor# (Chief Medical Officer)

OTHER OFFICERS

Wendy Richey# (Chief Compliance Officer)
 Brady Priest# (General Counsel)
 Les Granow# (Chief Financial Officer)
 Ron Williams# (Chief Security Officer)
 Judah Rabinowitz# (Chief Actuary)
 Rachel Fish# (Chief Administrative Officer)

DIRECTORS OR TRUSTEES

Vivek Garipalli
 Edward Berde
 Justin Doheny

State of New Jersey }
 County of Hudson } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Vivek Garipalli CEO Les Granow# CFO

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes (X) No ()
 b. If no: 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

SUMMARY INVESTMENT SCHEDULE

| Investment Categories | Gross Investment Holdings | | Admitted Assets as Reported in the Annual Statement | | | |
|---|---------------------------|-----------------|---|--|--------------------------------|-----------------|
| | 1 Amount | 2 Percentage | 3 Amount | 4 Securities Lending Reinvested Collateral Amount | 5 Total Amount (Col 3+4) | 6 Percentage |
| 1. Bonds: | | | | | | |
| 1.1 U.S. treasury securities | 1,721,216 | 1.986 | 1,721,216 | | 1,721,216 | 1.986 |
| 1.2 U.S. government agency obligations (excluding mortgage-backed securities): | | | | | | |
| 1.21 Issued by U.S. government agencies | | | | | | |
| 1.22 Issued by U.S. government sponsored agencies | 1,112,936 | 1.284 | 1,112,936 | | 1,112,936 | 1.284 |
| 1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities) | | | | | | |
| 1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.: | | | | | | |
| 1.41 States, territories and possessions general obligations | | | | | | |
| 1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations | | | | | | |
| 1.43 Revenue and assessment obligations | | | | | | |
| 1.44 Industrial development and similar obligations | | | | | | |
| 1.5 Mortgage-backed securities (includes residential and commercial MBS): | | | | | | |
| 1.51 Pass-through securities: | | | | | | |
| 1.511 Issued or guaranteed by GNMA | | | | | | |
| 1.512 Issued or guaranteed by FNMA and FHLMC | | | | | | |
| 1.513 All other | | | | | | |
| 1.52 CMOs and REMICs: | | | | | | |
| 1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA | | | | | | |
| 1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521 | | | | | | |
| 1.523 All other | | | | | | |
| 2. Other debt and other fixed income securities (excluding short term): | | | | | | |
| 2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities) | | | | | | |
| 2.2 Unaffiliated non-U.S. securities (including Canada) | | | | | | |
| 2.3 Affiliated securities | | | | | | |
| 3. Equity interests: | | | | | | |
| 3.1 Investments in mutual funds | | | | | | |
| 3.2 Preferred stocks: | | | | | | |
| 3.21 Affiliated | | | | | | |
| 3.22 Unaffiliated | | | | | | |
| 3.3 Publicly traded equity securities (excluding preferred stocks): | | | | | | |
| 3.31 Affiliated | | | | | | |
| 3.32 Unaffiliated | | | | | | |
| 3.4 Other equity securities: | | | | | | |
| 3.41 Affiliated | | | | | | |
| 3.42 Unaffiliated | | | | | | |
| 3.5 Other equity interests including tangible personal property under lease: | | | | | | |
| 3.51 Affiliated | | | | | | |
| 3.52 Unaffiliated | | | | | | |
| 4. Mortgage loans: | | | | | | |
| 4.1 Construction and land development | | | | | | |
| 4.2 Agricultural | | | | | | |
| 4.3 Single family residential properties | | | | | | |
| 4.4 Multifamily residential properties | | | | | | |
| 4.5 Commercial loans | | | | | | |
| 4.6 Mezzanine real estate loans | | | | | | |
| 5. Real estate investments: | | | | | | |
| 5.1 Property occupied by company | | | | | | |
| 5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt) | | | | | | |
| 5.3 Property held for sale (including \$ _____ property acquired in satisfaction of debt) | | | | | | |
| 6. Contract loans | | | | | | |
| 7. Derivatives | | | | | | |
| 8. Receivables for securities | | | | | | |
| 9. Securities Lending (Line 10, Asset page reinvested collateral) | | | | XXX | XXX | XXX |
| 10. Cash, cash equivalents and short-term investments | 83,847,216 | 96.730 | 83,847,216 | | 83,847,216 | 96.730 |
| 11. Other invested assets | | | | | | |
| 12. Total invested assets | 86,681,368 | 100.000 | 86,681,368 | | 86,681,368 | 100.000 |

SCHEDULE A - VERIFICATION BETWEEN YEARS
Real Estate

| | | |
|---|-------|-------|
| 1. Book/adjusted carrying value, December 31 of prior year | _____ | _____ |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition (Part 2, Column 6) | _____ | _____ |
| 2.2 Additional investment made after acquisition (Part 2, Column 9) | _____ | _____ |
| 3. Current year change in encumbrances: | | |
| 3.1 Totals, Part 1, Column 13 | _____ | _____ |
| 3.2 Totals, Part 3, Column 11 | _____ | _____ |
| 4. Total gain (loss) on disposals, Part 3, Column 18 | _____ | _____ |
| 5. Deduct amounts received on disposals, Part 3, C | _____ | _____ |
| 6. Total foreign exchange change in book/adjusted c | _____ | _____ |
| 6.1 Totals, Part 1, Column 15 | _____ | _____ |
| 6.2 Totals, Part 3, Column 13 | _____ | _____ |
| 7. Deduct current year's other-than-temporary impair..... | | |
| 7.1 Totals, Part 1, Column 12 | _____ | _____ |
| 7.2 Totals, Part 3, Column 10 | _____ | _____ |
| 8. Deduct current year's depreciation: | | |
| 8.1 Totals, Part 1, Column 11 | _____ | _____ |
| 8.2 Totals, Part 3, Column 9 | _____ | _____ |
| 9. Book/adjusted carrying value at the end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 minus Line 7 minus Line 8) | _____ | _____ |
| 10. Deduct total nonadmitted amounts | _____ | _____ |
| 11. Statement value at end of current period (Line 9 minus Line 10) | _____ | _____ |

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS
Mortgage Loans

| | | |
|--|-------|-------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | _____ | _____ |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition (Part 2, Column 7) | _____ | _____ |
| 2.2 Additional investment made after acquisition (Part 2, Column 8) | _____ | _____ |
| 3. Capitalized deferred interest and other: | | |
| 3.1 Totals, Part 1, Column 12 | _____ | _____ |
| 3.2 Totals, Part 3, Column 11 | _____ | _____ |
| 4. Accrual of discount | _____ | _____ |
| 5. Unrealized valuation increase (decrease): | | |
| 5.1 Totals, Part 1, Column 9 | _____ | _____ |
| 5.2 Totals, Part 3, Column 8 | _____ | _____ |
| 6. Total gain (loss) on disposals, Part 3, Column 18 | _____ | _____ |
| 7. Deduct amounts received on disposals, Part 3, C | _____ | _____ |
| 8. Deduct amortization of premium and mortgage int | _____ | _____ |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest: | | |
| 9.1 Totals, Part 1, Column 13 | _____ | _____ |
| 9.2 Totals, Part 3, Column 13 | _____ | _____ |
| 10. Deduct current year's other-than-temporary impairment recognized: | | |
| 10.1 Totals, Part 1, Column 11 | _____ | _____ |
| 10.2 Totals, Part 3, Column 10 | _____ | _____ |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10) | _____ | _____ |
| 12. Total valuation allowance | _____ | _____ |
| 13. Subtotal (Line 11 plus Line 12) | _____ | _____ |
| 14. Deduct total nonadmitted amounts | _____ | _____ |
| 15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14) | _____ | _____ |

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS
Other Long-Term Invested Assets

| | | |
|--|-------------|--|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition (Part 2, Column 8) | | |
| 2.2 Additional investment made after acquisition (Part 2, Column 9) | | |
| 3. Capitalized deferred interest and other | | |
| 3.1 Totals, Part 1, Column 16 | | |
| 3.2 Totals, Part 3, Column 12 | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease): | | |
| 5.1 Totals, Part 1, Column 13 | NONE | |
| 5.2 Totals, Part 3, Column 9 | | |
| 6. Total gain (loss) on disposals, Part 3, Column 19 | | |
| 7. Deduct amounts received on disposals, Part 3, Col | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value: | | |
| 9.1 Totals, Part 1, Column 17 | | |
| 9.2 Totals, Part 3, Column 14 | | |
| 10. Deduct current year's other-than-temporary impairment recognized: | | |
| 10.1 Totals, Part 1, Column 15 | | |
| 10.2 Totals, Part 3, Column 11 | | |
| 11. Book/adjusted carrying value at the end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

SCHEDULE D - VERIFICATION BETWEEN YEARS
Bonds and Stocks

| | | |
|---|--|-----------|
| 1. Book/adjusted carrying value, December 31 of prior year | | 99,945 |
| 2. Cost of bonds and stocks acquired, Part 3, Column 7 | | 2,759,365 |
| 3. Accrual of discount | | 4,683 |
| 4. Unrealized valuation increase (decrease): | | |
| 4.1 Part 1, Column 12 | | |
| 4.2 Part 2, Section 1, Column 15 | | |
| 4.3 Part 2, Section 2, Column 13 | | |
| 4.4 Part 4, Column 11 | | |
| 5. Total gain (loss) on disposals, Part 4, Column 19 | | |
| 6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 | | |
| 7. Deduct amortization of premium | | 29,842 |
| 8. Total foreign exchange change in book/adjusted carrying value: | | |
| 8.1 Part 1, Column 15 | | |
| 8.2 Part 2, Section 1, Column 19 | | |
| 8.3 Part 2, Section 2, Column 16 | | |
| 8.4 Part 4, Column 15 | | |
| 9. Deduct current year's other-than-temporary impairment recognized: | | |
| 9.1 Part 1, Column 14 | | |
| 9.2 Part 2, Section 1, Column 17 | | |
| 9.3 Part 2, Section 2, Column 14 | | |
| 9.4 Part 4, Column 13 | | |
| 10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9) | | 2,834,151 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | | 2,834,151 |

