ANNUAL STATEMENT

of the

CLOVER HMO OF NEW JERSEY, INC.

of

JERSEY CITY

in the

STATE OF NEW JERSEY

to the

INSURANCE DEPARTMENT

of the

state of

NEW JERSEY

For the Year Ended
December 31, 2025

2025

2025

1 6 3 4 7 2 0 2 5 2 0 1 0 0 1 0 0

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
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	125 Chubb Avenue, Suite 100S	Lyndhurst, NJ, US 07071	
Main Administrative Office	125 Chubb Avenue, Suite 100S		
	Lyndhurst, NJ, US 07071	201-432-2133	
		(Telephone)	
Mail Address	960 Blue Gentian Road	Eagan, MN, US 55121	
Primary Location of Books and Records	125 Chubb Avenue, Suite 100S		
	Lyndhurst, NJ, US 07071	201-432-2133	
		(Telephone)	
Internet Website Address	www.cloverhealth.com		
Statutory Statement Contact	Clay Thornton	201-432-2133	
		(Telephone)	
	registeredagent@cloverhealth.com		
	(E-Mail)	*(Fax)*	

OFFICERS

Jamie Reynoso, CEO, Medicare Advantage	Clay Thornton#, Chief Financial Officer, Medicare Advantage
Wendy Clapper, Chief Medicare Compliance Officer	Rachel Fish, Chief People Officer

OTHER

Karen Soares, General Counsel and Secretary	Joe Brand#, Chief Operating Officer

DIRECTORS OR TRUSTEES

Robert Torricelli	Andrew Toy#
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 CEO, Medicare Advantage	Clay Thornton # Chief Financial Officer	

Subscribed and sworn to before me

this _____ day of

_____, 2026

x _____

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

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	11,256			12,472		23,728
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)	11,256			12,472		23,728

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	753,979	710,962	779,311	1,123,825	786,058	2,582,019
0199999 – Pharmaceutical Rebate Receivables	753,979	710,962	779,311	1,123,825	786,058	2,582,019
0299998 – Aggregate of Amounts Not Individually Listed			225,756	166,968	166,968	225,756
0299999 – Claim Overpayment Receivables			225,756	166,968	166,968	225,756
0699998 – Aggregate of Amounts Not Individually Listed	30,359			4,544	4,544	30,359
0699999 – Other Health Care Receivables	30,359			4,544	4,544	30,359
0799999 – Gross Health Care Receivables	784,338	710,962	1,005,067	1,295,337	957,570	2,838,134

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	1,382,783	5,035,759	692,817	2,675,259	2,075,600	2,487,812
2. Claim overpayment receivables	687,591	183,926	239,341	153,383	926,931	669,558
3. Loans and advances to providers	112,500				112,500	112,500
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	10			34,903	10	10
7. Totals (Lines 1 through 6)	2,182,883	5,219,685	932,158	2,863,545	3,115,041	3,269,879

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	1,267,926	217				1,268,143
0499999 – Subtotals	1,267,926	217				1,268,143
0599999 – Unreported claims and other claim reserves						3,867,538
0799999 – Total claims unpaid						5,135,681
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
Clover Insurance Company	771,121					771,121	
Medical Service Professionals of NJ, LLC	164,295					164,295	
Clover Care Services of NJ, LLC	370,686					370,686	
0199999 – Individually listed receivables	1,306,102					1,306,102	
0399999 – Total gross amounts receivable	1,306,102					1,306,102	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Clover Health, LLC	Expense paid on behalf of Company	1,855,174	1,855,174	
0199999 – Individually listed payable		1,855,174	1,855,174	
0399999 – Total gross payables		1,855,174	1,855,174	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	1,510,886	2.719	348	11.414	1,510,886	
2. Intermediaries						
3. All other providers						
4. Total capitation payments	1,510,886	2.719	348	11.414	1,510,886	
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	51,185,025	92.099	XXX	XXX		51,185,025
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries	2,880,147	5.182	XXX	XXX	2,880,147	
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	54,065,172	97.281	XXX	XXX	2,880,147	51,185,025
13. Total (Line 4 plus Line 12)	55,576,058	100.000 %	XXX	XXX	4,391,033	51,185,025

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION [a]

1 6 3 4 7 2 0 2 5 4 3 0 3 1 1 0 0

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

2. Eagan, MN
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2025

NAIC Company Code: 16347

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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	3,507							3,507						
2. First quarter	3,247							3,247						
3. Second quarter	3,158							3,158						
4. Third quarter	3,088							3,088						
5. Current year	3,049							3,049						
6. Current year member months	37,953							37,953						
Total Member Ambulatory Encounters for Year:														
7. Physician	24,486							24,486						
8. Non-physician	5,895							5,895						
9. Total	30,381							30,381						
10. Hospital patient days incurred	3,811							3,811						
11. Number of inpatient admissions	485							485						
12. Health premiums written (b)	64,411,166							64,411,166						
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	64,411,166							64,411,166						
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	55,576,058							55,576,058						
18. Amount incurred for provision of health care services	52,821,237							52,821,237						

(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 $ 64,411,166

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION [a]

1 6 3 4 7 2 0 2 5 4 3 0 4 4 0 0 0

REPORT FOR: 1. CORPORATION Clover HMO of New Jersey, Inc. 2. Eagan, MN (LOCATION)

NAIC Group Code: 4918 BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2025 NAIC Company Code: 16347

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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														
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

30.TX

(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]

