



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2021
 OF THE CONDITION AND AFFAIRS OF THE
CLOVER HMO OF NEW JERSEY, INC.

NAIC Group Code.....4918,..... 4918..... NAIC Company Code..... 16347..... Employer's ID Number..... 38-4057194.....
 (Current) (Prior)

Organized under the Laws of..... NJ..... State of Domicile or Port of Entry..... NJ.....
 Country of Domicile..... US.....
 Licensed as business type:..... Health Maintenance Organization..... Is HMO Federally Qualified?..... NO.....
 Incorporated/Organized..... 11/21/2017..... Commenced Business..... 01/01/2019.....
 Statutory Home Office..... 30 Montgomery Street, 15th Floor..... Jersey City, NJ, US 07302.....
 Main Administrative Office..... 30 Montgomery Street, 15th Floor.....
 Jersey City, NJ, US 07302..... 201-432-2133.....
 (Telephone)
 Mail Address..... 30 Montgomery Street, 15th Floor..... Jersey City, NJ, US 07302.....
 Primary Location of Books and
 Records..... 30 Montgomery Street, 15th Floor.....
 Jersey City, NJ, US 07302..... 201-432-2133.....
 (Telephone)
 Internet Website Address..... www.cloverhealth.com.....
 Statutory Statement Contact..... Mark Herbers..... 201-432-2133.....
 (Telephone)
 registeredagent@cloverhealth.com.....
 (E-Mail) (Fax)

OFFICERS

..... Vivek Garipalli, Chief Executive Officer..... Jamie Reynoso, Chief Operating Officer.....
 Mark Herbers#, Interim Chief Financial Officer.....

OTHER

..... Wendy Richey, Chief Medicare Compliance Officer..... Gia Lee, General Council.....
 Rachel Fish, Chief People Officer..... Andrew Toy, President & Chief Technology Officer.....
 Mark Spektor, Chief Medical Officer..... Sophia Chang, Chief Clinical Informatics 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.

x	x	x
Vivek Garipalli Chief Executive Officer	Mark Herbers Interim Chief Financial Officer	Jaimie Reynoso Chief Operating Officer

Subscribed and sworn to before me
 this _____ day of

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

x

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	26,058	23,885	24,569	56,230	56,230	74,512
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....	78,078	-	-	-	-	78,078
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	104,136	23,885	24,569	56,230	56,230	152,590

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
0199998 – Aggregate of Amounts Not Individually Listed	2,315,294			744,625	744,625	2,315,294
0199999 – Pharmaceutical Rebate Receivables	2,315,294			744,625	744,625	2,315,294
0299998 – Aggregate of Amounts Not Individually Listed			139,512	214,050	214,050	139,512
0299999 – Claim Overpayment Receivables			139,512	214,050	214,050	139,512
0699998 – Aggregate of Amounts Not Individually Listed				10,702	10,702	
0699999 – Other Health Care Receivables				10,702	10,702	
0799999 – Gross Health Care Receivables	2,315,294		139,512	969,376	969,376	2,454,806

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset 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 from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	2,106,846	5,700,429	317,042	2,742,877	2,423,888	2,423,888
2. Claim overpayment receivables	1,074,575	356,556	223,772	129,790	1,298,347	93,017
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	5,058	—		10,702	5,058	5,516
7. Totals (Lines 1 through 6)	3,186,479	6,056,984	540,814	2,883,369	3,727,293	2,522,421

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
0399999 - Aggregate accounts not individually listed-covered.....	2,988,245	916,163	129,084	59,293	246,007	4,338,792
0499999 - Subtotals.....	2,988,245	916,163	129,084	59,293	246,007	4,338,792
0599999 - Unreported claims and other claim reserves.....						6,682,190
0799999 - Total claims unpaid.....						11,020,983
0899999 - Accrued medical incentive pool and bonus amounts.....						