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

| Description | | 1 Book/Adjusted Carrying Value | 2 Fair Value | 3 Actual Cost | 4 Par Value of Bonds |
|--|----------------------------------|--------------------------------------|-----------------|------------------|----------------------------|
| BONDS | | | | | |
| Governments (Including all obligations guaranteed by governments) | 1. United States | 1,721,216 | 1,771,296 | 1,730,476 | 1,720,000 |
| | 2. Canada | | | | |
| | 3. Other Countries | | | | |
| | 4. Totals | 1,721,216 | 1,771,296 | 1,730,476 | 1,720,000 |
| U. S. States, Territories and Possessions (Direct and guaranteed) | 5. Totals | | | | |
| U. S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed) | 6. Totals | | | | |
| U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions | 7. Totals | 1,112,936 | 1,111,059 | 1,128,835 | 1,105,000 |
| Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated) | 8. United States | | | | |
| | 9. Canada | | | | |
| | 10. Other Countries | | | | |
| | 11. Totals | | | | |
| Parent, Subsidiaries and Affiliates | 12. Totals | | | | |
| | 13. Total Bonds | 2,834,152 | 2,882,355 | 2,859,311 | 2,825,000 |
| PREFERRED STOCKS | | | | | |
| Industrial and Miscellaneous (unaffiliated) | 14. United States | | | | |
| | 15. Canada | | | | |
| | 16. Other Countries | | | | |
| | 17. Totals | | | | |
| Parent, Subsidiaries and Affiliates | 18. Totals | | | | |
| | 19. Total Preferred Stocks | | | | |
| COMMON STOCKS | | | | | |
| Industrial and Miscellaneous (unaffiliated) | 20. United States | | | | |
| | 21. Canada | | | | |
| | 22. Other Countries | | | | |
| | 23. Totals | | | | |
| Parent, Subsidiaries and Affiliates | 24. Totals | | | | |
| | 25. Total Common Stocks | | | | |
| | 26. Total Stocks | | | | |
| | 27. Total Bonds and Stocks | 2,834,152 | 2,882,355 | 2,859,311 | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| NAIC Designation | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.7 | 9 Total from Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed (a) |
|--|---------------------------|--|--|---|--------------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------|--|
| 1. U.S. Governments | | | | | | | | | | | | |
| 1.1 NAIC 1 | 4,000,719 | 1,015,931 | | | | XXX | 5,016,650 | 47.4 | 99,945 | 100.0 | 5,016,650 | |
| 1.2 NAIC 2 | | | | | | XXX | | | | | | |
| 1.3 NAIC 3 | | | | | | XXX | | | | | | |
| 1.4 NAIC 4 | | | | | | XXX | | | | | | |
| 1.5 NAIC 5 | | | | | | XXX | | | | | | |
| 1.6 NAIC 6 | | | | | | XXX | | | | | | |
| 1.7 Totals | 4,000,719 | 1,015,931 | | | | XXX | 5,016,650 | 47.4 | 99,945 | 100.0 | 5,016,650 | |
| 2. All Other Governments | | | | | | | | | | | | |
| 2.1 NAIC 1 | | | | | | XXX | | | | | | |
| 2.2 NAIC 2 | | | | | | XXX | | | | | | |
| 2.3 NAIC 3 | | | | | | XXX | | | | | | |
| 2.4 NAIC 4 | | | | | | XXX | | | | | | |
| 2.5 NAIC 5 | | | | | | XXX | | | | | | |
| 2.6 NAIC 6 | | | | | | XXX | | | | | | |
| 2.7 Totals | | | | | | XXX | | | | | | |
| 3. U.S. States, Territories and Possessions etc., Guaranteed | | | | | | | | | | | | |
| 3.1 NAIC 1 | | | | | | XXX | | | | | | |
| 3.2 NAIC 2 | | | | | | XXX | | | | | | |
| 3.3 NAIC 3 | | | | | | XXX | | | | | | |
| 3.4 NAIC 4 | | | | | | XXX | | | | | | |
| 3.5 NAIC 5 | | | | | | XXX | | | | | | |
| 3.6 NAIC 6 | | | | | | XXX | | | | | | |
| 3.7 Totals | | | | | | XXX | | | | | | |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 NAIC 1 | | | | | | XXX | | | | | | |
| 4.2 NAIC 2 | | | | | | XXX | | | | | | |
| 4.3 NAIC 3 | | | | | | XXX | | | | | | |
| 4.4 NAIC 4 | | | | | | XXX | | | | | | |
| 4.5 NAIC 5 | | | | | | XXX | | | | | | |
| 4.6 NAIC 6 | | | | | | XXX | | | | | | |
| 4.7 Totals | | | | | | XXX | | | | | | |
| 5. U.S. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed | | | | | | | | | | | | |
| 5.1 NAIC 1 | 4,944,064 | 613,105 | | | | XXX | 5,557,169 | 52.6 | | | 5,557,169 | |
| 5.2 NAIC 2 | | | | | | XXX | | | | | | |
| 5.3 NAIC 3 | | | | | | XXX | | | | | | |
| 5.4 NAIC 4 | | | | | | XXX | | | | | | |
| 5.5 NAIC 5 | | | | | | XXX | | | | | | |
| 5.6 NAIC 6 | | | | | | XXX | | | | | | |
| 5.7 Totals | 4,944,064 | 613,105 | | | | XXX | 5,557,169 | 52.6 | | | 5,557,169 | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| NAIC Designation | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.7 | 9 Total from Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed (a) |
|---|---------------------------|--|--|---|--------------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------|--|
| 6. Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | | | |
| 6.1 NAIC 1 | | | | | | XXX | | | | | | |
| 6.2 NAIC 2 | | | | | | XXX | | | | | | |
| 6.3 NAIC 3 | | | | | | XXX | | | | | | |
| 6.4 NAIC 4 | | | | | | XXX | | | | | | |
| 6.5 NAIC 5 | | | | | | XXX | | | | | | |
| 6.6 NAIC 6 | | | | | | XXX | | | | | | |
| 6.7 Totals | | | | | | XXX | | | | | | |
| 7. Hybrid Securities | | | | | | | | | | | | |
| 7.1 NAIC 1 | | | | | | XXX | | | | | | |
| 7.2 NAIC 2 | | | | | | XXX | | | | | | |
| 7.3 NAIC 3 | | | | | | XXX | | | | | | |
| 7.4 NAIC 4 | | | | | | | | | | | | |
| 7.5 NAIC 5 | | | | | | | | | | | | |
| 7.6 NAIC 6 | | | | | | | | | | | | |
| 7.7 Totals | | | | | | | | | | | | |
| 8. Parent, Subsidiaries and Affiliates | | | | | | | | | | | | |
| 8.1 NAIC 1 | | | | | | | | | | | | |
| 8.2 NAIC 2 | | | | | | | | | | | | |
| 8.3 NAIC 3 | | | | | | | | | | | | |
| 8.4 NAIC 4 | | | | | | | | | | | | |
| 8.5 NAIC 5 | | | | | | XXX | | | | | | |
| 8.6 NAIC 6 | | | | | | XXX | | | | | | |
| 8.7 Totals | | | | | | XXX | | | | | | |
| 9. SVO Identified Funds | | | | | | | | | | | | |
| 9.1 NAIC 1 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.2 NAIC 2 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.3 NAIC 3 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.4 NAIC 4 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.5 NAIC 5 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.6 NAIC 6 | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.7 Totals | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| NAIC Designation | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.7 | 9 Total from Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed (a) |
|--|---------------------------|--|--|---|--------------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------|--|
| 10. Total Bonds Current Year | | | | | | | | | | | | |
| 10.1 NAIC 1 | (d) 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | XXX | XXX | 10,573,819 | |
| 10.2 NAIC 2 | (d) | | | | | | | | XXX | XXX | | |
| 10.3 NAIC 3 | (d) | | | | | | | | XXX | XXX | | |
| 10.4 NAIC 4 | (d) | | | | | | | | XXX | XXX | | |
| 10.5 NAIC 5 | (d) | | | | | | | | XXX | XXX | | |
| 10.6 NAIC 6 | (d) | | | | | | (c) | | XXX | XXX | | |
| 10.7 Totals | 8,944,783 | 1,629,036 | | | | | (b) 10,573,819 | 100.0 | XXX | XXX | 10,573,819 | |
| 10.8 Line 10.7 as a % of Column 7 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | |
| 11. Total Bonds Prior Year | | | | | | | | | | | | |
| 11.1 NAIC 1 | | 99,945 | | | | XXX | XXX | XXX | 99,945 | 100.0 | 99,945 | |
| 11.2 NAIC 2 | | | | | | XXX | XXX | XXX | | | | |
| 11.3 NAIC 3 | | | | | | XXX | XXX | XXX | | | | |
| 11.4 NAIC 4 | | | | | | XXX | XXX | XXX | | | | |
| 11.5 NAIC 5 | | | | | | XXX | XXX | XXX | (c) | | | |
| 11.6 NAIC 6 | | | | | | XXX | XXX | XXX | (c) | | | |
| 11.7 Totals | | 99,945 | | | | XXX | XXX | XXX | (b) 99,945 | 100.0 | 99,945 | |
| 11.8 Line 11.7 as a % of Column 9 | | 100.0 | | | | XXX | XXX | XXX | 100.0 | XXX | 100.0 | |
| 12. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 12.1 NAIC 1 | 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | 99,945 | 100.0 | 10,573,819 | XXX |
| 12.2 NAIC 2 | | | | | | | | | | | | XXX |
| 12.3 NAIC 3 | | | | | | | | | | | | XXX |
| 12.4 NAIC 4 | | | | | | | | | | | | XXX |
| 12.5 NAIC 5 | | | | | | | | | | | | XXX |
| 12.6 NAIC 6 | | | | | | | | | | | | XXX |
| 12.7 Totals | 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | 99,945 | 100.0 | 10,573,819 | XXX |
| 12.8 Line 12.7 as a % of Column 7 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 12.9 Line 12.7 as a % of Line 10.7, Column 7, Section 10 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | | XXX |
| 13. Total Privately Placed Bonds | | | | | | | | | | | | |
| 13.1 NAIC 1 | | | | | | | | | | | XXX | |
| 13.2 NAIC 2 | | | | | | | | | | | XXX | |
| 13.3 NAIC 3 | | | | | | | | | | | XXX | |
| 13.4 NAIC 4 | | | | | | | | | | | XXX | |
| 13.5 NAIC 5 | | | | | | | | | | | XXX | |
| 13.6 NAIC 6 | | | | | | | | | | | XXX | |
| 13.7 Totals | | | | | | | | | | | XXX | |
| 13.8 Line 13.7 as a % of Column 7 | | | | | | | | XXX | XXX | XXX | XXX | |
| 13.9 Line 13.7 as a % of Line 10.7, Column 7, Section 10 | | | | | | | | XXX | XXX | XXX | XXX | |

(a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ current year, \$ prior year of bonds with Z designations and \$ current year, \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$ current year, \$ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 7,739,667 ; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31 , At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

| Distribution by Type | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.6 | 9 Total From Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed |
|---|------------------------|--|--|---|-----------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|-----------------------------------|------------------------------------|
| 1. U.S. Governments | | | | | | | | | | | | |
| 1.1 Issuer Obligations | 4,000,719 | 1,015,931 | | | | XXX | 5,016,650 | 47.4 | 99,945 | 100.0 | 5,016,650 | |
| 1.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 1.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 1.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 1.5 Totals | 4,000,719 | 1,015,931 | | | | XXX | 5,016,650 | 47.4 | 99,945 | 100.0 | 5,016,650 | |
| 2. All Other Governments | | | | | | | | | | | | |
| 2.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 2.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 2.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 2.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 2.5 Totals | | | | | | XXX | | | | | | |
| 3. U.S. States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 3.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 3.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 3.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 3.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 3.5 Totals | | | | | | XXX | | | | | | |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 4.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 4.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 4.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 4.5 Totals | | | | | | XXX | | | | | | |
| 5. U.S. Special Revenue & Special Assessment Obligations etc. , Non-Guaranteed | | | | | | | | | | | | |
| 5.1 Issuer Obligations | 4,944,064 | 613,105 | | | | XXX | 5,557,169 | 52.6 | | | 5,557,169 | |
| 5.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 5.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 5.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 5.5 Totals | 4,944,064 | 613,105 | | | | XXX | 5,557,169 | 52.6 | | | 5,557,169 | |
| 6. Industrial and Miscellaneous | | | | | | | | | | | | |
| 6.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 6.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 6.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 6.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 6.5 Totals | | | | | | XXX | | | | | | |
| 7. Hybrid Securities | | | | | | | | | | | | |
| 7.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 7.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 7.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 7.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 7.5 Totals | | | | | | XXX | | | | | | |
| 8. Parent, Subsidiaries and Affiliates | | | | | | | | | | | | |
| 8.1 Issuer Obligations | | | | | | XXX | | | | | | |
| 8.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 8.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 8.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 8.5 Totals | | | | | | XXX | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

| Distribution by Type | 1 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 10.6 | 9 Total From Col. 6 Prior Year | 10 % From Col. 7 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed |
|--|------------------------|--|--|---|-----------------------|--------------------------|-------------------------------|---------------------------------------|---|--------------------------------------|-----------------------------------|------------------------------------|
| 9. SVO Identified Funds | | | | | | | | | | | | |
| 9.1 Exchange Traded Funds Identified by the SVO | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.2 Bond Mutual Funds Identified by the SVO | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 9.3 Totals | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 10. Total Bonds Current Year | | | | | | | | | | | | |
| 10.1 Issuer Obligations | 8,944,783 | 1,629,036 | | | | XXX | 10,573,819 | 100.0 | XXX | XXX | 10,573,819 | |
| 10.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 10.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 10.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | XXX | XXX | | |
| 10.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 10.6 Totals | 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | XXX | XXX | 10,573,819 | |
| 10.7 Line 10.6 as a % of Col. 7 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | |
| 11. Total Bonds Prior Year | | | | | | | | | | | | |
| 11.1 Issuer Obligations | | 99,945 | | | | XXX | XXX | XXX | 99,945 | 100.0 | 99,945 | |
| 11.2 Residential Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | | | | |
| 11.3 Commercial Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | | | | |
| 11.4 Other Loan-Backed and Structured Securities | | | | | | XXX | XXX | XXX | | | | |
| 11.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 11.6 Totals | | 99,945 | | | | XXX | XXX | XXX | 99,945 | 100.0 | 99,945 | |
| 11.7 Line 11.6 as a % of Col. 9 | | 100.0 | | | | XXX | XXX | XXX | 100 | XXX | 100.0 | |
| 12. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 12.1 Issuer Obligations | 8,944,783 | 1,629,036 | | | | XXX | 10,573,819 | 100.0 | 99,945 | 100.0 | 10,573,819 | XXX |
| 12.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | XXX |
| 12.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | XXX |
| 12.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | XXX |
| 12.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | XXX |
| 12.6 Totals | 8,944,783 | 1,629,036 | | | | | 10,573,819 | 100.0 | 99,945 | 100.0 | 10,573,819 | XXX |
| 12.7 Line 12.6 as a % of Col. 7 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10 | 84.6 | 15.4 | | | | | 100.0 | XXX | XXX | XXX | 100.0 | XXX |
| 13. Total Privately Placed Bonds | | | | | | | | | | | | |
| 13.1 Issuer Obligations | | | | | | XXX | | | | | XXX | |
| 13.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | XXX | |
| 13.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | XXX | |
| 13.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | XXX | |
| 13.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | XXX | |
| 13.6 Totals | | | | | | | | | | | XXX | |
| 13.7 Line 13.6 as a % of Col. 7 | | | | | | | | | XXX | XXX | XXX | |
| 13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10 | | | | | | | | | XXX | XXX | XXX | |

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|---|------------|------------|-------------------|--|---|
| | Total | Bonds | Mortgage Loans | Other Short-term Investment Assets (a) | Investments in Parent, Subsidiaries and Affiliates |
| 1. Book/adjusted carrying value, December 31 of prior year | | | | | |
| 2. Cost of short-term investments acquired | 12,182,752 | 12,156,237 | | 26,515 | |
| 3. Accrual of discount | 173 | 173 | | | |
| 4. Unrealized valuation increase (decrease) | | | | | |
| 5. Total gain (loss) on disposals | | | | | |
| 6. Deduct consideration received on disposals | 5,011,594 | 5,011,594 | | | |
| 7. Deduct amortization of premium | 4,808 | 4,808 | | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | | | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | | | | |
| 10. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4+5-6-7+8-9) | 7,166,523 | 7,140,008 | | 26,515 | |
| 11. Deduct total nonadmitted amounts | | | | | |
| 12. Statement value of end of current period (Line 10 minus Line 11) | 7,166,523 | 7,140,008 | | 26,515 | |

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

| | |
|---|--|
| 1. Book/Adjusted carrying value, December 31, prior year (Line 9, prior year) | |
| 2. Cost paid / (consideration received) on additions: | |
| 2.1 Current year paid / (consideration received) at time of acquisition, still open, Section 1, Column 12 | |
| 2.2 Current year paid / (consideration received) at time of acquisition, terminated, Section 2, Column 14 | |
| 3. Unrealized valuation increase / (decrease): | |
| 3.1 Section 1, Column 17 | |
| 3.2 Section 2, Column 19 | |
| 4. Total gain (loss) on termination recognized, Section 2, Column 22 | |
| 5. Considerations received / (paid) on terminations, Section 2, Column 23 | |
| 6. Amortization: | |
| 6.1 Section 1, Column 19 | |
| 6.2 Section 2, Column 21 | |
| 7. Adjustment to the book/adjusted carrying value of hedged item: | |
| 7.1 Section 1, Column 20 | |
| 7.2 Section 2, Column 23 | |
| 8. Total foreign exchange change in book/adjusted carrying value: | |
| 8.1 Section 1, Column 18 | |
| 8.2 Section 2, Column 20 | |
| 9. Book/Adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 - Line 5 + Line 6 + Line 7 + Line 8) | |
| 10. Deduct nonadmitted assets | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | |

NONE

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Futures Contracts

| | |
|--|--|
| 1. Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year) | |
| 2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change Column) | |
| 3.1 Add: | |
| Change in variation margin on open contracts - Highly effective hedges: | |
| 3.11 Section 1, Column 15, current year minus | |
| 3.12 Section 1, Column 15, prior year | |
| Change in the variation margin on open contracts - All other: | |
| 3.13 Section 1, Column 18, current year minus | |
| 3.14 Section 1, Column 18, prior year | |
| 3.2 Add: | |
| Change in adjustment to basis of hedged item: | |
| 3.21 Section 1, Column 17, current year to date minus | |
| 3.22 Section 1, Column 17, prior year | |
| Change in amount recognized: | |
| 3.23 Section 1, Column 19, current year to date minus | |
| 3.24 Section 1, Column 19, prior year | |
| 3.3 Subtotal (Line 3.1 minus Line 3.2) | |
| 4.1 Cumulative variation margin on terminated contracts during the current year (Section 2, Column 15) | |
| 4.2 Less: | |
| 4.21 Amount used to adjust basis of hedged item (Section 2, Column 17) | |
| 4.22 Amount recognized (Section 2, Column 16) | |
| 4.3 Subtotal (Line 4.1 minus Line 4.2) | |
| 5. Dispositions gains (losses) on contracts terminated in prior year: | |
| 5.1 Total gain (loss) recognized for terminations in prior year | |
| 5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year | |
| 6. Book/Adjusted carrying value at end of current period (Lines 1 + Line 2 + Line 3.3 - Line 4.3 - Line 5.1 - Line 5.2) | |
| 7. Deduct total nonadmitted amounts | |
| 8. Statement value at end of current period (Line 6 minus Line 7) | |

NONE

Page SI12

Schedule DB, Part C, Section 1

NONE

Page SI13

Schedule DB, Part C, Section 2

NONE

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

| | Book/Adjusted Carrying Value |
|---|------------------------------|
| 1. Part A, Section 1, Column 14 | |
| 2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balances | |
| 3. Total (Line 1 plus Line 2) | |
| 4. Part D, Section 1, Column 5 | |
| 5. Part D, Section 1, Column 6 | |
| 6. Total (Line 3 minus Line 4 minus Line 5) | |

NONE

eck

| | |
|--|-------|
| 7. Part A, Section 1, Column | |
| 8. Part B, Section 1, Column | |
| 9. Total (Line 7 plus Line 8) ..... | ..... |
| 10. Part D, Section 1, Column 8 ..... | ..... |
| 11. Part D, Section 1, Column 9 ..... | ..... |
| 12. Total (Line 9 minus Line 10 minus Line 11) ..... | ..... |