1 6 3 4 7 2 0 2 5 4 3 0 5 9 1 0 0

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

2. Eagan, MN
(LOCATION)

NAIC Group Code: 4918

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2025

NAIC Company Code: 16347

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		Total	2 Individual	3 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	3,507							3,507						
2.	First quarter	3,247							3,247						
3.	Second quarter	3,158							3,158						
4.	Third quarter	3,088							3,088						
5.	Current year	3,049							3,049						
6.	Current year member months	37,953							37,953						
	Total Member Ambulatory Encounters for Year:														
7.	Physician	24,486							24,486						
8.	Non-physician	5,895							5,895						
9.	Total	30,381							30,381						
10.	Hospital patient days incurred	3,811							3,811						
11.	Number of inpatient admissions	485							485						
12.	Health premiums written (b)	64,411,166							64,411,166						
13.	Life premiums direct														
14.	Property/casualty premiums written														
15.	Health premiums earned	64,411,166							64,411,166						
16.	Property/casualty premiums earned														
17.	Amount paid for provision of health care services	55,576,058							55,576,058						
18.	Amount incurred for provision of health care services	52,821,237							52,821,237						

(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 $ 64,411,166

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 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						
93572	43-1235868	01/01/2025	RGA Reinsurance Company	MO	239,238	
1999999 – Accident and Health, Non-Affiliates, U.S. Non-Affiliates					239,238	
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates					239,238	
2299999 – Total Accident and Health					239,238	
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					239,238	
9999999 – Total (Sum of 1199999 and 2299999)					239,238	

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	11 Current Year	12 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account, Unauthorized, Non-Affiliates, U.S. Non-Affiliates													
93572	43-1235868	01/01/2025	RGA Reinsurance Company	MO	SSL/I	MR	80,081						
1999999 – General Account, Unauthorized, Non-Affiliates, U.S. Non-Affiliates							80,081						
2199999 – General Account, Unauthorized, Total Unauthorized Non-Affiliates							80,081						
2299999 – Total General Account Unauthorized							80,081						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							80,081						
9199999 – Total U.S.							80,081						
9999999 – Total (Sum of 4599999 and 9099999)							80,081						

(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 2025	2 2024	3 2023	4 2022	5 2021
A.	OPERATIONS ITEMS					
	1. Premiums					
	2. Title XVIII-Medicare	80	87	125	35	39
	3. Title XIX-Medicaid					
	4. Commissions and reinsurance expense allowance					
	5. Total hospital and medical expenses	239	457	(6)		
B.	BALANCE SHEET ITEMS					
	6. Premiums receivable					
	7. Claims payable					
	8. Reinsurance recoverable on paid losses	239	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 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)	42,808,396		42,808,396
2.	Accident and health premiums due and unpaid (Line 15)	1,989,407		1,989,407
3.	Amounts recoverable from reinsurers (Line 16.1)	239,238	(239,238)	
4.	Net credit for ceded reinsurance	XXX	239,238	239,238
5.	All other admitted assets (Balance)	4,291,233		4,291,233
6.	Total assets (Line 28)	49,328,274		49,328,274
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7.	Claims unpaid (Line 1)	5,135,681		5,135,681
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)	6,381,651		6,381,651
15.	Total liabilities (Line 24)	11,517,332		11,517,332
16.	Total capital and surplus (Line 33)	37,810,942	XXX	37,810,942
17.	Total liabilities, capital and surplus (Line 34)	49,328,274		49,328,274
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	239,238	XXX	XXX
22.	Other ceded reinsurance recoverables		XXX	XXX
23.	Total ceded reinsurance recoverables	239,238	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	239,238	XXX	XXX

SCHEDULE T – PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		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						
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 - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
			98-1515192		0001801170	NASDAQ	Clover Health Investments, Corp.	DE	UIP	Entities Affiliated with Vivek Garipalli	Ownership & Voting Power	61.900	Vivek Garipalli	NO	
4918	Clover Health Group	86371	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	
			99-2673924				Clover Homecare Management Services, LLC	NJ	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	
			47-2542375				Clover Health Holdings, Inc.	DE	UDP	Clover Health Investments, Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
4918	Clover Health Group	16347	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	
			47-2402286				Principium Health, LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			99-2988079				Clover Care Services of NJ, LLC	NJ	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				CHPN MSSP 1, LLC	DE	NIA	Counterpart Health, Inc.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			92-3897114				Counterpart High-Performing Network LLC	DE	NIA	Counterpart Health, Inc.	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	
			39-3178380				Garden State ODS, LLC	NJ	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	
			47-2552172				Clover Acquisition Holdings LLC	DE	NIA	Clover Health Corp.	Ownership	100.000	Clover Health Investments, Corp.	NO	

Asterisk	Explanation

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	98-1515192	Clover Health Investments Corp.	4,256,364	(46,256,364)							(42,000,000)	
86371	35-0522223	Clover Insurance Company		54,000,000			(290,169,019)				(236,169,019)	
	82-0735027	Medical Service Professionals of NJ, LLC					51,283,056				51,283,056	
	99-2988079	Clover Care Services of NJ, LLC					36,220,816				36,220,816	
	38-3889370	Clover Health LLC					216,585,594				216,585,594	
16347	38-4057194	Clover HMO of NJ	(4,256,364)	(7,743,636)			(13,920,447)				(25,920,447)	
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.

		Responses
	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.		
5.		
6.		
7.		
8.		
9.		
10.		 1634720253600000000
11.		 1634720252005000000
12.		 1634720254200000000
13.		 1634720253710000000
14.		 1634720253700000000
15.	The Company does not write stand-alone Medicare Part D coverage.	 1634720253650000000
16.		 1634720252224000000
17.		 1634720252225000000
18.		 1634720252226000000
19.		 1634720252560000000
20.		 1634720253060000000
21.		 1634720252110000000
22.		
23.		
24.		