



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2020

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 Period) (Prior Period)

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

Country of Domicile United States

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

Incorporated/Organized 11/21/2017 Commenced Business 01/01/2019

Statutory Home Office 30 Montgomery Street, 15th Floor , Jersey City, NJ, US 07302
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 30 Montgomery Street, 15th Floor
(Street and Number)
Jersey City, NJ, US 07302 (201)432-2133
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 30 Montgomery Street, 15th Floor , Jersey City, NJ, US 07302
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 30 Montgomery Street, 15th Floor
(Street and Number)
Jersey City, NJ, US 07302 (201)432-2133
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Joseph Wagner (410)274-6891
(Name) (Area Code)(Telephone Number)(Extension)
joe.wagner@cloverhealth.com (000)000-0000
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Vivek Garipalli	Chief Executive Officer
Joseph Wagner	Chief Financial Officer
Jamie Reynoso	Chief Operating Officer #

OTHERS

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.

(Signature)
 Vivek Garipalli

(Printed Name)
 1.
 Chief Executive Officer

(Title)

(Signature)
 Joseph Wagner

(Printed Name)
 2.
 Chief Financial Officer

(Title)

(Signature)
 Jamie Reynoso

(Printed Name)
 3.
 Chief Operating Officer

(Title)

Subscribed and sworn to before me this _____ day of _____, 2021

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

Yes[X] No[]

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(Notary Public Signature)

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	0	0	0	0	0	0
0299997 Subtotal - Group Subscribers:	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	18,828	19,000	19,018	0	0	56,848
0299999 TOTAL Group	18,828	19,000	19,018	0	0	56,848
0399999 Premiums due and unpaid from Medicare entities	0	0	0	0	0	0
0499999 Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	18,828	19,000	19,018	0	0	56,848

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 Pharmaceutical Rebate Receivables - Not Individually Listed	2,036,199	0	0	387,689	387,689	2,036,199
0199999 Subtotal - Pharmaceutical Rebate Receivables	2,036,199	0	0	387,689	387,689	2,036,199
0299998 Claim Overpayment Receivables - Not Individually Listed	0	0	0	93,017	0	93,017
0299999 Subtotal - Claim Overpayment Receivables	0	0	0	93,017	0	93,017
0399998 Loans and Advances to Providers - Not Individually Listed	0	0	0	0	0	0
0399999 Subtotal - Loans and Advances to Providers	0	0	0	0	0	0
0499998 Capitation Arrangement Receivables - Not Individually Listed	0	0	0	0	0	0
0499999 Subtotal - Capitation Arrangement Receivables	0	0	0	0	0	0
0599998 Risk Sharing Receivables - Not Individually Listed	0	0	0	0	0	0
0599999 Subtotal - Risk Sharing Receivables	0	0	0	0	0	0
0699998 Other Receivables - Not Individually Listed	0	0	5,516	0	5,516	0
0699999 Subtotal - Other Receivables	0	0	5,516	0	5,516	0
0799999 Gross health care receivables	2,036,199	0	5,516	480,707	393,206	2,129,216

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 (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	853,051	4,270,430	248,359	2,175,529	1,101,410	1,101,410
2. Claim overpayment receivables	0	0	50,696	42,321	50,696	201,969
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables	3,031	15,360	0	5,516	3,031	3,031
7. TOTALS (Lines 1 through 6)	856,082	4,285,790	299,055	2,223,366	1,155,137	1,306,410

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
0299999 Aggregate Accounts Not Individually Listed - Uncovered	0	0	0	0	0	0
0399999 Aggregate Accounts Not Individually Listed - Covered	2,328,093	238,295	43,619	29,090	106,939	2,746,035
0499999 Subtotals	2,328,093	238,295	43,619	29,090	106,939	2,746,035
0599999 Unreported claims and other claim reserves						4,815,902
0699999 TOTAL Amounts Withheld						0
0799999 TOTAL Claims Unpaid						7,561,938
0899999 Accrued Medical Incentive Pool and Bonus Amounts						0