Potential Exposure Check

| | |
|---|-------|
| 13. Part A, Section 1, Column 21 | |
| 14. Part B, Section 1, Column 20 | |
| 15. Part D, Section 1, Column 11 | |
| 16. Total (Lines 13 plus Line 14 minus Line 15) ..... | ..... |

SCHEDULE E - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

| | 1 | 2 | 3 |
|--|---------|---------|--------------|
| | Total | Bonds | Other (a) |
| 1. Book/adjusted carrying value, December 31 of prior year | | | |
| 2. Cost of cash equivalents acquired | 599,481 | 599,481 | |
| 3. Accrual of discount | 179 | 179 | |
| 4. Unrealized valuation increase (decrease) | | | |
| 5. Total gain (loss) on disposals | | | |
| 6. Deduct consideration received on disposals | | | |
| 7. Deduct amortization of premium | | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 599,660 | 599,660 | |
| 11. Deduct total nonadmitted amounts | | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 599,660 | 599,660 | |

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment

Page E01

Schedule A, Pt. 1, Real Estate Owned
NONE

Page E02

Schedule A, Pt. 2, Real Estate Acquired
NONE

Page E03

Schedule A, Pt. 3, Real Estate Sold
NONE

Page E04

Schedule B, Pt. 1, Mortgage Loans Owned
NONE

Page E05

Schedule B, Pt. 2, Mortgage Loans Acquired
NONE

Page E06

Schedule B, Pt. 3, Mortgage Loans Disposed
NONE

Page E07

Schedule BA, Pt. 1, Other Long-Term Invested Assets Owned
NONE

Page E08

Schedule BA, Pt. 2, Other Long-Term Invested Assets Acquired
NONE

Page E09

Schedule BA, Pt. 3, Other Long-Term Invested Assets Disposed
NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

| 1 CUSIP Identifi- cation | 2 Description | Codes | | | 6 NAIC Desig- nation | 7 Actual Cost | Fair Value | | 10 Par Value | 11 Book/ Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | Interest | | | | | Dates | |
|--|--|-----------|-------------------|-------------------|-------------------------------|---------------------|---|-----------------|--------------------|--|--|--|--|---|---------------|----------------------------|--------------------|--|--|----------------|---|
| | | 3 Code | 4 For- eign | 5 Bond CHAR | | | 8 Rate Used To Obtain Fair Value | 9 Fair Value | | | 12 Unrealized Valuation Increase/ (Decrease) | 13 Current Year's (Amortization) / Accretion | 14 Current Year's Other-Than- Temporary Impairment Recognized | 15 Total Foreign Exchange Change in B./A.C.V. | 16 Rate of | 17 Effective Rate of | 18 When Paid | 19 Admitted Amount Due and Accrued | 20 Amount Received During Year | 21 Acquired | 22 Stated Contractual Maturity Date |
| U. S. Governments - Issuer Obligations | | | | | | | | | | | | | | | | | | | | | |
| 912828-B3-3 | US TREASURY NOTE | SD | | | 1 | 150,000 | 100.543 | 150,815 | 150,000 | 150,000 | | | | | 1.500 | 1.500 | JJ | 935 | 1,125 | 01/31/2014 | 01/31/2019 |
| 912828-JH-4 | US TREASURY NOTE | SD | | | 1 | 504,609 | 104.715 | 523,575 | 500,000 | 500,929 | | (3,680) | | | 4.000 | 3.881 | FA | 7,500 | 10,000 | 08/13/2008 | 08/15/2018 |
| 912828-N2-2 | US TREASURY NOTE | SD | | | 1 | 99,945 | 100.125 | 100,125 | 100,000 | 99,964 | | 18 | | | 1.250 | 1.269 | JD | 55 | 1,250 | 12/21/2015 | 12/15/2018 |
| 912828-NR-7 | US TREASURY NOTE | SD | | | 1 | 511,348 | 100.961 | 504,805 | 500,000 | 501,140 | | (10,208) | | | 2.380 | 1.983 | JJ | 4,958 | 5,938 | 08/23/2010 | 07/31/2017 |
| 912828-PK-0 | US TREASURY NOTE | SD | | | 1 | 199,490 | 101.227 | 207,515 | 205,000 | 204,145 | | 4,655 | | | 2.250 | 2.716 | MN | 393 | 4,613 | 12/08/2010 | 11/30/2017 |
| 912828-PX-2 | US TREASURY NOTE | SD | | | 1 | 265,083 | 107.344 | 284,462 | 265,000 | 265,038 | | (45) | | | 3.625 | 3.621 | FA | 3,602 | 4,803 | 02/14/2011 | 02/15/2021 |
| 0199999 | U. S. Governments - Issuer Obligations | | | | | 1,730,476 | | 1,771,296 | 1,720,000 | 1,721,216 | | (9,260) | | | | | | 17,444 | 27,728 | | |
| 0599999 | Subtotal - U. S. Governments | | | | | 1,730,476 | | 1,771,296 | 1,720,000 | 1,721,216 | | (9,260) | | | | | | 17,444 | 27,728 | | |
| U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations | | | | | | | | | | | | | | | | | | | | | |
| 313376-BR-5 | FEDERAL HOME LOAN BANK | SD | | | 1 | 629,015 | 101.047 | 611,334 | 605,000 | 613,105 | | (15,910) | | | 1.750 | 1.055 | JD | 500 | 10,588 | 09/10/2012 | 12/14/2018 |
| 3135G0-RT-2 | FEDERAL NATL MORTGAGE ASSOC 0.875% | | | | 1 | 499,820 | 99.945 | 499,725 | 500,000 | 499,831 | | 11 | | | 0.875 | 0.910 | JD | 134 | 2,188 | 12/09/2016 | 12/20/2017 |
| 2599999 | U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations | | | | | 1,128,835 | | 1,111,059 | 1,105,000 | 1,112,936 | | (15,899) | | | | | | 634 | 12,775 | | |
| 3199999 | Subtotal - U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | 1,128,835 | | 1,111,059 | 1,105,000 | 1,112,936 | | (15,899) | | | | | | 634 | 12,775 | | |
| 7799999 | Total Bonds - Subtotal - Issuer Obligations | | | | | 2,859,311 | | 2,882,356 | 2,825,000 | 2,834,152 | | (25,159) | | | | | | 18,078 | 40,503 | | |
| 8399999 | Total Bonds | | | | | 2,859,311 | | 2,882,356 | 2,825,000 | 2,834,152 | | (25,159) | | | | | | 18,078 | 40,503 | | |

Page E11

Sch. D, Pt. 2, Sn. 1, Preferred Stocks Owned

NONE

Page E12

Sch. D, Pt. 2, Sn. 2, Common Stocks Owned

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends |
|---|--|--------------|-----------------------|---------------------|-----------------------------------|------------------|----------------|---|
| Bonds - U. S. Governments | | | | | | | | |
| 313376-BR-5 | Federal Home Loan Bank | | 04/12/2016 | Merger | | 629,015 | 605,000.00 | |
| 912828-B3-3 | US Treasury Note | | 04/12/2016 | Merger | | 150,000 | 150,000.00 | |
| 912828-JH-4 | US Treasury Note | | 04/12/2016 | Merger | | 504,609 | 500,000.00 | |
| 912828-NR-7 | US Treasury Note | | 04/12/2016 | Merger | | 511,348 | 500,000.00 | |
| 912828-PK-0 | US Treasury Note | | 04/12/2016 | Merger | | 199,490 | 205,000.00 | |
| 912828-PX-2 | US Treasury Note | | 04/12/2016 | Merger | | 265,083 | 265,000.00 | |
| 0599999 | Subtotal - Bonds - U. S. Governments | | | | | 2,259,545 | 2,225,000.00 | |
| Bonds - U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | | | |
| 3135G0-RT-2 | FEDERAL NATL MORTGAGE ASSOC 0.875% | | 12/09/2016 | GX Clarke | | 499,820 | 500,000.00 | 2,090 |
| 3199999 | Subtotal - Bonds - U. S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | 499,820 | 500,000.00 | 2,090 |
| 8399997 | Subtotal - Bonds - Part 3 | | | | | 2,759,365 | 2,725,000.00 | 2,090 |
| 8399999 | Subtotal - Bonds | | | | | 2,759,365 | 2,725,000.00 | 2,090 |
| 9999999 | TOTALS | | | | | 2,759,365 | | 2,090 |

Page E14

Sch. D, Pt. 4, Long-Term Bonds and Stocks Disposed of
NONE

Page E15

Sch. D, Pt. 5, Long-Term Bonds and Stocks Acquired and Disp. of
NONE

Page E16

Sch. D, Pt. 6, Sn. 1, Valuation of Shares
NONE

Sch. D, Pt. 6, Sn. 2, Valuation of Shares
NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

| 1 CUSIP Identification | 2 Description | Codes | | 5 Date Acquired | 6 Name of Vendor | 7 Maturity Date | 8 Book/Adjusted Carrying Value | Change In Book/Adjusted Carrying Value | | | | 13 Par Value | 14 Actual Cost | Interest | | | | | | 21 Paid for Accrued Interest | | | |
|---|---|-----------|--------------|-----------------------|---------------------|-----------------------|--------------------------------------|---|--|--|---|-----------------|----------------------|---|--|------------------|----------------------------|--------------------|--------------------------------------|---------------------------------------|--------|--------|--------|
| | | 3 Code | 4 Foreign | | | | | 9 Unrealized Valuation Increase/ (Decrease) | 10 Current Year's (Amortization)/ Accretion | 11 Current Year's Other-Than- Temporary Impairment Recognized | 12 Total Foreign Exchange Change in B./A.C.V. | | | 15 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default | 16 Non-Admitted Due and Accrued | 17 Rate of | 18 Effective Rate of | 19 When Paid | 20 Amount Received During Year | | | | |
| U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations | | | | | | | | | | | | | | | | | | | | | | | |
| | FANNIE MAE | | | 12/09/2016 | Raymond James | 05/11/2017 | 507,816 | | (1,319) | | | 500,000 | 509,135 | 3,472 | | 5.000 | 0.661 | MN | | 2,153 | | | |
| | FANNIE MAE | | | 12/09/2016 | GX Clarke | 09/27/2017 | 200,246 | | (20) | | | 200,000 | 200,266 | 522 | | 1.000 | 0.833 | MS | | 417 | | | |
| | FANNIE MAE | | | 12/09/2016 | GX Clarke | 06/12/2017 | 510,232 | | (1,393) | | | 500,000 | 511,625 | 1,418 | | 5.375 | 0.783 | JD | | | | | |
| | FED HOME LN DISCOUNT NT | | | 12/09/2016 | Raymond James | 03/27/2017 | 299,628 | | 101 | | | 300,000 | 299,528 | | | | 0.529 | MS | | | | | |
| | FEDERAL FARM CREDIT BANK | | | 12/09/2016 | GX Clarke | 09/21/2017 | 308,973 | | (756) | | | 300,000 | 309,729 | 4,208 | | 5.050 | 0.888 | MS | | 3,409 | | | |
| | FEDERAL HOME LOAN BANK | | | 12/09/2016 | GX Clarke | 11/17/2017 | 517,761 | | (1,229) | | | 500,000 | 518,990 | 3,056 | | 5.000 | 0.928 | MN | | 1,736 | | | |
| | FEDERAL HOME LOAN BANK | | | 12/09/2016 | Raymond James | 08/28/2017 | 499,974 | | 4 | | | 500,000 | 499,970 | 1,281 | | 0.750 | 0.764 | FA | | 1,083 | | | |
| | FEDERAL HOME LOAN BANK | | | 12/09/2016 | Raymond James | 10/26/2017 | 499,085 | | 68 | | | 500,000 | 499,017 | 564 | | 0.625 | 0.850 | AO | | 399 | | | |
| | FREDDIE MAC | | | 12/09/2016 | Raymond James | 07/28/2017 | 500,859 | | (91) | | | 500,000 | 500,950 | 2,125 | | 1.000 | 0.700 | JJ | | 1,861 | | | |
| 2599999 | U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations | | | | | | | 3,844,574 | | (4,636) | | | 3,800,000 | 3,849,210 | 16,647 | | | | | | | 11,058 | |
| 3199999 | Subtotal - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | | 3,844,574 | | (4,636) | | | 3,800,000 | 3,849,210 | 16,647 | | | | | | | | 11,058 |
| 7799999 | Total Bonds - Subtotal - Issuer Obligations | | | | | | | 3,844,574 | | (4,636) | | | 3,800,000 | 3,849,210 | 16,647 | | | | | | | | 11,058 |
| 8399999 | TOTAL - Bonds | | | | | | | 3,844,574 | | (4,636) | | | 3,800,000 | 3,849,210 | 16,647 | | | | | | | | 11,058 |
| Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | | | | | | | | | | | | | | | | | | |
| 26200X-87-8 | DREYFUS INST TREAS & AGENCY | | | 12/30/2016 | BNY Mellon | | 3,253,780 | | | | | | 3,253,780 | | | | | | MON | | 13,986 | | |
| 261908-10-7 | DREYFUS TREASURY & AGENCY CASH MGT | | | 11/01/2016 | Undefined | | | | | | | | | | | | | | MON | | 1 | | |
| 316175-50-4 | FIDELITY TREASURY MONEY MARKET | | | 12/08/2016 | PNC | | 40,529 | | | | | | 40,529 | | | | | | MON | | | | |
| 94975H-29-6 | WELLS FARGO TREASURY PLUS MMF | | | 12/01/2016 | MERGER | | 1,125 | | | | | | 1,125 | | | | | | MON | | | | |
| 8899999 | Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | | 3,295,434 | | | | | 3,295,434 | | | | | | | | | 13,986 | |
| All Other Money Market Mutual Funds | | | | | | | | | | | | | | | | | | | | | | | |
| 711990-33-3 | TD BANK DEPOSIT SWEEP | | | 12/31/2016 | TD Bank | | 26,515 | | | | | | 26,515 | | | | | | MON | | 23 | | |
| 8999999 | Subtotal - All Other Money Market Mutual Funds | | | | | | | 26,515 | | | | | 26,515 | | | | | | | | | | 23 |
| 9199999 | TOTAL Short-Term Investments | | | | | | | 7,166,523 | | (4,636) | | | 7,171,159 | 7,171,159 | 16,647 | | | | | | | 14,010 | 11,058 |

Page E18

Schedule DB, Part A, Section 1

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

Page E19

Schedule DB, Part A, Section 2

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

Page E20

Schedule DB, Part B, Section 1

NONE

Broker Name

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

Page E21

Schedule DB, Part B, Section 2

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

Page E22

Schedule DB, Part D, Section 1

NONE

Page E23

Schedule DB, Part D, Section 2, Collateral Pledged By

NONE

Schedule DB, Part D, Section 2, Collateral Pledged To

NONE

Page E24

Schedule DL, Part 1, Securities Lending Collateral Assets

NONE

Page E25

Schedule DL, Part 2, Securities Lending Collateral Assets

NONE

SCHEDULE E - PART 1 - CASH

| 1 | | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|---------------|------------------|---|--|-------------|---|
| Depository | | Code | Rate of Interest | Amount of Interest Received During Year | Amount of Interest Accrued December 31 of Current Year | Balance | * |
| Name | Location and Supplemental Information | | | | | | |
| Open Depositories | | | | | | | |
| PNC Bank | PO Box 535230 Pittsburgh, Pennsylvania 15253-5230 | | | | | 45,859,597 | |
| PNC Bank | PO Box 535230 Pittsburgh, Pennsylvania 15253-5230 | | | | | 37,988,660 | |
| PNC Bank | PO Box 535230 Pittsburgh, Pennsylvania 15253-5230 | | | | | (7,767,223) | |
| 0199999 - TOTAL - Open Depositories | | | | | | 76,081,034 | |
| Suspended Depositories | | | | | | | |
| Various Accounts | | Cash accounts | | | | | |
| 0299999 - TOTAL - Suspended Depositories | | | | | | | |
| 0399999 - TOTAL Cash on Deposit | | | | | | 76,081,034 | |
| 0599999 - TOTAL Cash | | | | | | 76,081,034 | |

