



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
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 Jersey City, NJ, US 07302
Main Administrative Office 30 Montgomery Street
Jersey City, NJ, US 07302 201-432-2133
(Telephone)
Mail Address 30 Montgomery Street Jersey City, NJ, US 07302
Primary Location of Books and
Records 30 Montgomery Street
Jersey City, NJ, US 07302 201-432-2133
(Telephone)
Internet Website Address www.cloverhealth.com
Statutory Statement Contact Terrence Ronan 201-432-2133
(Telephone)
registeredagent@cloverhealth.com
(E-Mail) (Fax)

OFFICERS

..... Jamie Reynoso, CEO, Medicare Advantage Wendy Richey, Chief Medicare Compliance Officer
..... Scott Leffler, Chief Financial Officer Rachel Fish, Chief People Officer

OTHER

..... Ray Cogen#, Chief Medical Officer Karen Soares#, General Counsel and Secretary

DIRECTORS OR TRUSTEES

..... Robert Torricelli Vivek Garipalli
..... Edward Berde Justin Doheny
..... Ian Duncan#

State of
County of 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 _____
Jamie Reynoso Terrence Ronan
CEO, Medicare Advantage Interim Chief Financial Officer

Subscribed and sworn to before me
this _____ day of
_____, 2024

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.....	14,000	23,638	14,042	42,678	42,678	51,679
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.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	14,000	23,638	14,042	42,678	42,678	51,679

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	2,314,187			1,125,685	1,125,685	2,314,187
0199999 – Pharmaceutical Rebate Receivables	2,314,187			1,125,685	1,125,685	2,314,187
0299998 – Aggregate of Amounts Not Individually Listed			182,588	668,915	668,915	182,588
0299999 – Claim Overpayment Receivables			182,588	668,915	668,915	182,588
0699998 – Aggregate of Amounts Not Individually Listed				24,628	24,628	
0699999 – Other Health Care Receivables				24,628	24,628	
0799999 – Gross Health Care Receivables	2,314,187		182,588	1,819,228	1,819,228	2,496,775

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	5,917,406	6,795,251	118,473	3,321,399	6,035,879	7,173,147
2. Claim overpayment receivables	1,931,336	599,292	514,226	337,277	2,445,561	880,740
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	8,585			24,628	8,585	23,475
7. Totals (Lines 1 through 6)	7,857,327	7,394,543	632,699	3,683,304	8,490,026	8,077,361

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.....	2,028,633	289,655	171,442	30,263	9,336	2,529,329
0499999 - Subtotals.....	2,028,633	289,655	171,442	30,263	9,336	2,529,329
0599999 - Unreported claims and other claim reserves.....						4,352,453
0799999 - Total claims unpaid.....						6,881,782
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	5,565				5,565		
0199999 – Individually listed receivables	5,565				5,565		
0399999 – Total gross amounts receivable	5,565				5,565		

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Clover Health, LLC.....	Management Services Agreement.....	70,009	70,009	
Clover Insurance Company.....	Expenses paid on behalf of Company.....	4,150	4,150	
Clover Health HMO Corporation.....	Expenses paid on behalf of Company.....	104	104	
MSPNJ, LLC.....	Medical Costs Service Agreement.....	4,531,238	4,531,238	
0199999 – Individually listed payable.....		4,605,502	4,605,502	
0399999 – Total gross payables.....		4,605,502	4,605,502	

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	513,233	1.017	155	4.255	513,233	
2. Intermediaries						
3. All other providers						
4. Total capitation payments	513,233	1.017	155	4.255	513,233	
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	49,700,745	98.442	XXX	XXX		49,700,745
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries	273,600	0.542	XXX	XXX	273,600	
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	49,974,345	98.983	XXX	XXX	273,600	49,700,745
13. Total (Line 4 plus Line 12)	50,487,578	100.000 %	XXX	XXX	786,833	49,700,745

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
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: 4918

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2023

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	4,959							4,959						
2. First Quarter.....	4,159							4,159						
3. Second Quarter.....	3,914							3,914						
4. Third Quarter.....	3,741							3,741						
5. Current Year.....	3,643							3,643						
6. Current Year Member Months.....	47,033							47,033						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	21,549							21,549						
8. Non-Physician.....	7,022							7,022						
9. Total.....	28,571							28,571						
10. Hospital Patient Days Incurred.....	5,648							5,648						
11. Number of Inpatient Admissions.....	718							718						
12. Health Premiums Written (b).....	63,556,921							63,556,921						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	63,556,921							63,556,921						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	50,487,578							50,487,578						
18. Amount Incurred for Provision of Health Care Services.....	53,387,958							53,387,958						

(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 \$ 63,556,921

30 NJ



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: 4918

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2023

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	97							97						
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.....														