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 Investments Corp.	1,500,000	0	0	0	0	1,500,000	0
0199999 Total - Individually listed receivables	1,500,000	0	0	0	0	1,500,000	0
0299999 Receivables not individually listed	0	0	0	0	0	0	0
0399999 TOTAL Gross Amounts Receivable	1,500,000	0	0	0	0	1,500,000	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Clover Health, LLC	Management & Administrative - Service Agreement	116,640	116,640	0
Clover Health Labs, LLC	Administrative Services	25,186	25,186	0
Clover Insurance Co.	Medical Costs Reimbursement	33,419	33,419	0
MSPNJ, LLC	Medical Costs - Service Agreement	2,700	2,700	0
0199999 Total - Individually Listed Payables	X X X	177,944	177,944	0
0299999 Payables not Individually Listed	X X X	0	0	0
0399999 TOTAL Gross Payables	X X X	177,944	177,944	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	322,350	0.687	135	2.459	322,350	0
2. Intermediaries	0	0.000	0	0.000	0	0
3. All other providers	0	0.000	0	0.000	0	0
4. TOTAL Capitation Payments	322,350	0.687	135	2.459	322,350	0
Other Payments:						
5. Fee-for-service	0	0.000	X X X	X X X	0	0
6. Contractual fee payments	46,204,395	98.515	X X X	X X X	0	46,204,395
7. Bonus/withhold arrangements - fee-for-service	0	0.000	X X X	X X X	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.000	X X X	X X X	0	0
9. Non-contingent salaries	373,990	0.797	X X X	X X X	373,990	0
10. Aggregate cost arrangements	0	0.000	X X X	X X X	0	0
11. All other payments	0	0.000	X X X	X X X	0	0
12. TOTAL Other Payments	46,578,385	99.313	X X X	X X X	373,990	46,204,395
13. TOTAL (Line 4 plus Line 12)	46,900,735	100.000	X X X	X X X	696,340	46,204,395

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999 TOTALS		0	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	0	0	0	0	0	0
2. Medical furniture, equipment and fixtures	NONE		0	0	0	0
3. Pharmaceuticals and surgical supplies	NONE		0	0	0	0
4. Durable medical equipment	NONE		0	0	0	0
5. Other property and equipment	NONE		0	0	0	0
6. TOTAL	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Clover Health HMO of New Jersey, Inc. 2. LOCATION: New Jersey

NAIC Group Code 4918

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

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	2,933	0	0	0	0	0	0	2,933	0	0
2. First Quarter	4,942	0	0	0	0	0	0	4,942	0	0
3. Second Quarter	5,092	0	0	0	0	0	0	5,092	0	0
4. Third Quarter	5,245	0	0	0	0	0	0	5,245	0	0
5. Current Year	5,337	0	0	0	0	0	0	5,337	0	0
6. Current Year Member Months	61,088	0	0	0	0	0	0	61,088	0	0
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	12,200	0	0	0	0	0	0	12,200	0	0
8. Non-Physician	8,187	0	0	0	0	0	0	8,187	0	0
9. TOTAL	20,387	0	0	0	0	0	0	20,387	0	0
10. Hospital Patient Days Incurred	5,421	0	0	0	0	0	0	5,421	0	0
11. Number of Inpatient Admissions	757	0	0	0	0	0	0	757	0	0
12. Health Premiums Written (b)	52,609,631	0	0	0	0	0	0	52,609,631	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	52,609,631	0	0	0	0	0	0	52,609,631	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	46,011,659	0	0	0	0	0	0	46,011,659	0	0
18. Amount Incurred for Provision of Health Care Services	47,150,798	0	0	0	0	0	0	47,150,798	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....52,609,631



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Clover HMO of NJ, Inc. 2. LOCATION: Texas