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

| | | | | | | | |
|-------------|------------|----------|------------|--------------|------------|--------------|------------|
| 1. January | 23,817,947 | 4. April | 29,026,448 | 7. July | 16,524,337 | 10. October | 16,421,459 |
| 2. February | 25,007,110 | 5. May | 16,085,823 | 8. August | 17,556,524 | 11. November | 5,217,454 |
| 3. March | 26,537,865 | 6. June | 15,968,135 | 9. September | 33,828,236 | 12. December | 76,081,034 |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

| 1 Description | 2 Code | 3 Date Acquired | 4 Rate of Interest | 5 Maturity Date | 6 Book/Adjusted Carrying Value | 7 Amount of Interest Due and Accrued | 8 Amount Received During Year |
|--|-----------|--------------------|-----------------------|--------------------|--------------------------------------|--|-------------------------------------|
| U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions, Issuer Obligations | | | | | | | |
| FED HOME LN DISCOUNT NT | | 12/09/2016 | | 01/30/2017 | 299,893 | | 85 |
| FED HOME LN DISCOUNT NT | | 12/09/2016 | | 02/27/2017 | 299,767 | | 94 |
| 2599999 - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions, Issuer Obligations | | | | | 599,660 | | 179 |
| 3199999 - Subtotals - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | 599,660 | | 179 |
| 7799999 - TOTAL Bonds, Subtotals - Issuer Obligations | | | | | 599,660 | | 179 |
| 8399999 - TOTAL Bonds, Subtotals - Bonds | | | | | 599,660 | | 179 |
| 8699999 - TOTAL Cash Equivalents | | | | | 599,660 | | 179 |

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

| States, Etc. | 1 Type of Deposit | 2 Purpose of Deposit | Deposits For the Benefit of All Policyholders | | All Other Special Deposits | |
|---|----------------------|-------------------------|---|-----------------|-----------------------------------|-----------------|
| | | | 3 Book/Adjusted Carrying Value | 4 Fair Value | 5 Book/Adjusted Carrying Value | 6 Fair Value |
| 1. Alabama | AL | | | | | |
| 2. Alaska | AK | | | | | |
| 3. Arizona | AZ | B | Policy Holders | 55,008 | 59,039 | |
| 4. Arkansas | AR | | | | | |
| 5. California | CA | | | | | |
| 6. Colorado | CO | | | | | |
| 7. Connecticut | CT | | | | | |
| 8. Delaware | DE | | | | | |
| 9. District of Columbia | DC | | | | | |
| 10. Florida | FL | | | | | |
| 11. Georgia | GA | B | Policy Holders | 99,583 | 101,227 | |
| 12. Hawaii | HI | | | | | |
| 13. Idaho | ID | | | | | |
| 14. Illinois | IL | | | | | |
| 15. Indiana | IN | | | | | |
| 16. Iowa | IA | | | | | |
| 17. Kansas | KS | | | | | |
| 18. Kentucky | KY | | | | | |
| 19. Louisiana | LA | | | | | |
| 20. Maine | ME | | | | | |
| 21. Maryland | MD | | | | | |
| 22. Massachusetts | MA | B | Policy Holders | 104,562 | 106,288 | |
| 23. Michigan | MI | | | | | |
| 24. Minnesota | MN | | | | | |
| 25. Mississippi | MS | | | | | |
| 26. Missouri | MO | | | | | |
| 27. Montana | MT | | | | | |
| 28. Nebraska | NE | | | | | |
| 29. Nevada | NV | | | | | |
| 30. New Hampshire | NH | | | | | |
| 31. New Jersey | NJ | B | Policy Holders | 1,608,732 | 1,633,740 | |
| 32. New Mexico | NM | B | Policy Holders | 105,015 | 112,711 | |
| 33. New York | NY | | | | | |
| 34. North Carolina | NC | | | | | |
| 35. North Dakota | ND | | | | | |
| 36. Ohio | OH | B | Policy Holders | 105,015 | 112,711 | |
| 37. Oklahoma | OK | | | | | |
| 38. Oregon | OR | | | | | |
| 39. Pennsylvania | PA | | | | | |
| 40. Rhode Island | RI | | | | | |
| 41. South Carolina | SC | B | Policy Holders | 150,000 | 150,815 | |
| 42. South Dakota | SD | | | | | |
| 43. Tennessee | TN | | | | | |
| 44. Texas | TX | | | | | |
| 45. Utah | UT | | | | | |
| 46. Vermont | VT | | | | | |
| 47. Virginia | VA | B | Policy Holders | 106,407 | 106,099 | |
| 48. Washington | WA | | | | | |
| 49. West Virginia | WV | | | | | |
| 50. Wisconsin | WI | | | | | |
| 51. Wyoming | WY | | | | | |
| 52. American Samoa | AS | | | | | |
| 53. Guam | GU | | | | | |
| 54. Puerto Rico | PR | | | | | |
| 55. U. S. Virgin Islands | VI | | | | | |
| 56. Northern Mariana Islands | MP | | | | | |
| 57. Canada | CAN | | | | | |
| 58. Aggregate Alien and Other | OT | XXX | XXX | | | |
| 59. Total | | XXX | XXX | 2,334,322 | 2,382,630 | |
| DETAILS OF WRITE-INS | | | | | | |
| 5801. | | | | | | |
| 5802. | | | | | | |
| 5803. | | | | | | |
| 5898. Sum of remaining write-ins for Line 58 from overflow page | | XXX | XXX | | | |
| 5899. Total (Lines 5801 - 5803 + 5898) | | XXX | XXX | | | |

Health

Annual Statement Blank Alphabetical Index

| | | | |
|--|------|--|------|
| Analysis of Operations By Lines of Business | 7 | Schedule E - Verification Between Years | SI15 |
| Assets | 2 | Schedule S - Part 1 - Section 2 | 31 |
| Cash Flow | 6 | Schedule S - Part 2 | 32 |
| Exhibit 1 - Enrollment By Product Type for Health Business Only | 17 | Schedule S - Part 3 - Section 2 | 33 |
| Exhibit 2 - Accident and Health Premiums Due and Unpaid | 18 | Schedule S - Part 4 | 34 |
| Exhibit 3 - Health Care Receivables | 19 | Schedule S - Part 5 | 35 |
| Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued | 20 | Schedule S - Part 6 | 36 |
| Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus | 21 | Schedule S - Part 7 | 37 |
| Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates | 22 | Schedule T - Part 2 - Interstate Compact | 39 |
| Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates | 23 | Schedule T - Premiums and Other Considerations | 38 |
| Exhibit 7 - Part 1 - Summary of Transactions With Providers | 24 | Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group | 40 |
| Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries | 24 | Schedule Y - Part 1A - Detail of Insurance Holding Company System | 41 |
| Exhibit 8 - Furniture, Equipment and Supplies Owned | 25 | Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates | 42 |
| Exhibit of Capital Gains (Losses) | 15 | Statement of Revenue and Expenses | 4 |
| Exhibit of Net Investment Income | 15 | Summary Investment Schedule | SI01 |
| Exhibit of Nonadmitted Assets | 16 | Supplemental Exhibits and Schedules Interrogatories | 43 |
| Exhibit of Premiums, Enrollment and Utilization (State Page) | 30 | Underwriting and Investment Exhibit - Part 1 | 8 |
| Five-Year Historical Data | 29 | Underwriting and Investment Exhibit - Part 2 | 9 |
| General Interrogatories | 27 | Underwriting and Investment Exhibit - Part 2A | 10 |
| Jurat Page | 1 | Underwriting and Investment Exhibit - Part 2B | 11 |
| Liabilities, Capital and Surplus | 3 | Underwriting and Investment Exhibit - Part 2C | 12 |
| Notes To Financial Statements | 26 | Underwriting and Investment Exhibit - Part 2D | 13 |
| Overflow Page For Write-ins | 44 | Underwriting and Investment Exhibit - Part 3 | 14 |
| Schedule A - Part 1 | E01 | | |
| Schedule A - Part 2 | E02 | | |
| Schedule A - Part 3 | E03 | | |
| Schedule A - Verification Between Years | SI02 | | |
| Schedule B - Part 1 | E04 | | |
| Schedule B - Part 2 | E05 | | |
| Schedule B - Part 3 | E06 | | |
| Schedule B - Verification Between Years | SI02 | | |
| Schedule BA - Part 1 | E07 | | |
| Schedule BA - Part 2 | E08 | | |
| Schedule BA - Part 3 | E09 | | |
| Schedule BA - Verification Between Years | SI03 | | |
| Schedule D - Part 1 | E10 | | |
| Schedule D - Part 1A - Section 1 | SI05 | | |
| Schedule D - Part 1A - Section 2 | SI08 | | |
| Schedule D - Part 2 - Section 1 | E11 | | |
| Schedule D - Part 2 - Section 2 | E12 | | |
| Schedule D - Part 3 | E13 | | |
| Schedule D - Part 4 | E14 | | |
| Schedule D - Part 5 | E15 | | |
| Schedule D - Part 6 - Section 1 | E16 | | |
| Schedule D - Part 6 - Section 2 | E16 | | |
| Schedule D - Summary By Country | SI04 | | |
| Schedule D - Verification Between Years | SI03 | | |
| Schedule DA - Part 1 | E17 | | |
| Schedule DA - Verification Between Years | SI10 | | |
| Schedule DB - Part A - Section 1 | E18 | | |
| Schedule DB - Part A - Section 2 | E19 | | |
| Schedule DB - Part A - Verification Between Years | SI11 | | |
| Schedule DB - Part B - Section 1 | E20 | | |
| Schedule DB - Part B - Section 2 | E21 | | |
| Schedule DB - Part B - Verification Between Years | SI11 | | |
| Schedule DB - Part C - Section 1 | SI12 | | |
| Schedule DB - Part C - Section 2 | SI13 | | |
| Schedule DB - Part D - Section 1 | E22 | | |
| Schedule DB - Part D - Section 2 | E23 | | |
| Schedule DB - Verification | SI14 | | |
| Schedule DL - Part 1 | E24 | | |
| Schedule DL - Part 2 | E25 | | |
| Schedule E - Part 1 - Cash | E26 | | |
| Schedule E - Part 2 - Cash Equivalents | E27 | | |
| Schedule E - Part 3 - Special Deposits | E28 | | |



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code 0000 , 0000 NAIC Company Code 86371 Employer's ID Number 31-052223
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile US

Licensed as business type:

Life, Accident and Health Property/Casualty Hospital, Medical and Dental Service or Indemnity
 Dental Service Corporation Vision Service Corporation Other
 Health Maintenance Organization Is HMO Federally Qualified? Yes () No ()

Incorporated/Organized October 25, 1947 Commenced Business February 6, 1948

Statutory Home Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311 201-432-2133
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)
201-432-2133
(Area Code) (Telephone Number)

Internet Website Address www.cloverhealth.com

Statutory Statement Contact Steven Shirazi, Mr. 201-479-3885
(Name) (Area Code) (Telephone Number) (Extension)
steven.shirazi@cloverhealth.com 732-384-2810
(E-Mail Address) (Fax Number)

OFFICERS

Vivek Garipalli (CEO)
Willson Keenan# (Chief Operating Officer)

Kris Gale# (Chief Technology Officer)
Dr. Mark Spektor# (Chief Medical Officer)

OTHER OFFICERS

Wendy Richey# (Chief Compliance Officer)
Brady Priest# (General Counsel)
Les Granow# (Chief Financial Officer)
Ron Williams# (Chief Security Officer)
Judah Rabinowitz# (Chief Actuary)
Rachel Fish# (Chief Administrative Officer)

DIRECTORS OR TRUSTEES

Vivek Garipalli
Edward Berde
Justin Doheny

State of New Jersey }
 County of Hudson } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Vivek Garipalli
 CEO

Les Granow#
 CFO

Subscribed and sworn to before me this
 day of _____

- a. Is this an original filing? Yes (X) No ()
 b. If no: 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Page 18

Exhibit 2, Accident and Health Premiums Due and Unpaid

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| Pharmaceutical Rebate Receivables | 1,831,941 | 1,644,629 | 1,589,826 | 6,786,622 | 6,786,622 | 5,066,396 |
| 0199999 - Pharmaceutical Rebate Receivables | 1,831,941 | 1,644,629 | 1,589,826 | 6,786,622 | 6,786,622 | 5,066,396 |
| Claim Overpayment Receivables | | | | 633,174 | 633,174 | |
| Claims Overpayments | | | | 1,023,836 | 1,023,836 | |
| Provider Overpayment Recoupments | | | | 1,657,010 | 1,657,010 | |
| 0299999 - Claim Overpayment Receivables | | | | 1,657,010 | 1,657,010 | |
| 0799999 - Gross Health Care Receivables | 1,831,941 | 1,644,629 | 1,589,826 | 8,443,632 | 8,443,632 | 5,066,396 |

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|--|---|---|---|--|---|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Amounts Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | Health Care Receivables in Prior Years (Column 1 + Column 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | 3,809,860 | 2,956,214 | 254,473 | 11,598,545 | 4,064,333 | 1,875,500 |
| 2. Claim overpayment receivables | | | 633,174 | 1,023,836 | 633,174 | |
| 3. Loans and advances to providers | | | | | | |
| 4. Capitation arrangement receivables | | | | | | |
| 5. Risk sharing receivables | | | | | | |
| 6. Other health care receivables | | | | | | |
| 7. Totals (Line 1 through Line 6) | 3,809,860 | 2,956,214 | 887,647 | 12,622,381 | 4,697,507 | 1,875,500 |

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Individually listed claims unpaid (Reported) | | | | | | |
| IBNR | 3,495,488 | 1,537,280 | 839,417 | 547,006 | 1,186,522 | 7,605,713 |
| Unpaid Claims | 1,876,138 | | | | | 1,876,138 |
| 0199999 - Individually listed claims unpaid (Reported) | 5,371,626 | 1,537,280 | 839,417 | 547,006 | 1,186,522 | 9,481,851 |
| 0499999 - Subtotals | 5,371,626 | 1,537,280 | 839,417 | 547,006 | 1,186,522 | 9,481,851 |
| 0799999 - Total claims unpaid | | | | | | 9,481,851 |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Name of Affiliate | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | Admitted | |
|--|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
| | | | | | | 7 Current | 8 Non-Current |
| Individually listed receivables | | | | | | | |
| Clover Health, LLC | 1,066,984 | | | | | 1,066,984 | |
| 0199999 - Subtotal - Individually listed receivables | 1,066,984 | | | | | 1,066,984 | |
| 0399999 - TOTAL gross amounts receivable | 1,066,984 | | | | | 1,066,984 | |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Affiliate | 2 Description | 3 Amount | 4 Current | 5 Non-Current |
|--|--------------------|-------------|--------------|------------------|
| Individually listed payable | | | | |
| Clover Health, LLC | Administration fee | 188,483 | 188,483 | |
| Clover Health Investments, Corp | Interest Expense | 150,000 | 150,000 | |
| 0199999 - Subtotal - Individually listed payable | | 338,483 | 338,483 | |
| 0399999 - TOTAL gross payables | | 338,483 | 338,483 | |

