

ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2024  
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 Peter Kuipers 201-432-2133  
(Telephone)  
registeredagent@cloverhealth.com  
(E-Mail) (Fax)

OFFICERS

Jamie Reynoso, CEO, Medicare Advantage Peter Kuipers#, Chief Financial Officer  
Wendy Richey, Chief Medicare Compliance 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 Mark Fendrick#

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 Peter Kuipers  
CEO, Medicare Advantage Chief Financial Officer

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2025

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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.....	13,759	145	12,435			26,339
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).....	13,759	145	12,435			26,339

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 – Aggregate of Amounts Not Individually Listed.....	693,319	581,873	738,919	473,701	473,701	2,014,111
0199999 – Pharmaceutical Rebate Receivables.....	693,319	581,873	738,919	473,701	473,701	2,014,111
0299998 – Aggregate of Amounts Not Individually Listed.....			191,508	478,050	478,050	191,508
0299999 – Claim Overpayment Receivables.....			191,508	478,050	478,050	191,508
Englewood Hospital.....				112,500		112,500
0399999 – Loans and Advances to Providers.....				112,500		112,500
0699998 – Aggregate of Amounts Not Individually Listed.....				10	10	
0699999 – Other Health Care Receivables.....				10	10	
0799999 – Gross Health Care Receivables.....	693,319	581,873	930,427	1,064,260	951,760	2,318,119

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	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	3,052,585	4,956,332	177,689	2,310,123	3,230,274	3,439,872
2. Claim overpayment receivables .....	1,407,898	130,672	489,740	179,818	1,897,638	851,502
3. Loans and advances to providers .....			41,966	70,534	41,966	
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....	(25,993)			10	(25,993)	24,628
7. Totals (Lines 1 through 6) .....	4,434,490	5,087,004	709,395	2,560,485	5,143,884	4,316,003

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0399999 – Aggregate accounts not individually listed-covered .....	2,829,375	384,594	233,040			3,447,009
0499999 – Subtotals .....	2,829,375	384,594	233,040			3,447,009
0599999 – Unreported claims and other claim reserves .....						3,917,668
0799999 – Total claims unpaid .....						7,364,678
0899999 – Accrued medical incentive pool and bonus amounts .....						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 – Total gross amounts receivable							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Clover Health, LLC.....	Management Services Agreement.....	328,819	328,819	
Clover Insurance Company.....	Expenses paid on behalf of Company.....	62,975	62,975	
MSPNJ, LLC.....	Medical Costs Service Agreement.....	6,951	6,951	
0199999 – Individually listed payable.....		398,744	398,744	
0399999 – Total gross payables.....		398,744	398,744	

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
<b>Capitation Payments:</b>						
1. Medical groups .....	746,238	1.686	163	4.648	746,238	
2. Intermediaries .....						
3. All other providers .....						
4. Total capitation payments .....	746,238	1.686	163	4.648	746,238	
<b>Other Payments:</b>						
5. Fee-for-service .....			XXX	XXX		
6. Contractual fee payments .....	43,151,398	97.509	XXX	XXX		43,151,398
7. Bonus/withhold arrangements – fee-for-service .....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments .....			XXX	XXX		
9. Non-contingent salaries .....	356,300	0.805	XXX	XXX	356,300	
10. Aggregate cost arrangements .....			XXX	XXX		
11. All other payments .....			XXX	XXX		
12. Total other payments .....	43,507,698	98.314	XXX	XXX	356,300	43,151,398
13. Total (Line 4 plus Line 12) .....	44,253,936	100.000 %	XXX	XXX	1,102,538	43,151,398

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

		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 .....		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 2024

NAIC Company Code: 16347

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year.....	3,643							3,643						
2. First Quarter.....	3,600							3,600						
3. Second Quarter.....	3,578							3,578						
4. Third Quarter.....	3,561							3,561						
5. Current Year.....	3,507							3,507						
6. Current Year Member Months.....	42,837							42,837						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	23,857							23,857						
8. Non-Physician.....	6,352							6,352						
9. Total.....	30,209							30,209						
10. Hospital Patient Days Incurred.....	4,297							4,297						
11. Number of Inpatient Admissions.....	586							586						
12. Health Premiums Written (b).....	65,207,306							65,207,306						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	65,207,306							65,207,306						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	44,253,936							44,253,936						
18. Amount Incurred for Provision of Health Care Services.....	45,782,955							45,782,955						

(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 \$ 65,207,306

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 2024

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 .....														
2. First Quarter .....														
3. Second Quarter .....														
4. Third Quarter .....														
5. Current Year .....														
6. Current Year Member Months .....														
Total Member Ambulatory Encounters for Year:														
7. Physician .....														
8. Non-Physician .....														
9. Total .....														
10. Hospital Patient Days Incurred .....														
11. Number of Inpatient Admissions .....														
12. Health Premiums Written (b) .....														
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....														
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....														
18. Amount Incurred for Provision of Health Care Services .....														