NAIC Group Code 4918

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

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	183	0	0	0	0	0	0	183	0	0
2. First Quarter	155	0	0	0	0	0	0	155	0	0
3. Second Quarter	153	0	0	0	0	0	0	153	0	0
4. Third Quarter	155	0	0	0	0	0	0	155	0	0
5. Current Year	154	0	0	0	0	0	0	154	0	0
6. Current Year Member Months	1,867	0	0	0	0	0	0	1,867	0	0
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	23	0	0	0	0	0	0	23	0	0
8. Non-Physician	50	0	0	0	0	0	0	50	0	0
9. TOTAL	73	0	0	0	0	0	0	73	0	0
10. Hospital Patient Days Incurred	141	0	0	0	0	0	0	141	0	0
11. Number of Inpatient Admissions	18	0	0	0	0	0	0	18	0	0
12. Health Premiums Written (b)	1,250,327	0	0	0	0	0	0	1,250,327	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,250,327	0	0	0	0	0	0	1,250,327	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	889,076	0	0	0	0	0	0	889,076	0	0
18. Amount Incurred for Provision of Health Care Services	911,087	0	0	0	0	0	0	911,087	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....1,250,327



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Clover Health HMO of New Jersey, Inc. 2. LOCATION: Grand Total

NAIC Group Code 4918

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

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	3,116	0	0	0	0	0	0	3,116	0	0
2. First Quarter	5,097	0	0	0	0	0	0	5,097	0	0
3. Second Quarter	5,245	0	0	0	0	0	0	5,245	0	0
4. Third Quarter	5,400	0	0	0	0	0	0	5,400	0	0
5. Current Year	5,491	0	0	0	0	0	0	5,491	0	0
6. Current Year Member Months	62,955	0	0	0	0	0	0	62,955	0	0
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	12,223	0	0	0	0	0	0	12,223	0	0
8. Non-Physician	8,237	0	0	0	0	0	0	8,237	0	0
9. TOTAL	20,460	0	0	0	0	0	0	20,460	0	0
10. Hospital Patient Days Incurred	5,562	0	0	0	0	0	0	5,562	0	0
11. Number of Inpatient Admissions	775	0	0	0	0	0	0	775	0	0
12. Health Premiums Written (b)	53,859,958	0	0	0	0	0	0	53,859,958	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	53,859,958	0	0	0	0	0	0	53,859,958	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	46,900,735	0	0	0	0	0	0	46,900,735	0	0
18. Amount Incurred for Provision of Health Care Services	48,061,886	0	0	0	0	0	0	48,061,886	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....53,859,958

30 Grand Total

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	01/01/2020	PARTNERRE AMER INS CO	DE	SSL/I	MR	43,643	0	0	0	0	0	0
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							43,643	0	0	0	0	0	0
1099999 Total - General Account - Authorized - Non-Affiliates							43,643	0	0	0	0	0	0
1199999 Total - General Account - Authorized							43,643	0	0	0	0	0	0
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total							0	0	0	0	0	0	0
1899999 Total - General Account - Unauthorized - Affiliates							0	0	0	0	0	0	0
2299999 Total - General Account - Unauthorized							0	0	0	0	0	0	0
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total							0	0	0	0	0	0	0
2999999 Total - General Account - Certified - Affiliates							0	0	0	0	0	0	0
3399999 Total - General Account - Certified							0	0	0	0	0	0	0
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total							0	0	0	0	0	0	0
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates							0	0	0	0	0	0	0
4499999 Total - General Account - Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							43,643	0	0	0	0	0	0
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total							0	0	0	0	0	0	0
5299999 Total - Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5699999 Total - Separate Accounts - Authorized							0	0	0	0	0	0	0
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total							0	0	0	0	0	0	0
6399999 Total - Separate Accounts - Unauthorized - Affiliates							0	0	0	0	0	0	0
6799999 Total - Separate Accounts - Unauthorized							0	0	0	0	0	0	0
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total							0	0	0	0	0	0	0
7499999 Total - Separate Accounts - Certified - Affiliates							0	0	0	0	0	0	0
7899999 Total - Separate Accounts - Certified							0	0	0	0	0	0	0
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total							0	0	0	0	0	0	0
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates							0	0	0	0	0	0	0
8999999 Total - Separate Accounts - Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							0	0	0	0	0	0	0
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							43,643	0	0	0	0	0	0
9999999 Total (Sum of 4599999 and 9099999)							43,643	0	0	0	0	0	0

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	44	17	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. TOTAL Hospital and Medical Expenses	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