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|--|--|-------------------------------|---|--|--|
| Capitation Payments: | | | | | | |
| 1. Medical groups | | | | | | |
| 2. Intermediaries | | | | | | |
| 3. All other providers | | | | | | |
| 4. Total capitation payments | | | | | | |
| Other Payments: | | | | | | |
| 5. Fee-for-service | | | X X X | X X X | | |
| 6. Contractual fee payments | 153,946,894 | 100.000 | X X X | X X X | | 153,946,894 |
| 7. Bonus/withhold arrangements - fee-for-service | | | X X X | X X X | | |
| 8. Bonus/withhold arrangements - contractual fee payments | | | X X X | X X X | | |
| 9. Non-contingent salaries | | | X X X | X X X | | |
| 10. Aggregate cost arrangements | | | X X X | X X X | | |
| 11. All other payments | 153,946,894 | 100.000 | X X X | X X X | | 153,946,894 |
| 12. Total other payments | | | X X X | X X X | | |
| 13. Total (Line 4 plus Line 12) | 153,946,894 | 100% | X X X | X X X | | 153,946,894 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 NAIC Code | 2 Name of Intermediary | 3 Capitation Paid | 4 Average Monthly Capitation | 5 Intermediary's Total Adjusted Capital | 6 Intermediary's Authorized Control Level RBC |
|----------------|---------------------------|----------------------|------------------------------------|---|---|
|----------------|---------------------------|----------------------|------------------------------------|---|---|

NONE

Page 25

Exhibit 8, Furniture and Equipment and Supplies Owned
NONE



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 454 | | | | | | | | | 454 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF ALASKA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 6,504 | | | | | | | | | 6,504 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30AZ



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 820 | | | | | | | | | 820 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 26,949 | | | | | | | | | 26,949 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30CA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 13,853 | | | | | | | | | 13,853 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

3000



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 9,190 | | | | | | | | | 9,190 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30CT



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,207 | | | | | | | | | 1,207 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 581 | | | | | | | | | 581 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 3,654 | | | | | | | | | 3,654 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 3,563 | | | | | | | | | 3,563 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 38,385 | | | | | | | | | 38,385 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 2,422 | | | | | | | | | 2,422 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 103,528 | | | | | | | | | 103,528 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 8,901 | | | | | | | | | 8,901 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 17,132 | | | | | | | | | 17,132 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 10,398 | | | | | | | | | 10,398 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30KS



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 5,236 | | | | | | | | | 5,236 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,808 | | | | | | | | | 1,808 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF MAINE DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30ME



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 17,855 | | | | | | | | | 17,855 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30MD



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 9,578 | | | | | | | | | 9,578 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,000 | | | | | | | | | 1,000 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 20,690 | | | | | | | | | 20,690 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30M03



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MONTANA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30MT



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 18,028 | | | | | | | | | 18,028 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 2,999 | | | | | | | | | 2,999 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 7,237 | | | | | | | 7,237 | | |
| 2. First Quarter | 16,249 | | | | | | | 16,249 | | |
| 3. Second Quarter | 17,697 | | | | | | | 17,697 | | |
| 4. Third Quarter | 19,325 | | | | | | | 19,325 | | |
| 5. Current Year | 20,432 | | | | | | | 20,432 | | |
| 6. Current Year Member Months | 216,827 | | | | | | | 216,827 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | 183,791,032 | | | | | | | 183,791,032 | | |
| 13. Life Premiums Direct | 854 | | | | | | | | | 854 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 183,791,032 | | | | | | | 183,791,032 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 153,946,894 | | | | | | | 153,946,894 | | |
| 18. Amount Incurred for Provision of Health Care Services | 191,098,967 | | | | | | | 191,098,967 | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30NJ



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30NM



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,527 | | | | | | | | | 1,527 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30NC



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30ND



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 30,119 | | | | | | | | | 30,119 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

300H



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 2,076 | | | | | | | | | 2,076 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

300K



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 8,623 | | | | | | | | | 8,623 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

300R



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 33,601 | | | | | | | | | 33,601 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 46,384 | | | | | | | | | 46,384 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 819 | | | | | | | | | 819 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

303C



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 4,480 | | | | | | | | | 4,480 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30SD



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,472 | | | | | | | | | 1,472 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 19,330 | | | | | | | | | 19,330 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

301X



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 868 | | | | | | | | | 868 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 14,828 | | | | | | | | | 14,828 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 2,972 | | | | | | | | | 2,972 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30WA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30MV



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 8,808 | | | | | | | | | 8,808 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 724 | | | | | | | | | 724 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30WV



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 7,237 | | | | | | | 7,237 | | |
| 2. First Quarter | 16,249 | | | | | | | 16,249 | | |
| 3. Second Quarter | 17,697 | | | | | | | 17,697 | | |
| 4. Third Quarter | 19,325 | | | | | | | 19,325 | | |
| 5. Current Year | 20,432 | | | | | | | 20,432 | | |
| 6. Current Year Member Months | 216,827 | | | | | | | 216,827 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | 183,791,032 | | | | | | | 183,791,032 | | |
| 13. Life Premiums Direct | 502,223 | | | | | | | | | 502,223 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 183,791,032 | | | | | | | 183,791,032 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 153,946,894 | | | | | | | 153,946,894 | | |
| 18. Amount Incurred for Provision of Health Care Services | 191,098,967 | | | | | | | 191,098,967 | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30GT

Page 31

Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|-------------------|-------------------------------|-----------------------------|-------------|---------------|
| NAIC Company Code | ID Number | Effective Date | Name of Company | Domiciliary Jurisdiction | Paid Losses | Unpaid Losses |
| Accident and Health, Non-Affiliates, U.S. Non-Affiliates | | | | | | |
| 82627 | 06-0839705 | 01/10/2015 | SWISS RE LIFE & HLTH AMER INC | MO | 77,133,727 | 22,843,341 |
| 1999999 | - Accident and Health, Non-Affiliates, U.S. Non-Affiliates | | | | 77,133,727 | 22,843,341 |
| 2199999 | - Accident and Health, Total Non-Affiliates | | | | 77,133,727 | 22,843,341 |
| 2299999 | - Total Accident and Health | | | | 77,133,727 | 22,843,341 |
| 2399999 | - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) | | | | 77,133,727 | 22,843,341 |
| 9999999 | - Total (Sum of 1199999 and 2299999) | | | | 77,133,727 | 22,843,341 |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Premiums | 9 Unearned Premiums (Estimated) | 10 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|---|-------------------|------------------------|-------------------------------|----------------------------------|--------------------------------------|-----------------------------|---------------|--|--|----------------------------|---------------------|--|---|
| | | | | | | | | | | 11 Current Year | 12 Prior Year | | |
| General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates | | | | | | | | | | | | | |
| 82627 | 06-0839705 | 01/10/2015 | SWISS RE LIFE & HLTH AMER INC | MO | QA/A/I | MS | 137,162,059 | | | | | | |
| 0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates | | | | | | | 137,162,059 | | | | | | |
| 1099999 - General Account, Total Authorized Non-Affiliates | | | | | | | 137,162,059 | | | | | | |
| 1199999 - Total General Account Authorized | | | | | | | 137,162,059 | | | | | | |
| 3499999 - Total General Account Authorized, Unauthorized and Certified | | | | | | | 137,162,059 | | | | | | |
| 6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) | | | | | | | 137,162,059 | | | | | | |
| 9999999 - TOTAL (Sum of 3499999 and 6899999) | | | | | | | 137,162,059 | | | | | | |

Page 34

Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies

NONE

Sch. S, Pt. 4, Bank Footnote

NONE

Page 35

Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers

NONE

Sch. S, Pt. 5, Bank Footnote

NONE

SCHEDULES S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

| | 1 | 2 | 3 | 4 | 5 |
|---|---------|--------|------|------|------|
| | 2016 | 2015 | 2014 | 2013 | 2012 |
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | | | | | |
| 2. Title XVIII - Medicare | 137,836 | 12,955 | | | |
| 3. Title XIX - Medicaid | | | | | |
| 4. Commissions and reinsurance expense allowance | | | | | |
| 5. Total hospital and medical expenses | | | | | |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | | | | | |
| 7. Claims payable | | | | | |
| 8. Reinsurance recoverable on paid losses | 77,134 | 6,174 | | | |
| 9. Experience rating refunds due or unpaid | | 674 | | | |
| 10. Commissions and reinsurance expense allowances due | | | | | |
| 11. Unauthorized reinsurance offset | | | | | |
| 12. Offset for reinsurance with Certified Reinsurers | | | | | |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F) | | | | | |
| 14. Letters of credit (L) | | | | | |
| 15. Trust agreements (T) | | | | | |
| 16. Other (O) | | | | | |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust | | | | | |
| 18. Funds deposited by and withheld from (F) | | | | | |
| 19. Letters of credit (L) | | | | | |
| 20. Trust agreements (T) | | | | | |
| 21. Other (O) | | | | | |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Column 3) | | | |
| 1. Cash and invested assets (Line 12) | 86,681,368 | | 86,681,368 |
| 2. Accident and health premiums due and unpaid (Line 15) | 3,404,418 | | 3,404,418 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | 77,133,727 | (77,133,727) | |
| 4. Net credit for ceded reinsurance | X X X | | |
| 5. All other admitted assets (Balance) | 21,854,822 | | 21,854,822 |
| 6. Total assets (Line 28) | 189,074,335 | (77,133,727) | 111,940,608 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 9,481,851 | 22,843,341 | 32,325,192 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | | | |
| 9. Premiums received in advance (Line 8) | | | |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) | | | |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) | | | |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) | | | |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | | | |
| 14. All other liabilities (Balance) | 111,605,716 | (99,977,068) | 11,628,648 |
| 15. Total liabilities (Line 24) | 121,087,567 | (77,133,727) | 43,953,840 |
| 16. Total capital and surplus (Line 33) | 67,986,768 | X X X | 67,986,768 |
| 17. Total liabilities, capital and surplus (Line 34) | 189,074,335 | (77,133,727) | 111,940,608 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid | | | |
| 19. Accrued medical incentive pool | | | |
| 20. Premiums received in advance | | | |
| 21. Reinsurance recoverable on paid losses | | | |
| 22. Other ceded reinsurance recoverables | | | |
| 23. Total ceded reinsurance recoverables | | | |
| 24. Premiums receivable | | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized insurers | | | |
| 26. Unauthorized reinsurance | | | |
| 27. Reinsurance with Certified Reinsurers | | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers | | | |
| 29. Other ceded reinsurance payables/offsets | | | |
| 30. Total ceded reinsurance payables/offsets | | | |
| 31. Total net credit for ceded reinsurance | | | |

Page 39

Sch. T, Part 2, Interstate Compact

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------------------|-------------------|------------|--------------|-------|--|---|----------------------|----------------------------------|--|--|--|---|----------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity (ies) /Person (s) | Is An SCA Filing Required? (Y/N) | * |
| ..... | Clover Health Investment | ..... | 47-1435489 | ..... | ..... | ..... | Clover Health Investments, Corp | DE | UDP | NJ Healthcare Investments | Ownership | 57.800 | NJ Helathcare Investments | ..... | ..... |
| ..... | Clover Health Investment | 86371 | 31-0522223 | ..... | ..... | ..... | CLOVER INS CO | NJ | UDP | Clover Health Investments, Corp | Ownership | 100.000 | NJ Helathcare Investments | ..... | ..... |
| ..... | Clover Health Investment | ..... | 38-3889370 | ..... | ..... | ..... | Clover Health, LLC | NJ | UDP | Clover Health Investments, Corp | Ownership | 100.000 | NJ Helathcare Investments | ..... | ..... |
| ..... | Clover Health Investment | ..... | 27-2761894 | ..... | ..... | ..... | Clover Healthcare, LLC | NJ | UDP | Clover Health Investments, Corp | Ownership | 100.000 | NJ Helathcare Investments | ..... | ..... |
| ..... | Clover Health Investment | ..... | 36-4744890 | ..... | ..... | ..... | Clover HMO, LLC | NJ | UDP | Clover Health Investments, Corp | Ownership | 100.000 | NJ Helathcare Investments | ..... | ..... |

| | |
|----------|-------------|
| Asterisk | Explanation |
|----------|-------------|

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|------------|--|-----------------------|-----------------------|--|--|---|---|----|--|---------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| 14203 | 45-4535883 | Clover Insurance Company | | 99,824,123 | 700,000 | | (25,730,552) | | | | 74,793,571 | |
| | | Clover Healthcare, LLC | | | (700,000) | | (29,192) | | | | (729,192) | |
| | | Clover Health, LLC | | 62,000,000 | | | 25,759,744 | | | | 87,759,744 | |
| | | Clover Health Investment, Corp | | (161,824,123) | | | | | | | (161,824,123) | |
| 9999999 | | CONTROL TOTALS | | | | | | | | | | |

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| MARCH FILING | RESPONSE |
|---|-----------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | SEE EXPLANATION |
| EXPLANATION: Clover Insurance Company (the Company) has a service agreement with its affiliated company Clover Health LLC (Clover), whereby clover is responsible to pay all the operating expenses and the Company will compensate Clover 14% of its gross premium. | |
| BARCODE: Document Identifier 460: | |
| 2. Will an actuarial opinion be filed by March 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 440: | |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 390: | |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 390: | |
| APRIL FILING | |
| 5. Will Management's Discussion and Analysis be filed by April 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 350: | |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 285: | |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | SEE EXPLANATION |
| EXPLANATION: The Company only writes Medicare Advantage business | |
| BARCODE: Document Identifier 210: | |
| JUNE FILING | |
| 8. Will an audited financial report be filed by June 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 220: | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| JUNE FILING | RESPONSE |
|--|----------|
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 221: | |

| AUGUST FILING | RESPONSE |
|---|----------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 222: | |

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| MARCH FILING | RESPONSE |
|--|-----------------------------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 360: | 8 6 3 7 1 2 0 1 6 3 6 0 0 0 0 0 0 |

| | |
|---|-----------------------------------|
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 205: | 8 6 3 7 1 2 0 1 6 2 0 5 0 0 0 0 0 |

| | |
|--|-----------------------------------|
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 207: | 8 6 3 7 1 2 0 1 6 2 0 7 0 0 0 0 0 |

| | |
|--|-----------------------------------|
| 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 420: | 8 6 3 7 1 2 0 1 6 4 2 0 0 0 0 0 0 |

| | |
|--|-----------------------------------|
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 371: | 8 6 3 7 1 2 0 1 6 3 7 1 0 0 0 0 0 |

| | |
|---|-----------------------------------|
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 370: | 8 6 3 7 1 2 0 1 6 3 7 0 0 0 0 0 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

RESPONSE

17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 365:



18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 224:



19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 225:



20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 226:



APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 306:



22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

NO

EXPLANATION:

BARCODE:
Document Identifier 211:



23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

NO

EXPLANATION:

BARCODE:
Document Identifier 213:



24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 216:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

APRIL FILING

RESPONSE

25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

BARCODE:

Document Identifier 217:



AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES

EXPLANATION:

BARCODE:

Document Identifier 223:

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW WRITE-INS FOR Page 2, Assets

| | Current Year | | | Prior Year |
|---|--------------|----------------------------|--|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| AGGREGATED AT Line 25, Other-than-Invested Assets | | | | |
| 2504. NJ State Pharmacy Assistance Program Subsidy Receivable | 222,373 | | 222,373 | |
| 2505. Direct Reserve Life | 6,102,364 | | 6,102,364 | |
| 2506. Claims Receivables | 633,174 | 633,174 | | |
| 2507. Policy /Contract Claims Reins Reserves | 100,053 | | 100,053 | |
| 2508. State Guaranty Assessment Fee | 34,681 | | 34,681 | |
| 2509. Intangible Assets -Licenses | 2,990,000 | 2,990,000 | | |
| 2510. Other Assets | 203 | | 203 | |
| 2598. Line 25, Other-than-Invested Assets | 10,082,848 | 3,623,174 | 6,459,674 | |

OVERFLOW WRITE-INS FOR Page 3, Liabilities, Capital and Surplus

| | Current Year | | | Prior Year |
|---|--------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| AGGREGATED AT Line 23, Other Liabilities | | | | |
| 2304. Ceded Reserves - Reinsurance Recovery | 6,203,080 | | 6,203,080 | |
| 2398. Line 23, Other Liabilities | 6,203,080 | | 6,203,080 | |

OVERFLOW WRITE-INS FOR Page 4, Statement of Revenue and Expenses

| | Current Year | | Prior Year |
|---|----------------|------------|------------|
| | 1 Uncovered | 2 Total | 3 Total |
| AGGREGATED AT Line 29, Other Income or Expenses | | | |
| 2904. Corp Business Tax and Audit Fees | | 11,485 | |
| 2998. Line 29, Other Income or Expenses | | 11,485 | |

OVERFLOW WRITE-INS FOR Page 16, Exhibit of Nonadmitted Assets

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|---|---|---|---|
| AGGREGATED AT Line 25, Other-than-Invested Assets | | | |
| 2504. Intangible Assets-Licenses | 2,990,000 | | (2,990,000) |
| 2598. Line 25, Other-than-Invested Assets | 2,990,000 | | (2,990,000) |

Health

Annual Statement Blank Alphabetical Index

| | | | |
|--|------|--|------|
| Analysis of Operations By Lines of Business | 7 | Schedule E - Verification Between Years | SI15 |
| Assets | 2 | Schedule S - Part 1 - Section 2 | 31 |
| Cash Flow | 6 | Schedule S - Part 2 | 32 |
| Exhibit 1 - Enrollment By Product Type for Health Business Only | 17 | Schedule S - Part 3 - Section 2 | 33 |
| Exhibit 2 - Accident and Health Premiums Due and Unpaid | 18 | Schedule S - Part 4 | 34 |
| Exhibit 3 - Health Care Receivables | 19 | Schedule S - Part 5 | 35 |
| Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued | 20 | Schedule S - Part 6 | 36 |
| Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus | 21 | Schedule S - Part 7 | 37 |
| Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates | 22 | Schedule T - Part 2 - Interstate Compact | 39 |
| Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates | 23 | Schedule T - Premiums and Other Considerations | 38 |
| Exhibit 7 - Part 1 - Summary of Transactions With Providers | 24 | Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group | 40 |
| Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries | 24 | Schedule Y - Part 1A - Detail of Insurance Holding Company System | 41 |
| Exhibit 8 - Furniture, Equipment and Supplies Owned | 25 | Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates | 42 |
| Exhibit of Capital Gains (Losses) | 15 | Statement of Revenue and Expenses | 4 |
| Exhibit of Net Investment Income | 15 | Summary Investment Schedule | SI01 |
| Exhibit of Nonadmitted Assets | 16 | Supplemental Exhibits and Schedules Interrogatories | 43 |
| Exhibit of Premiums, Enrollment and Utilization (State Page) | 30 | Underwriting and Investment Exhibit - Part 1 | 8 |
| Five-Year Historical Data | 29 | Underwriting and Investment Exhibit - Part 2 | 9 |
| General Interrogatories | 27 | Underwriting and Investment Exhibit - Part 2A | 10 |
| Jurat Page | 1 | Underwriting and Investment Exhibit - Part 2B | 11 |
| Liabilities, Capital and Surplus | 3 | Underwriting and Investment Exhibit - Part 2C | 12 |
| Notes To Financial Statements | 26 | Underwriting and Investment Exhibit - Part 2D | 13 |
| Overflow Page For Write-ins | 44 | Underwriting and Investment Exhibit - Part 3 | 14 |
| Schedule A - Part 1 | E01 | | |
| Schedule A - Part 2 | E02 | | |
| Schedule A - Part 3 | E03 | | |
| Schedule A - Verification Between Years | SI02 | | |
| Schedule B - Part 1 | E04 | | |
| Schedule B - Part 2 | E05 | | |
| Schedule B - Part 3 | E06 | | |
| Schedule B - Verification Between Years | SI02 | | |
| Schedule BA - Part 1 | E07 | | |
| Schedule BA - Part 2 | E08 | | |
| Schedule BA - Part 3 | E09 | | |
| Schedule BA - Verification Between Years | SI03 | | |
| Schedule D - Part 1 | E10 | | |
| Schedule D - Part 1A - Section 1 | SI05 | | |
| Schedule D - Part 1A - Section 2 | SI08 | | |
| Schedule D - Part 2 - Section 1 | E11 | | |
| Schedule D - Part 2 - Section 2 | E12 | | |
| Schedule D - Part 3 | E13 | | |
| Schedule D - Part 4 | E14 | | |
| Schedule D - Part 5 | E15 | | |
| Schedule D - Part 6 - Section 1 | E16 | | |
| Schedule D - Part 6 - Section 2 | E16 | | |
| Schedule D - Summary By Country | SI04 | | |
| Schedule D - Verification Between Years | SI03 | | |
| Schedule DA - Part 1 | E17 | | |
| Schedule DA - Verification Between Years | SI10 | | |
| Schedule DB - Part A - Section 1 | E18 | | |
| Schedule DB - Part A - Section 2 | E19 | | |
| Schedule DB - Part A - Verification Between Years | SI11 | | |
| Schedule DB - Part B - Section 1 | E20 | | |
| Schedule DB - Part B - Section 2 | E21 | | |
| Schedule DB - Part B - Verification Between Years | SI11 | | |
| Schedule DB - Part C - Section 1 | SI12 | | |
| Schedule DB - Part C - Section 2 | SI13 | | |
| Schedule DB - Part D - Section 1 | E22 | | |
| Schedule DB - Part D - Section 2 | E23 | | |
| Schedule DB - Verification | SI14 | | |
| Schedule DL - Part 1 | E24 | | |
| Schedule DL - Part 2 | E25 | | |
| Schedule E - Part 1 - Cash | E26 | | |
| Schedule E - Part 2 - Cash Equivalents | E27 | | |
| Schedule E - Part 3 - Special Deposits | E28 | | |



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE
CLOVER INSURANCE COMPANY

NAIC Group Code 0000 , 0000 NAIC Company Code 86371 Employer's ID Number 31-052223
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Other []
 Health Maintenance Organization [] Is HMO Federally Qualified? Yes () No ()

Incorporated/Organized October 25, 1947 Commenced Business February 6, 1948

Statutory Home Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311 201-432-2133
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records Harborside Plaza Ten, 3 Second Street, Jersey City, New Jersey, US 07311
(Street and Number, City or Town, State, Country and Zip Code)
201-432-2133
(Area Code) (Telephone Number)

Internet Website Address www.cloverhealth.com

Statutory Statement Contact Steven Shirazi, Mr. 201-479-3885
(Name) (Area Code) (Telephone Number) (Extension)
steven.shirazi@cloverhealth.com 732-384-2810
(E-Mail Address) (Fax Number)

OFFICERS

Vivek Garipalli (CEO)
 Willson Keenan# (Chief Operating Officer)

Kris Gale# (Chief Technology Officer)
 Dr. Mark Spektor# (Chief Medical Officer)

OTHER OFFICERS

Wendy Richey# (Chief Compliance Officer)
 Brady Priest# (General Counsel)
 Les Granow# (Chief Financial Officer)
 Ron Williams# (Chief Security Officer)
 Judah Rabinowitz# (Chief Actuary)
 Rachel Fish# (Chief Administrative Officer)

DIRECTORS OR TRUSTEES

Vivek Garipalli
 Edward Berde
 Justin Doheny

State of New Jersey }
 County of Hudson } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Vivek Garipalli
 CEO

Les Granow#
 CFO

Subscribed and sworn to before me this
 day of

- a. Is this an original filing? Yes (X) No ()
 b. If no: 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Page 18

Exhibit 2, Accident and Health Premiums Due and Unpaid

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| Pharmaceutical Rebate Receivables | 1,831,941 | 1,644,629 | 1,589,826 | 6,786,622 | 6,786,622 | 5,066,396 |
| 0199999 - Pharmaceutical Rebate Receivables | 1,831,941 | 1,644,629 | 1,589,826 | 6,786,622 | 6,786,622 | 5,066,396 |
| Claim Overpayment Receivables | | | | 633,174 | 633,174 | |
| Claims Overpayments | | | | 1,023,836 | 1,023,836 | |
| Provider Overpayment Recoupments | | | | 1,657,010 | 1,657,010 | |
| 0299999 - Claim Overpayment Receivables | | | | 1,657,010 | 1,657,010 | |
| 0799999 - Gross Health Care Receivables | 1,831,941 | 1,644,629 | 1,589,826 | 8,443,632 | 8,443,632 | 5,066,396 |

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|--|---|---|---|--|---|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Amounts Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | Health Care Receivables in Prior Years (Column 1 + Column 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | 3,809,860 | 2,956,214 | 254,473 | 11,598,545 | 4,064,333 | 1,875,500 |
| 2. Claim overpayment receivables | | | 633,174 | 1,023,836 | 633,174 | |
| 3. Loans and advances to providers | | | | | | |
| 4. Capitation arrangement receivables | | | | | | |
| 5. Risk sharing receivables | | | | | | |
| 6. Other health care receivables | | | | | | |
| 7. Totals (Line 1 through Line 6) | 3,809,860 | 2,956,214 | 887,647 | 12,622,381 | 4,697,507 | 1,875,500 |

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Individually listed claims unpaid (Reported) | | | | | | |
| IBNR | 3,495,488 | 1,537,280 | 839,417 | 547,006 | 1,186,522 | 7,605,713 |
| Unpaid Claims | 1,876,138 | | | | | 1,876,138 |
| 0199999 - Individually listed claims unpaid (Reported) | 5,371,626 | 1,537,280 | 839,417 | 547,006 | 1,186,522 | 9,481,851 |
| 0499999 - Subtotals | 5,371,626 | 1,537,280 | 839,417 | 547,006 | 1,186,522 | 9,481,851 |
| 0799999 - Total claims unpaid | | | | | | 9,481,851 |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Name of Affiliate | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | Admitted | |
|--|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
| | | | | | | 7 Current | 8 Non-Current |
| Individually listed receivables | | | | | | | |
| Clover Health, LLC | 1,066,984 | | | | | 1,066,984 | |
| 0199999 - Subtotal - Individually listed receivables | 1,066,984 | | | | | 1,066,984 | |
| 0399999 - TOTAL gross amounts receivable | 1,066,984 | | | | | 1,066,984 | |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Affiliate | 2 Description | 3 Amount | 4 Current | 5 Non-Current |
|--|--------------------|-------------|--------------|------------------|
| Individually listed payable | | | | |
| Clover Health, LLC | Administration fee | 188,483 | 188,483 | |
| Clover Health Investments, Corp | Interest Expense | 150,000 | 150,000 | |
| 0199999 - Subtotal - Individually listed payable | | 338,483 | 338,483 | |
| 0399999 - TOTAL gross payables | | 338,483 | 338,483 | |

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|--|--|-------------------------------|---|--|--|
| Capitation Payments: | | | | | | |
| 1. Medical groups | | | | | | |
| 2. Intermediaries | | | | | | |
| 3. All other providers | | | | | | |
| 4. Total capitation payments | | | | | | |
| Other Payments: | | | | | | |
| 5. Fee-for-service | | | X X X | X X X | | |
| 6. Contractual fee payments | 153,946,894 | 100.000 | X X X | X X X | | 153,946,894 |
| 7. Bonus/withhold arrangements - fee-for-service | | | X X X | X X X | | |
| 8. Bonus/withhold arrangements - contractual fee payments | | | X X X | X X X | | |
| 9. Non-contingent salaries | | | X X X | X X X | | |
| 10. Aggregate cost arrangements | | | X X X | X X X | | |
| 11. All other payments | 153,946,894 | 100.000 | X X X | X X X | | 153,946,894 |
| 12. Total other payments | | | X X X | X X X | | |
| 13. Total (Line 4 plus Line 12) | 153,946,894 | 100% | X X X | X X X | | 153,946,894 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 NAIC Code | 2 Name of Intermediary | 3 Capitation Paid | 4 Average Monthly Capitation | 5 Intermediary's Total Adjusted Capital | 6 Intermediary's Authorized Control Level RBC |
|----------------|---------------------------|----------------------|------------------------------------|---|---|
|----------------|---------------------------|----------------------|------------------------------------|---|---|

NONE

Page 25

Exhibit 8, Furniture and Equipment and Supplies Owned
NONE



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 454 | | | | | | | | | 454 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF ALASKA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 6,504 | | | | | | | | | 6,504 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30AZ



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 820 | | | | | | | | | 820 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 26,949 | | | | | | | | | 26,949 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30CA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 13,853 | | | | | | | | | 13,853 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

3000



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 9,190 | | | | | | | | | 9,190 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30CT



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,207 | | | | | | | | | 1,207 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 581 | | | | | | | | | 581 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 3,654 | | | | | | | | | 3,654 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 3,563 | | | | | | | | | 3,563 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30GA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 38,385 | | | | | | | | | 38,385 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 2,422 | | | | | | | | | 2,422 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 103,528 | | | | | | | | | 103,528 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 8,901 | | | | | | | | | 8,901 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 17,132 | | | | | | | | | 17,132 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 10,398 | | | | | | | | | 10,398 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30KS



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 5,236 | | | | | | | | | 5,236 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,808 | | | | | | | | | 1,808 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF MAINE DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30ME



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 17,855 | | | | | | | | | 17,855 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30MD



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 9,578 | | | | | | | | | 9,578 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30MA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,000 | | | | | | | | | 1,000 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30MS



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 20,690 | | | | | | | | | 20,690 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF MONTANA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30MT



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 18,028 | | | | | | | | | 18,028 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 2,999 | | | | | | | | | 2,999 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 7,237 | | | | | | | 7,237 | | |
| 2. First Quarter | 16,249 | | | | | | | 16,249 | | |
| 3. Second Quarter | 17,697 | | | | | | | 17,697 | | |
| 4. Third Quarter | 19,325 | | | | | | | 19,325 | | |
| 5. Current Year | 20,432 | | | | | | | 20,432 | | |
| 6. Current Year Member Months | 216,827 | | | | | | | 216,827 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | 183,791,032 | | | | | | | 183,791,032 | | |
| 13. Life Premiums Direct | 854 | | | | | | | | | 854 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 183,791,032 | | | | | | | 183,791,032 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 153,946,894 | | | | | | | 153,946,894 | | |
| 18. Amount Incurred for Provision of Health Care Services | 191,098,967 | | | | | | | 191,098,967 | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30NJ



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30NM



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,527 | | | | | | | | | 1,527 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30NC



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 30,119 | | | | | | | | | 30,119 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

300H



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 2,076 | | | | | | | | | 2,076 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

300K



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 8,623 | | | | | | | | | 8,623 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