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
Clover Health Labs, LLC.....	8,862				8,862		
Clover Insurance Company.....	37,141					37,141	
0199999 – Individually listed receivables.....	46,003				8,862	37,141	
0399999 – Total gross amounts receivable.....	46,003				8,862	37,141	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Clover Health, LLC.....	Management & Administrative Services Agreement.....	617,055	617,055	
MSPNJ, LLC.....	Medical Costs Service Agreement.....	1,210,866	1,210,866	
0199999 – Individually listed payable.....		1,827,921	1,827,921	
0399999 – Total gross payables.....		1,827,921	1,827,921	

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	693,348	0.957	265	4.208	693,348	
2. Intermediaries						
3. All other providers						
4. Total capitation payments	693,348	0.957	265	4.208	693,348	
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	71,702,814	98.954	XXX	XXX		71,702,814
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries	64,542	0.089	XXX	XXX	64,542	
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	71,767,356	99.043	XXX	XXX	64,542	71,702,814
13. Total (Line 4 plus Line 12)	72,460,704	100.000 %	XXX	XXX	757,890	71,702,814

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
9999999 – Totals			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	NONE					
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Clover HMO of New Jersey, Inc.

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2021

NAIC Company Code: 16347

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	5,337							5,337		
2. First Quarter	5,913							5,913		
3. Second Quarter	6,044							6,044		
4. Third Quarter	6,163							6,163		
5. Current Year	6,178							6,178		
6. Current Year Member Months	72,618							72,618		
Total Member Ambulatory Encounters for Year:										
7. Physician	27,918							27,918		
8. Non-Physician	12,402							12,402		
9. Total	40,320							40,320		
10. Hospital Patient Days Incurred	6,928							6,928		
11. Number of Inpatient Admissions	949							949		
12. Health Premiums Written (b)	72,953,921							72,953,921		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	72,953,921							72,953,921		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	71,760,373							71,760,373		
18. Amount Incurred for Provision of Health Care Services	74,292,940							74,292,940		

(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 \$ 72,953,921



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Clover HMO of New Jersey, Inc.

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2021

NAIC Company Code: 16347

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	154							154		
2. First Quarter	128							128		
3. Second Quarter	125							125		
4. Third Quarter	123							123		
5. Current Year	120							120		
6. Current Year Member Months	1,501							1,501		
Total Member Ambulatory Encounters for Year:										
7. Physician	418							418		
8. Non-Physician	112							112		
9. Total	530							530		
10. Hospital Patient Days Incurred	67							67		
11. Number of Inpatient Admissions	10							10		
12. Health Premiums Written (b)	1,174,453							1,174,453		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,174,453							1,174,453		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	700,331							700,331		
18. Amount Incurred for Provision of Health Care Services	725,047							725,047		

(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 \$ 1,174,453

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Clover HMO of New Jersey, Inc.

2. Jersey City, NJ
(LOCATION)

NAIC Group Code: 04918

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2021

NAIC Company Code: 16347

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	5,491							5,491		
2. First Quarter	6,041							6,041		
3. Second Quarter	6,169							6,169		
4. Third Quarter	6,286							6,286		
5. Current Year	6,298							6,298		
6. Current Year Member Months	74,119							74,119		
Total Member Ambulatory Encounters for Year:										
7. Physician	28,336							28,336		
8. Non-Physician	12,514							12,514		
9. Total	40,850							40,850		
10. Hospital Patient Days Incurred	6,995							6,995		
11. Number of Inpatient Admissions	959							959		
12. Health Premiums Written (b)	74,128,375							74,128,375		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	74,128,375							74,128,375		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	72,460,704							72,460,704		
18. Amount Incurred for Provision of Health Care Services	75,017,987							75,017,987		

(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 \$ 74,128,375

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(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

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													
..... 11835	04-1590940.....	01/01/2021	PartnerRe America Insurance Company.....	DE.....	SSL/I.....	MR.....	..... 38,877	.....	.....	.....	.....	.....	.....
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							..... 38,877	.....	.....	.....	.....	.....	.....
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							..... 38,877	.....	.....	.....	.....	.....	.....
1199999 – Total General Account Authorized.....							..... 38,877	.....	.....	.....	.....	.....	.....
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							..... 38,877	.....	.....	.....	.....	.....	.....
9199999 – Total U.S.....							..... 38,877	.....	.....	.....	.....	.....	.....
9999999 – Total (Sum of 4599999 and 9099999).....							..... 38,877	.....	.....	.....	.....	.....	.....