(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 \$

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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: 4918

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2023

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	5,056							5,056						
2. First Quarter.....	4,159							4,159						
3. Second Quarter.....	3,914							3,914						
4. Third Quarter.....	3,741							3,741						
5. Current Year.....	3,643							3,643						
6. Current Year Member Months.....	47,033							47,033						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	21,549							21,549						
8. Non-Physician.....	7,022							7,022						
9. Total.....	28,571							28,571						
10. Hospital Patient Days Incurred.....	5,648							5,648						
11. Number of Inpatient Admissions.....	718							718						
12. Health Premiums Written (b).....	63,556,921							63,556,921						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	63,556,921							63,556,921						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	50,487,578							50,487,578						
18. Amount Incurred for Provision of Health Care Services.....	53,387,958							53,387,958						

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(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 \$ 63,556,921

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
11835	04-1590940	01/01/2023	PartnerRe America Insurance Company	DE	45,645	
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					45,645	
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					45,645	
2299999 - Total Accident and Health					45,645	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					45,645	
9999999 - Total (Sum of 1199999 and 2299999)					45,645	

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.....	01/01/2023	PartnerRe America Insurance Company.....	DE.....	SSL/I.....	MR.....	..... 125,204	.....	.....	.....	.....	.....	.....
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							..... 125,204	.....	.....	.....	.....	.....	.....
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							..... 125,204	.....	.....	.....	.....	.....	.....
1199999 – Total General Account Authorized.....							..... 125,204	.....	.....	.....	.....	.....	.....
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							..... 125,204	.....	.....	.....	.....	.....	.....
9199999 – Total U.S.....							..... 125,204	.....	.....	.....	.....	.....	.....
9999999 – Total (Sum of 4599999 and 9099999).....							..... 125,204	.....	.....	.....	.....	.....	.....

(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)

	2023	2022	2021	2020	2019
A. OPERATIONS ITEMS					
1 Premiums.....					
2 Title XVIII-Medicare.....	125	35	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.....	46	492			
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)	28,604,056		28,604,056
2 Accident and health premiums due and unpaid (Line 15)	2,389,299		2,389,299
3 Amounts recoverable from reinsurers (Line 16.1)	45,645	(45,645)	–
4 Net credit for ceded reinsurance	XXX	45,645	45,645
5 All other admitted assets (Balance)	3,849,294		3,849,294
6 Total assets (Line 28)	34,888,294	–	34,888,294
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	6,881,782		6,881,782
8 Accrued medical incentive pool and bonus payments (Line 2)			
9 Premiums received in advance (Line 8)	237,535		237,535
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)	6,782,309		6,782,309
15 Total liabilities (Line 24)	13,901,625		13,901,625
16 Total capital and surplus (Line 33)	20,986,668	XXX	20,986,668
17 Total liabilities, capital and surplus (Line 34)	34,888,294		34,888,294
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	45,645	XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	45,645	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	45,645	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.	U.S. 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	Entities Affiliated with Vivek Garipalli	Ownership & Voting Power	62.700	Vivek Garipalli	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	
			47-2551324				Clover HMO Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
4918	Clover Health Group	16347	47-2542375				Clover Health Holdings, Inc.	DE	UDP	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			38-4057194		Clover HMO of New Jersey, Inc.	NJ	RE	Clover Health Holdings, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			83-1700805		Cover Health International, Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			69601330-000-07-18-1		Clover Health HK Limited	HKG	NIA	Clover Health International, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			83-1769911		Character Biosciences, Inc.	DE	NIA	Clover Health Investments, Corp.	Ownership	23.900	Clover Health Investments, Corp.	NO			
			47-2402286		Principium Health, LLC	DE	nia	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			82-0735027		Medical Service Professionals of New Jersey, LLC (MSPNJ, LLC)	NJ	DS	Clover HMO of New Jersey, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO			
			46-1977204		Juxly, LLC	MO	NIA	Counterpart Health, Inc.	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			
			92-3877957		Clover Health Partners MSSP A LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO			
92-3897114		Clover Health Partners MSSP Enhanced LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO						
			93-2578708				Counterpart Health, Inc.	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	

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Asterisk	Explanation
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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 NJ					(8,346,848)				(8,346,848)	
86371	35-0522223	Clover Insurance Company					(146,741,730)				(146,741,730)	
	38-3889370	Clover Health LLC					155,088,578				155,088,578	
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 EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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.












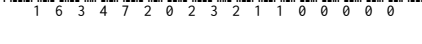

	Response
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES
2. Will an actuarial opinion be filed by March 1?.....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential 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

SUPPLEMENTAL FILINGS

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
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and 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 and 2) 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 EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
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10.	 1 6 3 4 7 2 0 2 3 3 6 0 0 0 0 0 0
11.	 1 6 3 4 7 2 0 2 3 2 0 5 0 0 0 0 0
12.	 1 6 3 4 7 2 0 2 3 4 2 0 0 0 0 0 0
13.	 1 6 3 4 7 2 0 2 3 3 7 1 0 0 0 0 0
14.	 1 6 3 4 7 2 0 2 3 3 7 0 0 0 0 0 0
15. The Company only provides Medicare Part D Coverage.	 1 6 3 4 7 2 0 2 3 3 6 5 0 0 0 0 0
16.	 1 6 3 4 7 2 0 2 3 2 2 4 0 0 0 0 0
17.	 1 6 3 4 7 2 0 2 3 2 2 5 0 0 0 0 0
18.	 1 6 3 4 7 2 0 2 3 2 2 6 0 0 0 0 0
19.	 1 6 3 4 7 2 0 2 3 6 0 0 0 0 0 0 0
20.	 1 6 3 4 7 2 0 2 3 3 0 6 0 0 0 0 0
21.	 1 6 3 4 7 2 0 2 3 2 1 1 0 0 0 0 0
22.	
23.	
24.	 1 6 3 4 7 2 0 2 3 2 2 3 0 0 0 0 0

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