300R



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 33,601 | | | | | | | | | 33,601 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 46,384 | | | | | | | | | 46,384 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 819 | | | | | | | | | 819 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

303C



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 4,480 | | | | | | | | | 4,480 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30SD



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 1,472 | | | | | | | | | 1,472 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 19,330 | | | | | | | | | 19,330 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

301X



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 868 | | | | | | | | | 868 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30UT



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 14,828 | | | | | | | | | 14,828 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 2,972 | | | | | | | | | 2,972 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30WA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 8,808 | | | | | | | | | 8,808 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2016

NAIC Company Code: 86371

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | 724 | | | | | | | | | 724 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30WV



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CLOVER INSURANCE COMPANY

2. NJ

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 86371

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|--------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 7,237 | | | | | | | 7,237 | | |
| 2. First Quarter | 16,249 | | | | | | | 16,249 | | |
| 3. Second Quarter | 17,697 | | | | | | | 17,697 | | |
| 4. Third Quarter | 19,325 | | | | | | | 19,325 | | |
| 5. Current Year | 20,432 | | | | | | | 20,432 | | |
| 6. Current Year Member Months | 216,827 | | | | | | | 216,827 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | 183,791,032 | | | | | | | 183,791,032 | | |
| 13. Life Premiums Direct | 502,223 | | | | | | | | | 502,223 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 183,791,032 | | | | | | | 183,791,032 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 153,946,894 | | | | | | | 153,946,894 | | |
| 18. Amount Incurred for Provision of Health Care Services | 191,098,967 | | | | | | | 191,098,967 | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30GT

Page 31

Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|-------------------|-------------------------------|-----------------------------|-------------|---------------|
| NAIC Company Code | ID Number | Effective Date | Name of Company | Domiciliary Jurisdiction | Paid Losses | Unpaid Losses |
| Accident and Health, Non-Affiliates, U.S. Non-Affiliates | | | | | | |
| 82627 | 06-0839705 | 01/10/2015 | SWISS RE LIFE & HLTH AMER INC | MO | 77,133,727 | 22,843,341 |
| 1999999 | - Accident and Health, Non-Affiliates, U.S. Non-Affiliates | | | | 77,133,727 | 22,843,341 |
| 2199999 | - Accident and Health, Total Non-Affiliates | | | | 77,133,727 | 22,843,341 |
| 2299999 | - Total Accident and Health | | | | 77,133,727 | 22,843,341 |
| 2399999 | - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) | | | | 77,133,727 | 22,843,341 |
| 9999999 | - Total (Sum of 1199999 and 2299999) | | | | 77,133,727 | 22,843,341 |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Premiums | 9 Unearned Premiums (Estimated) | 10 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|---|-------------------|------------------------|-------------------------------|----------------------------------|--------------------------------------|-----------------------------|---------------|--|--|----------------------------|---------------------|--|---|
| | | | | | | | | | | 11 Current Year | 12 Prior Year | | |
| General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates | | | | | | | | | | | | | |
| 82627 | 06-0839705 | 01/10/2015 | SWISS RE LIFE & HLTH AMER INC | MO | QA/A/I | MS | 137,162,059 | | | | | | |
| 0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates | | | | | | | 137,162,059 | | | | | | |
| 1099999 - General Account, Total Authorized Non-Affiliates | | | | | | | 137,162,059 | | | | | | |
| 1199999 - Total General Account Authorized | | | | | | | 137,162,059 | | | | | | |
| 3499999 - Total General Account Authorized, Unauthorized and Certified | | | | | | | 137,162,059 | | | | | | |
| 6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) | | | | | | | 137,162,059 | | | | | | |
| 9999999 - TOTAL (Sum of 3499999 and 6899999) | | | | | | | 137,162,059 | | | | | | |

Page 34

Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies

NONE

Sch. S, Pt. 4, Bank Footnote

NONE

Page 35

Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers

NONE

Sch. S, Pt. 5, Bank Footnote

NONE

SCHEDULES S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

| | 1 | 2 | 3 | 4 | 5 |
|---|---------|--------|------|------|------|
| | 2016 | 2015 | 2014 | 2013 | 2012 |
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | | | | | |
| 2. Title XVIII - Medicare | 137,836 | 12,955 | | | |
| 3. Title XIX - Medicaid | | | | | |
| 4. Commissions and reinsurance expense allowance | | | | | |
| 5. Total hospital and medical expenses | | | | | |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | | | | | |
| 7. Claims payable | | | | | |
| 8. Reinsurance recoverable on paid losses | 77,134 | 6,174 | | | |
| 9. Experience rating refunds due or unpaid | | 674 | | | |
| 10. Commissions and reinsurance expense allowances due | | | | | |
| 11. Unauthorized reinsurance offset | | | | | |
| 12. Offset for reinsurance with Certified Reinsurers | | | | | |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F) | | | | | |
| 14. Letters of credit (L) | | | | | |
| 15. Trust agreements (T) | | | | | |
| 16. Other (O) | | | | | |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust | | | | | |
| 18. Funds deposited by and withheld from (F) | | | | | |
| 19. Letters of credit (L) | | | | | |
| 20. Trust agreements (T) | | | | | |
| 21. Other (O) | | | | | |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Column 3) | | | |
| 1. Cash and invested assets (Line 12) | 86,681,368 | | 86,681,368 |
| 2. Accident and health premiums due and unpaid (Line 15) | 3,404,418 | | 3,404,418 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | 77,133,727 | (77,133,727) | |
| 4. Net credit for ceded reinsurance | X X X | | |
| 5. All other admitted assets (Balance) | 21,854,822 | | 21,854,822 |
| 6. Total assets (Line 28) | 189,074,335 | (77,133,727) | 111,940,608 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 9,481,851 | 22,843,341 | 32,325,192 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | | | |
| 9. Premiums received in advance (Line 8) | | | |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) | | | |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) | | | |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) | | | |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | | | |
| 14. All other liabilities (Balance) | 111,605,716 | (99,977,068) | 11,628,648 |
| 15. Total liabilities (Line 24) | 121,087,567 | (77,133,727) | 43,953,840 |
| 16. Total capital and surplus (Line 33) | 67,986,768 | X X X | 67,986,768 |
| 17. Total liabilities, capital and surplus (Line 34) | 189,074,335 | (77,133,727) | 111,940,608 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid | | | |
| 19. Accrued medical incentive pool | | | |
| 20. Premiums received in advance | | | |
| 21. Reinsurance recoverable on paid losses | | | |
| 22. Other ceded reinsurance recoverables | | | |
| 23. Total ceded reinsurance recoverables | | | |
| 24. Premiums receivable | | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized insurers | | | |
| 26. Unauthorized reinsurance | | | |
| 27. Reinsurance with Certified Reinsurers | | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers | | | |
| 29. Other ceded reinsurance payables/offsets | | | |
| 30. Total ceded reinsurance payables/offsets | | | |
| 31. Total net credit for ceded reinsurance | | | |

Page 39

Sch. T, Part 2, Interstate Compact

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------------------|-------------------|------------|--------------|-------|--|---|----------------------|----------------------------------|--|--|--|---|----------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity (ies) /Person (s) | Is An SCA Filing Required? (Y/N) | * |
| ..... | Clover Health Investment | ..... | 47-1435489 | ..... | ..... | ..... | Clover Health Investments, Corp | DE | UDP | NJ Healthcare Investments | Ownership | 57.800 | NJ Helathcare Investments | ..... | ..... |
| ..... | Clover Health Investment | 86371 | 31-0522223 | ..... | ..... | ..... | CLOVER INS CO | NJ | UDP | Clover Health Investments, Corp | Ownership | 100.000 | NJ Helathcare Investments | ..... | ..... |
| ..... | Clover Health Investment | ..... | 38-3889370 | ..... | ..... | ..... | Clover Health, LLC | NJ | UDP | Clover Health Investments, Corp | Ownership | 100.000 | NJ Helathcare Investments | ..... | ..... |
| ..... | Clover Health Investment | ..... | 27-2761894 | ..... | ..... | ..... | Clover Healthcare, LLC | NJ | UDP | Clover Health Investments, Corp | Ownership | 100.000 | NJ Helathcare Investments | ..... | ..... |
| ..... | Clover Health Investment | ..... | 36-4744890 | ..... | ..... | ..... | Clover HMO, LLC | NJ | UDP | Clover Health Investments, Corp | Ownership | 100.000 | NJ Helathcare Investments | ..... | ..... |

| | |
|----------|-------------|
| Asterisk | Explanation |
|----------|-------------|

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CLOVER INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|------------|--|-----------------------|-----------------------|--|--|---|---|----|--|---------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| 14203 | 45-4535883 | Clover Insurance Company | | 99,824,123 | 700,000 | | (25,730,552) | | | | 74,793,571 | |
| | | Clover Healthcare, LLC | | | (700,000) | | (29,192) | | | | (729,192) | |
| | | Clover Health, LLC | | 62,000,000 | | | 25,759,744 | | | | 87,759,744 | |
| | | Clover Health Investment, Corp | | (161,824,123) | | | | | | | (161,824,123) | |
| 9999999 | | CONTROL TOTALS | | | | | | | | | | |

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| MARCH FILING | RESPONSE |
|---|-----------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | SEE EXPLANATION |
| EXPLANATION: Clover Insurance Company (the Company) has a service agreement with its affiliated company Clover Health LLC (Clover), whereby clover is responsible to pay all the operating expenses and the Company will compensate Clover 14% of its gross premium. | |
| BARCODE: Document Identifier 460: | |
| 2. Will an actuarial opinion be filed by March 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 440: | |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 390: | |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 390: | |
| APRIL FILING | |
| 5. Will Management's Discussion and Analysis be filed by April 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 350: | |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 285: | |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | SEE EXPLANATION |
| EXPLANATION: The Company only writes Medicare Advantage business | |
| BARCODE: Document Identifier 210: | |
| JUNE FILING | |
| 8. Will an audited financial report be filed by June 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 220: | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| JUNE FILING | RESPONSE |
|--|----------|
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 221: | |

| AUGUST FILING | RESPONSE |
|---|----------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 222: | |

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| MARCH FILING | RESPONSE |
|--|-----------------------------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 360: | 8 6 3 7 1 2 0 1 6 3 6 0 0 0 0 0 0 |

| | |
|---|-----------------------------------|
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 205: | 8 6 3 7 1 2 0 1 6 2 0 5 0 0 0 0 0 |

| | |
|--|-----------------------------------|
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 207: | 8 6 3 7 1 2 0 1 6 2 0 7 0 0 0 0 0 |

| | |
|--|-----------------------------------|
| 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 420: | 8 6 3 7 1 2 0 1 6 4 2 0 0 0 0 0 0 |

| | |
|--|-----------------------------------|
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 371: | 8 6 3 7 1 2 0 1 6 3 7 1 0 0 0 0 0 |

| | |
|---|-----------------------------------|
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 370: | 8 6 3 7 1 2 0 1 6 3 7 0 0 0 0 0 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| MARCH FILING | RESPONSE |
|---|-----------------------------------|
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 365: | 8 6 3 7 1 2 0 1 6 3 6 5 0 0 0 0 0 |

| | |
|--|-----------------------------------|
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 224: | 8 6 3 7 1 2 0 1 6 2 2 4 0 0 0 0 0 |

| | |
|--|-----------------------------------|
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 225: | 8 6 3 7 1 2 0 1 6 2 2 5 0 0 0 0 0 |

| | |
|--|-----------------------------------|
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 226: | 8 6 3 7 1 2 0 1 6 2 2 6 0 0 0 0 0 |

| APRIL FILING | |
|---|-----------------------------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 306: | 8 6 3 7 1 2 0 1 6 3 0 6 0 0 0 0 0 |

| | |
|---|-----------------------------------|
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 211: | 8 6 3 7 1 2 0 1 6 2 1 1 0 0 0 0 0 |

| | |
|---|-----------------------------------|
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 213: | 8 6 3 7 1 2 0 1 6 2 1 3 0 0 0 0 0 |

| | |
|---|-----------------------------------|
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | NO |
| EXPLANATION: | |
| BARCODE: Document Identifier 216: | 8 6 3 7 1 2 0 1 6 2 1 6 0 0 0 0 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

APRIL FILING

RESPONSE

25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

BARCODE:

Document Identifier 217:



AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES

EXPLANATION:

BARCODE:

Document Identifier 223:

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW WRITE-INS FOR Page 2, Assets

| | Current Year | | | Prior Year |
|---|--------------|----------------------------|--|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| AGGREGATED AT Line 25, Other-than-Invested Assets | | | | |
| 2504. NJ State Pharmacy Assistance Program Subsidy Receivable | 222,373 | | 222,373 | |
| 2505. Direct Reserve Life | 6,102,364 | | 6,102,364 | |
| 2506. Claims Receivables | 633,174 | 633,174 | | |
| 2507. Policy /Contract Claims Reins Reserves | 100,053 | | 100,053 | |
| 2508. State Guaranty Assessment Fee | 34,681 | | 34,681 | |
| 2509. Intangible Assets -Licenses | 2,990,000 | 2,990,000 | | |
| 2510. Other Assets | 203 | | 203 | |
| 2598. Line 25, Other-than-Invested Assets | 10,082,848 | 3,623,174 | 6,459,674 | |

OVERFLOW WRITE-INS FOR Page 3, Liabilities, Capital and Surplus

| | Current Year | | | Prior Year |
|---|--------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| AGGREGATED AT Line 23, Other Liabilities | | | | |
| 2304. Ceded Reserves - Reinsurance Recovery | 6,203,080 | | 6,203,080 | |
| 2398. Line 23, Other Liabilities | 6,203,080 | | 6,203,080 | |

OVERFLOW WRITE-INS FOR Page 4, Statement of Revenue and Expenses

| | Current Year | | Prior Year |
|---|----------------|------------|------------|
| | 1 Uncovered | 2 Total | 3 Total |
| AGGREGATED AT Line 29, Other Income or Expenses | | | |
| 2904. Corp Business Tax and Audit Fees | | 11,485 | |
| 2998. Line 29, Other Income or Expenses | | 11,485 | |

OVERFLOW WRITE-INS FOR Page 16, Exhibit of Nonadmitted Assets

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|---|---|---|---|
| AGGREGATED AT Line 25, Other-than-Invested Assets | | | |
| 2504. Intangible Assets-Licenses | 2,990,000 | | (2,990,000) |
| 2598. Line 25, Other-than-Invested Assets | 2,990,000 | | (2,990,000) |