NONE

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

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 2024

NAIC Company Code: 16347

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year.....	3,643							3,643						
2. First Quarter.....	3,600							3,600						
3. Second Quarter.....	3,578							3,578						
4. Third Quarter.....	3,561							3,561						
5. Current Year.....	3,507							3,507						
6. Current Year Member Months.....	42,837							42,837						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	23,857							23,857						
8. Non-Physician.....	6,352							6,352						
9. Total.....	30,209							30,209						
10. Hospital Patient Days Incurred.....	4,297							4,297						
11. Number of Inpatient Admissions.....	586							586						
12. Health Premiums Written (b).....	65,207,306							65,207,306						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	65,207,306							65,207,306						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	44,253,936							44,253,936						
18. Amount Incurred for Provision of Health Care Services.....	45,782,955							45,782,955						

(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 \$ 65,207,306

(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, Unauthorized, Non-Affiliates, U.S. Non-Affiliates													
93572	43-1235868	01/01/2024	RGA Reinsurance Company	MO	SSL/I	MR	87,036						
1999999 – General Account, Unauthorized, Non-Affiliates, U.S. Non-Affiliates							87,036						
2199999 – General Account, Unauthorized, Total Unauthorized Non-Affiliates							87,036						
2299999 – Total General Account Unauthorized							87,036						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							87,036						
9199999 – Total U.S.							87,036						
9999999 – Total (Sum of 4599999 and 9099999)							87,036						

(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)

		1	2	3	4	5
		2024	2023	2022	2021	2020
A.	OPERATIONS ITEMS					
1.	Premiums.....					
2.	Title XVIII-Medicare.....	87	125	35	39	44
3.	Title XIX-Medicaid.....					
4.	Commissions and reinsurance expense allowance.....					
5.	Total hospital and medical expenses.....	457	(6)			
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	37,458,606		37,458,606
2. Accident and health premiums due and unpaid (Line 15)	2,117,398		2,117,398
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	3,054,752		3,054,752
6. Total assets (Line 28)	42,630,757		42,630,757
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	7,364,678		7,364,678
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)	3,705,015		3,705,015
15. Total liabilities (Line 24)	11,069,693		11,069,693
16. Total capital and surplus (Line 33)	31,561,064	XXX	31,561,064
17. Total liabilities, capital and surplus (Line 34)	42,630,757		42,630,757
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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

			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	NONE					
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	68.100	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	
							Clover Homecare Management Services, LLC	NJ	NIA	Clover Health, LLC	Ownership	100.000	Clover Health Investments, Corp.		
			99-2673924				Clover HMO Corp.	DE	NIA	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2551324				Clover Health Holdings, Inc.	DE	UDP	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2542375												
			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	Counterpart Health, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			83-1769911				Character Biosciences, Inc.	DE	NIA	Clover Health Investments, Corp.	Ownership	23.920	Clover Health Investments, Corp.	NO	
4918	Clover Health Group	16347	47-2402286				Principium Health, LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
							Clover Care Services of NJ, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.		
							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	
			82-0735027				Juxly, LLC	MO	NIA	Counterpart Health, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			46-1977204				Clover Health Partners, LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			86-1193984				Clover Health Partners MSSP A LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			92-3877957				Clover Health Partners MSSP								
							Enhanced LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			92-3897114				Counterpart Health, Inc.	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			93-2578708												

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 NJ					(9,781,096)				(9,781,096)	
86371	35-0522223	Clover Insurance Company					(192,245,417)				(192,245,417)	
	38-3889370	Clover Health LLC					202,026,513				202,026,513	
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	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	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.










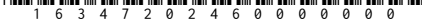


		Response
March Filing		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based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

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
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6.	
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10.	 1 6 3 4 7 2 0 2 4 3 6 0 0 0 0 0 0
11.	 1 6 3 4 7 2 0 2 4 2 0 5 0 0 0 0 0
12.	 1 6 3 4 7 2 0 2 4 4 2 0 0 0 0 0 0
13.	 1 6 3 4 7 2 0 2 4 3 7 1 0 0 0 0 0
14.	 1 6 3 4 7 2 0 2 4 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 4 3 6 5 0 0 0 0 0
16.	 1 6 3 4 7 2 0 2 4 2 2 4 0 0 0 0 0
17.	 1 6 3 4 7 2 0 2 4 2 2 5 0 0 0 0 0
18.	 1 6 3 4 7 2 0 2 4 2 2 6 0 0 0 0 0
19.	 1 6 3 4 7 2 0 2 4 6 0 0 0 0 0 0 0
20.	 1 6 3 4 7 2 0 2 4 3 0 6 0 0 0 0 0
21.	 1 6 3 4 7 2 0 2 4 2 1 1 0 0 0 0 0
22.	
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24.	

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