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, Col. 3)			
1. Cash and invested assets (Line 12)	15,924,017	0	15,924,017
2. Accident and health premiums due and unpaid (Line 15)	1,074,788	0	1,074,788
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	X X X	0	0
5. All other admitted assets (Balance)	3,636,782	0	3,636,782
6. TOTAL Assets (Line 28)	20,635,587	0	20,635,587
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	7,561,938	0	7,561,938
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	0	0	0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	1,857,451	0	1,857,451
15. TOTAL Liabilities (Line 24)	9,419,388	0	9,419,388
16. TOTAL Capital and Surplus (Line 33)	11,216,199	X X X	11,216,199
17. TOTAL Liabilities, Capital and Surplus (Line 34)	20,635,587	0	20,635,587
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. TOTAL Ceded Reinsurance Recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. TOTAL Ceded Reinsurance Payables/Offsets	0		
31. TOTAL Net Credit for Ceded Reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)	0	0	0	0	0	0
2. Alaska (AK)	0	0	0	0	0	0
3. Arizona (AZ)	0	0	0	0	0	0
4. Arkansas (AR)	0	0	0	0	0	0
5. California (CA)	0	0	0	0	0	0
6. Colorado (CO)	0	0	0	0	0	0
7. Connecticut (CT)	0	0	0	0	0	0
8. Delaware (DE)	0	0	0	0	0	0
9. District of Columbia (DC)	0	0	0	0	0	0
10. Florida (FL)	0	0	0	0	0	0
11. Georgia (GA)	0	0	0	0	0	0
12. Hawaii (HI)	0	0	0	0	0	0
13. Idaho (ID)	0	0	0	0	0	0
14. Illinois (IL)	0	0	0	0	0	0
15. Indiana (IN)	0	0	0	0	0	0
16. Iowa (IA)	0	0	0	0	0	0
17. Kansas (KS)	0	0	0	0	0	0
18. Kentucky (KY)	0	0	0	0	0	0
19. Louisiana (LA)	0	0	0	0	0	0
20. Maine (ME)	0	0	0	0	0	0
21. Maryland (MD)	0	0	0	0	0	0
22. Massachusetts (MA)	0	0	0	0	0	0
23. Michigan (MI)	0	0	0	0	0	0
24. Minnesota (MN)	0	0	0	0	0	0
25. Mississippi (MS)	0	0	0	0	0	0
26. Missouri (MO)	0	0	0	0	0	0
27. Montana (MT)	0	0	0	0	0	0
28. Nebraska (NE)	0	0	0	0	0	0
29. Nevada (NV)	0	0	0	0	0	0
30. New Hampshire (NH)	0	0	0	0	0	0
31. New Jersey (NJ)	0	0	0	0	0	0
32. New Mexico (NM)	0	0	0	0	0	0
33. New York (NY)	0	0	0	0	0	0
34. North Carolina (NC)	0	0	0	0	0	0
35. North Dakota (ND)	0	0	0	0	0	0
36. Ohio (OH)	0	0	0	0	0	0
37. Oklahoma (OK)	0	0	0	0	0	0
38. Oregon (OR)	0	0	0	0	0	0
39. Pennsylvania (PA)	0	0	0	0	0	0
40. Rhode Island (RI)	0	0	0	0	0	0
41. South Carolina (SC)	0	0	0	0	0	0
42. South Dakota (SD)	0	0	0	0	0	0
43. Tennessee (TN)	0	0	0	0	0	0
44. Texas (TX)	0	0	0	0	0	0
45. Utah (UT)	0	0	0	0	0	0
46. Vermont (VT)	0	0	0	0	0	0
47. Virginia (VA)	0	0	0	0	0	0
48. Washington (WA)	0	0	0	0	0	0
49. West Virginia (WV)	0	0	0	0	0	0
50. Wisconsin (WI)	0	0	0	0	0	0
51. Wyoming (WY)	0	0	0	0	0	0
52. American Samoa (AS)	0	0	0	0	0	0
53. Guam (GU)	0	0	0	0	0	0
54. Puerto Rico (PR)	0	0	0	0	0	0
55. U.S. Virgin Islands (VI)	0	0	0	0	0	0
56. Northern Mariana Islands (MP)	0	0	0	0	0	0
57. Canada (CAN)	0	0	0	0	0	0
58. Aggregate other alien (OT)	0	0	0	0	0	0
59. TOTALS	0	0	0	0	0	0