Health

Annual Statement Blank Alphabetical Index

| | | | |
|--|------|--|------|
| Analysis of Operations By Lines of Business | 7 | Schedule E - Verification Between Years | SI15 |
| Assets | 2 | Schedule S - Part 1 - Section 2 | 31 |
| Cash Flow | 6 | Schedule S - Part 2 | 32 |
| Exhibit 1 - Enrollment By Product Type for Health Business Only | 17 | Schedule S - Part 3 - Section 2 | 33 |
| Exhibit 2 - Accident and Health Premiums Due and Unpaid | 18 | Schedule S - Part 4 | 34 |
| Exhibit 3 - Health Care Receivables | 19 | Schedule S - Part 5 | 35 |
| Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued | 20 | Schedule S - Part 6 | 36 |
| Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus | 21 | Schedule S - Part 7 | 37 |
| Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates | 22 | Schedule T - Part 2 - Interstate Compact | 39 |
| Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates | 23 | Schedule T - Premiums and Other Considerations | 38 |
| Exhibit 7 - Part 1 - Summary of Transactions With Providers | 24 | Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group | 40 |
| Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries | 24 | Schedule Y - Part 1A - Detail of Insurance Holding Company System | 41 |
| Exhibit 8 - Furniture, Equipment and Supplies Owned | 25 | Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates | 42 |
| Exhibit of Capital Gains (Losses) | 15 | Statement of Revenue and Expenses | 4 |
| Exhibit of Net Investment Income | 15 | Summary Investment Schedule | SI01 |
| Exhibit of Nonadmitted Assets | 16 | Supplemental Exhibits and Schedules Interrogatories | 43 |
| Exhibit of Premiums, Enrollment and Utilization (State Page) | 30 | Underwriting and Investment Exhibit - Part 1 | 8 |
| Five-Year Historical Data | 29 | Underwriting and Investment Exhibit - Part 2 | 9 |
| General Interrogatories | 27 | Underwriting and Investment Exhibit - Part 2A | 10 |
| Jurat Page | 1 | Underwriting and Investment Exhibit - Part 2B | 11 |
| Liabilities, Capital and Surplus | 3 | Underwriting and Investment Exhibit - Part 2C | 12 |
| Notes To Financial Statements | 26 | Underwriting and Investment Exhibit - Part 2D | 13 |
| Overflow Page For Write-ins | 44 | Underwriting and Investment Exhibit - Part 3 | 14 |
| Schedule A - Part 1 | E01 | | |
| Schedule A - Part 2 | E02 | | |
| Schedule A - Part 3 | E03 | | |
| Schedule A - Verification Between Years | SI02 | | |
| Schedule B - Part 1 | E04 | | |
| Schedule B - Part 2 | E05 | | |
| Schedule B - Part 3 | E06 | | |
| Schedule B - Verification Between Years | SI02 | | |
| Schedule BA - Part 1 | E07 | | |
| Schedule BA - Part 2 | E08 | | |
| Schedule BA - Part 3 | E09 | | |
| Schedule BA - Verification Between Years | SI03 | | |
| Schedule D - Part 1 | E10 | | |
| Schedule D - Part 1A - Section 1 | SI05 | | |
| Schedule D - Part 1A - Section 2 | SI08 | | |
| Schedule D - Part 2 - Section 1 | E11 | | |
| Schedule D - Part 2 - Section 2 | E12 | | |
| Schedule D - Part 3 | E13 | | |
| Schedule D - Part 4 | E14 | | |
| Schedule D - Part 5 | E15 | | |
| Schedule D - Part 6 - Section 1 | E16 | | |
| Schedule D - Part 6 - Section 2 | E16 | | |
| Schedule D - Summary By Country | SI04 | | |
| Schedule D - Verification Between Years | SI03 | | |
| Schedule DA - Part 1 | E17 | | |
| Schedule DA - Verification Between Years | SI10 | | |
| Schedule DB - Part A - Section 1 | E18 | | |
| Schedule DB - Part A - Section 2 | E19 | | |
| Schedule DB - Part A - Verification Between Years | SI11 | | |
| Schedule DB - Part B - Section 1 | E20 | | |
| Schedule DB - Part B - Section 2 | E21 | | |
| Schedule DB - Part B - Verification Between Years | SI11 | | |
| Schedule DB - Part C - Section 1 | SI12 | | |
| Schedule DB - Part C - Section 2 | SI13 | | |
| Schedule DB - Part D - Section 1 | E22 | | |
| Schedule DB - Part D - Section 2 | E23 | | |
| Schedule DB - Verification | SI14 | | |
| Schedule DL - Part 1 | E24 | | |
| Schedule DL - Part 2 | E25 | | |
| Schedule E - Part 1 - Cash | E26 | | |
| Schedule E - Part 2 - Cash Equivalents | E27 | | |
| Schedule E - Part 3 - Special Deposits | E28 | | |

STATEMENT OF ACTUARIAL OPINION
 STATUTORY ANNUAL STATEMENT
 FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2016

THE CLOVER INSURANCE COMPANY

| This Opinion is | <input type="checkbox"/> Unqualified | <input checked="" type="checkbox"/> Qualified | <input type="checkbox"/> Adverse | <input type="checkbox"/> Inconclusive |
|--|---|--|---|---------------------------------------|
| Identification Section | <input checked="" type="checkbox"/> Prescribed Wording Only | <input type="checkbox"/> Prescribed Wording with Additional Wording | <input type="checkbox"/> Revised Wording | |
| Scope Section | <input checked="" type="checkbox"/> Prescribed Wording Only | <input type="checkbox"/> Prescribed Wording with Additional Wording | <input type="checkbox"/> Revised Wording | |
| Reliance Section | <input type="checkbox"/> Prescribed Wording Only | <input checked="" type="checkbox"/> Prescribed Wording with Additional Wording | <input type="checkbox"/> Revised Wording | |
| Opinion Section | <input type="checkbox"/> Prescribed Wording Only | <input type="checkbox"/> Prescribed Wording with Additional Wording | <input checked="" type="checkbox"/> Revised Wording | |
| Relevant Comments | | | <input checked="" type="checkbox"/> Revised Wording | |
| <input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice | | | | |

Identification

I, Judah Rabinowitz, FSA, MAAA, am Chief Actuary of Clover Insurance Company and a member of the American Academy of Actuaries. I was appointed by, or by the authority of, the Board of Directors of said insurer to render this opinion as stated in the letter to the commissioner dated February 24, 2017. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

Scope

I have examined the actuarial assumptions and actuarial methods used in determining reserves and related actuarial items listed below, as shown in the annual statement of the company, as prepared for filing with state regulatory offices, as of December 31, 2016.

| Item | Amount |
|---|--------------|
| A. Claims Unpaid (Page 3, Line 1) | \$9,481,851 |
| B. Accrued Medical Incentive Pool and Bonus Amounts (Page 3, Line 2) | \$0 |
| C. Unpaid Claims Adjustment Expenses (Page 3, Line 3) | \$608,981 |
| D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D | \$21,455,578 |
| E. Aggregate life policy reserves (Page 3, Line 5) | \$0 |
| F. Property/casualty unearned premium reserves (Page 3, Line 6) | \$0 |
| G. Aggregate health claim reserves (Page 3, Line 7) | \$0 |
| H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement not included in the items above | \$0 |
| I. Specified actuarial items presented as assets in the annual statement, as follows: | |
| Receivables related to risk-sharing provisions, including Medicare Part D risk-sharing or provider risk-sharing and Medicare Risk Adjustment (Accrued Retrospective Premium - Page 2, Line 15.3) | \$3,404,418 |

Reliance

In forming my opinion on the liabilities listed above I relied upon data prepared by Les Granow, CFO of Clover Insurance Company as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit, Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

Opinion

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the state of New Jersey; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;
- D. Except as noted below, make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;

E. Except as noted below, are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and

F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Relevant Comments

The computation of incurred but not paid claims was performed using a model that employs a new method than used in the preceding year end. This model, and its associated assumptions, are described in detail in the actuarial memorandum.

In preparation of the draft statutory financial statements, a provision for adverse deviation was not included. Upon review, we determined that the net effect of leaving this out was less than \$400K after ceded reinsurance, and that this amount is considered immaterial. It is our intention to include this amount as part of the audited financial statements to be issued prior to June 1, 2017. At that point, I will reissue my opinion.

Differences between my projections and actual amounts depend on the extent to which future experience conforms to the assumptions made in this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from predicted amounts to the extent that actual experience deviates from expected experience.



Judah Rabinowitz, FSA, MAAA
Cloyer Insurance Company
224th Street
San Francisco, CA 94103
551-247-6652

February 24, 2017

Date

STATEMENT OF ACTUARIAL OPINION
 STATUTORY ANNUAL STATEMENT
 FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2016

THE CLOVER INSURANCE COMPANY

| This Opinion is | <input type="checkbox"/> Unqualified | <input checked="" type="checkbox"/> Qualified | <input type="checkbox"/> Adverse | <input type="checkbox"/> Inconclusive |
|--|---|--|---|---------------------------------------|
| Identification Section | <input checked="" type="checkbox"/> Prescribed Wording Only | <input type="checkbox"/> Prescribed Wording with Additional Wording | <input type="checkbox"/> Revised Wording | |
| Scope Section | <input checked="" type="checkbox"/> Prescribed Wording Only | <input type="checkbox"/> Prescribed Wording with Additional Wording | <input type="checkbox"/> Revised Wording | |
| Reliance Section | <input type="checkbox"/> Prescribed Wording Only | <input checked="" type="checkbox"/> Prescribed Wording with Additional Wording | <input type="checkbox"/> Revised Wording | |
| Opinion Section | <input type="checkbox"/> Prescribed Wording Only | <input type="checkbox"/> Prescribed Wording with Additional Wording | <input checked="" type="checkbox"/> Revised Wording | |
| Relevant Comments | | | <input checked="" type="checkbox"/> Revised Wording | |
| <input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice | | | | |

Identification

I, Judah Rabinowitz, FSA, MAAA, am Chief Actuary of Clover Insurance Company and a member of the American Academy of Actuaries. I was appointed by, or by the authority of, the Board of Directors of said insurer to render this opinion as stated in the letter to the commissioner dated February 24, 2017. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

Scope

I have examined the actuarial assumptions and actuarial methods used in determining reserves and related actuarial items listed below, as shown in the annual statement of the company, as prepared for filing with state regulatory offices, as of December 31, 2016.

| Item | Amount |
|---|--------------|
| A. Claims Unpaid (Page 3, Line 1) | \$9,481,851 |
| B. Accrued Medical Incentive Pool and Bonus Amounts (Page 3, Line 2) | \$0 |
| C. Unpaid Claims Adjustment Expenses (Page 3, Line 3) | \$608,981 |
| D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D | \$21,455,578 |
| E. Aggregate life policy reserves (Page 3, Line 5) | \$0 |
| F. Property/casualty unearned premium reserves (Page 3, Line 6) | \$0 |
| G. Aggregate health claim reserves (Page 3, Line 7) | \$0 |
| H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement not included in the items above | \$0 |
| I. Specified actuarial items presented as assets in the annual statement, as follows: | |
| Receivables related to risk-sharing provisions, including Medicare Part D risk-sharing or provider risk-sharing and Medicare Risk Adjustment (Accrued Retrospective Premium - Page 2, Line 15.3) | \$3,404,418 |

Reliance

In forming my opinion on the liabilities listed above I relied upon data prepared by Les Granow, CFO of Clover Insurance Company as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit, Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

Opinion

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the state of New Jersey; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;
- D. Except as noted below, make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;

E. Except as noted below, are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and

F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Relevant Comments

The computation of incurred but not paid claims was performed using a model that employs a new method than used in the preceding year end. This model, and its associated assumptions, are described in detail in the actuarial memorandum.

In preparation of the draft statutory financial statements, a provision for adverse deviation was not included. Upon review, we determined that the net effect of leaving this out was less than \$400K after ceded reinsurance, and that this amount is considered immaterial. It is our intention to include this amount as part of the audited financial statements to be issued prior to June 1, 2017. At that point, I will reissue my opinion.

Differences between my projections and actual amounts depend on the extent to which future experience conforms to the assumptions made in this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from predicted amounts to the extent that actual experience deviates from expected experience.



Judah Rabinowitz, FSA, MAAA
Cloyer Insurance Company
224th Street
San Francisco, CA 94103
551-247-6652

February 24, 2017

Date



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended DECEMBER 31, 2016
(To be filed by March 1)

PART 1 - INTERROGATORIES

- | | |
|--|--|
| 1. Is the reporting insurer is a member of a group of insurers or other holding company system? If yes, do the below amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: or 2) allocation to each insurer: | Yes[X] No[] Yes[X] No[] Yes[] No[X] |
| 2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? | Yes[] No[X] |
| 3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? | Yes[] No[X] |

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|------|---------|---------|--------------|---------------|------------------|--------------------|------------------------|---------|
| Name and Principal Position | Year | Salary | Bonus | Stock Awards | Option Awards | Sign-on Payments | Severance Payments | All Other Compensation | Totals |
| 1. Vivek Garipalli Chief Executive Officer | 2016 | | | | | | | | |
| | 2015 | | | | | | | | |
| | 2014 | | | | | | | | |
| 2. Leslie Granow Chief Accounting Officer | 2016 | 125,000 | 75,000 | | 30,406 | | | 10,000 | 240,406 |
| | 2015 | | | | | | | | |
| | 2014 | | | | | | | | |
| 3. Mark Spektor Chief Medical Officer | 2016 | 486,538 | | | | | | 21,154 | 507,692 |
| | 2015 | 480,770 | 385,101 | | | | | 3,846 | 869,717 |
| | 2014 | | | | | | | | |
| 4. Kris Gale Chief Technology Officer | 2016 | 255,000 | 250,000 | | 24,519 | | | 10,000 | 539,519 |
| | 2015 | 235,000 | 250,000 | | 25,022 | | | | 510,022 |
| | 2014 | 110,000 | | | 14,235 | | | | 124,235 |
| 5. Brady Priest General Counsel | 2016 | 134,000 | 75,000 | | 12,795 | | | 10,000 | 231,795 |
| | 2015 | | | | | | | | |
| | 2014 | | | | | | | | |
| 6. Wendy Richey Chief Medicare Compliance Officer | 2016 | 223,846 | | | 6,175 | | | 12,770 | 242,791 |
| | 2015 | | | | | | | | |
| | 2014 | | | | | | | | |
| 7. Rachel Fish Chief Administrative Officer | 2016 | 205,192 | | | 7,081 | | | 23,494 | 235,767 |
| | 2015 | 46,769 | | | | | | | 46,769 |
| | 2014 | | | | | | | | |
| 8. Wilson Keenan Chief Operating Officer | 2016 | 212,308 | | | | | | 51,545 | 263,853 |
| | 2015 | 140,000 | | | | | | | 140,000 |
| | 2014 | 41,539 | | | 33 | | | | 41,572 |
| 9. Judah Rabinowitz Chief Actuary | 2016 | 284,423 | 115,705 | | 6,374 | | | 29,929 | 436,431 |
| | 2015 | 99,269 | | | | | | | 99,269 |
| | 2014 | | | | | | | | |
| 10. Ronald Williams Head of Information Security | 2016 | 194,000 | 75,000 | | | | | 10,000 | 279,000 |
| | 2015 | | | | | | | | |
| | 2014 | | | | | | | | |

PART 3 - DIRECTOR COMPENSATION

| 1 Name and Principal Position or Occupation and Company (if Outside Director) | Paid or Deferred for Services as Director | | | | 6 All Other Compensation Paid or Deferred | 7 Totals |
|--|---|-------------------|--------------------|------------|--|-------------|
| | 2 Direct Compensation | 3 Stock Awards | 4 Option Awards | 5 Other | | |
| Vivek Garipalli | | | | | | |
| Justin Doheny | | | | | | |
| Edward Berde | | | | | | |
| 9999999 | | | | | | |

PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

SUPPLEMENTAL COMPENSATION EXHIBIT (continued)

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Clover Insurance Company (NAIC: 86371) has no employees. Clover Health, LLC manages and provides employees, payroll, benefits and other administrative functions on behalf of Clover Insurance Company, pursuant to an administrative services agreement between Clover Insurance Company and Clover Health, LLC. Compensation information of Clover Health, LLC is confidential and proprietary. Vivek Garipalli, CEO, does not receive any compensation for his work for any of the companies within the holding company structure. The members of the Board of Directors of Clover Insurance Company do not receive any compensation.