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	2021	2020	2019	2018	2017
A. OPERATIONS ITEMS					
1 Premiums.....					
2 Title XVIII-Medicare.....	39	44	17		
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.....					
9 Experience rating refunds due or unpaid.....					
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	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1 Cash and invested assets (Line 12)	28,259,685		28,259,685
2 Accident and health premiums due and unpaid (Line 15)	3,669,817		3,669,817
3 Amounts recoverable from reinsurers (Line 16.1)			
4 Net credit for ceded reinsurance	XXX		
5 All other admitted assets (Balance)	3,592,469		3,592,469
6 Total assets (Line 28)	35,521,972		35,521,972
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	11,020,983		11,020,983
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)	9,127,306		9,127,306
15 Total liabilities (Line 24)	20,148,289		20,148,289
16 Total capital and surplus (Line 33)	15,373,683	XXX	15,373,683
17 Total liabilities, capital and surplus (Line 34)	35,521,972		35,521,972
NET CREDIT FOR CEDED REINSURANCE			
18 Claims unpaid		XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses		XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables		XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
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					
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					
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					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
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.	US Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Totals						

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? (Yes/No)	*		
4918	Clover Health Group	86371	98-1515192		0001801170	NASDAQ	Clover Health Investments, Corp.	DE	UIP	NJ Healthcare Investments, LLC	Ownership	44.560	Clover Health Investments, Corp	NO			
			31-0522223					Clover Insurance Company	NJ	IA	Clover Health Holdings, Inc.	Ownership	100.000	Clover Health Investments, Corp	NO		
			38-3889370					Clover Health, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp	NO		
			27-2761894					Clover Healthcare, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp	NO		
			36-4744890					Clover HMO, LLC	NJ	NIA	Clover HMO Corp.	Ownership	100.000	Clover Health Investments, Corp	NO		
			47-2552172					Clover Health Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp	NO		
			47-2580683					Clover Health Labs, LLC	CA	NIA	Clover Health, LLC	Ownership	100.000	Clover Health Investments, Corp	NO		
4918	Clover Health Group	16347	47-2551324				Clover HMO Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp	NO			
			47-2542375					Clover Health Holdings, Inc. Clover HMO of New Jersey, Inc.	DE	UDP	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp	NO		
			38-4057194					Clover Health International, Corp.	NJ	RE	Clover Health Holdings, Inc. Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp	NO		
			83-1700805					Clover Health International, Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp	NO		
									Clover Health HK Limited	HKG	NIA	Clover Health International, Corp.	Ownership	100.000	Clover Health Investments, Corp	NO	
			83-1769911						Clover Therapeutics Company	DE	NIA	Clover Health Investments, Corp.	Ownership	51.000	Clover Health Investments, Corp	NO	
			47-2402286						Principium Health, LLC	DE	DS	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp	NO	
							MSPNJ, LLC	NJ	DS	Clover HMO of New Jersey, Inc.	Ownership	100.000	Clover Health Investments, Corp	NO			
							Seek Insurance Services, Inc.	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp	NO			
			86-1193984				Clover Health Partners, LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp	NO			
Asterisk	Explanation																

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)
16347	38-4057194	Clover HMO of New Jersey, Inc.		21,050,000			(8,363,175)				12,686,825	
86371	31-0522223	Clover Insurance Company		307,850,000			(78,932,018)				228,917,982	
00000	38-3889370	Clover Health, LLC		(328,900,000)			87,295,192				(241,604,808)	
00000	98-1515192	Clover Health Investments. Corp.										
9999999	- Control Totals			-			-		XXX		-	

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Clover Insurance Company.....	Clover Health Holdings, Inc.....	100.000 %	NO	Clover Health Investments, Corp.....	Clover Health Group.....	100.000 %	NO.....
Clover HMO of New Jersey, Inc.....	Clover Health Holdings, Inc.....	100.000 %	NO	Clover Health Investments, Corp.....	Clover Health Group.....	100.000 %	NO.....

SUPPLEMENTAL EXHIBIT AND SCHEDULE 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.

	Response
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES
2. Will an actuarial opinion be filed by March 1?.....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
April Filing	
5. Will Management's Discussion and Analysis be filed by April 1?.....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	YES
June Filing	
8. Will an audited financial report be filed by June 1?.....	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	YES

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. 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
14. 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
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. 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
17. 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
18. 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
April Filing	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?.....	YES
22. 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?.....	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	YES
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	No

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

Explanation

Barcode

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