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)	*
4918	Clover Health Group	00000	47-1435489	000000000	0000000000		Clover Health Investments, Corp	DE	UIP	NJ Healthcare Investments	Ownership	57.8	Clover Health Investments, Corp	N	
4918	Clover Health Group	86371	31-0522223	000000000	0000000000		Clover Insurance Company	NJ	IA	Clover Health Holdings, Inc.	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	38-3889370	000000000	0000000000		Clover Health, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	27-2761894	000000000	0000000000		Clover Healthcare, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	36-4744890	000000000	0000000000		Clover HMO, LLC	NJ	NIA	Clover HMO Corp.	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	47-2552172	000000000	0000000000		Clover Health Corp.	DE	NIA	Clover Health Investments, Corp	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	47-2580683	000000000	0000000000		Clover Health Labs, LLC	CA	NIA	Clover Health, LLC	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	47-2551324	000000000	0000000000		Clover HMO Corp.	DE	NIA	Clover Health Investments, Corp	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	47-2542375	000000000	0000000000		Clover Health Holdings, Inc.	DE	UDP	Clover Health Investments, Corp	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	16347	38-4057194	000000000	0000000000		Clover HMO of New Jersey, Inc.	NJ	RE	Clover Health Holdings, Inc.	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	83-1700805	000000000	0000000000		Clover Health International, Corp	DE	NIA	Clover Health Investment, Corp	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	69601330	000000000	0000000000		Clover Health HK Limited	HKG	NIA	Clover Health International	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	83-1769911	000000000	0000000000		Clover Therapeutics Company	DE	NIA	Clover Health Corp.	Ownership	51.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	47-240286	000000000	0000000000		Principium Health, LLC	DE	DS	Clover HMO of New Jersey, Inc.	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	82-0735027	000000000	0000000000		MSPNJ, LLC	NJ	DS	Clover HMO of New Jersey, Inc.	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	84-493476	000000000	0000000000		Seek Insurance Services	DE	NIA	Clover Health Corp.	Ownership	100.0	Clover Health Investments, Corp	N	
4918	Clover Health Group	00000	86-1193984				Clover Health Partners, LLC	DE	NIA	Clover Health Corp.	Ownership	100.0	Clover Health Investments, Corp	N	

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Asterisk	Explanation
0000001	

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/(Disburse- ments) 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)
.. 86371 ..	.. 31-0522223 ..	CLOVER INS CO	0	26,500,000	0	0	(65,818,782)	0		0	(39,318,782)	0
.. 16347 ..	.. 38-4057194 ..	CLOVER HMO OF NJ INC	0	1,500,000	0	0	(5,376,832)	0		0	(3,876,832)	0
.. 00000 ..	.. 38-3889370 ..	CLOVER HEALTH, LLC	0	0	0	0	71,195,614	0		0	71,195,614	0
.. 00000 ..	.. 47-1435489 ..	CLOVER HEALTH INVESTMENTS CORP	0	(28,000,000)	0	0	0	0		0	(28,000,000)	0
9999999 Control Totals			0	0	0	0	0	0	X X X	0	0	0

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

- | | |
|---|-----|
| 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 |

AUGUST FILING

- | | |
|---|-----|
| 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 |
|---|-----|

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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 14. 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 |
| 15. 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 |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. 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 |
| 18. 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 |
| 19. 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

- | | |
|---|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 22. 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 |
| 23. 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 |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | Yes |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



16347202022600000 2020 Document Code: 226

LTC Supplemental Interrogatories



16347202030600000 2020 Document Code: 306

Health Life Supplement - April



16347202021100000 2020 Document Code: 211

LHA Guaranty Association Adjustment Exhibit



16347202030000000 2020 Document Code: 300

Management's Report of Internal Control over Financial Reporting



16347202022300000 2020 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS
