

Amended Explanation Page

As a result of adjustments identified and effected during the statutory audit process, the Company is hereby filing this amended 2019 Annual Statement and Risk-Based Capital Report as the proper action to effect agreement with the Company's audited financial statements.



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

Clover HMO of New Jersey Inc.

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

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

Country of Domicile United States

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

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

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

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

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

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

Internet Website Address N/A

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

OFFICERS

Name	Title
Vivek Garipalli	Chief Executive Officer
Joseph Wagner	Chief Financial Officer #

OTHERS

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

DIRECTORS OR TRUSTEES

Vivek Garipalli	Edward Berde
Justin Doheny	

State of New Jersey
 County of Hudson ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
 Vivek Garipalli
(Printed Name)
 1.
 Chief Executive Officer
(Title)

(Signature)
 Joseph Wagner
(Printed Name)
 2.
 Chief Financial Officer
(Title)

(Signature)
(Printed Name)
 3.
(Title)

Subscribed and sworn to before me this _____ day of _____, 2020

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

Yes[] No[X]
 1
07/21/2020
52

(Notary Public Signature)

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	838,826			262,584	262,584	838,826
0199999 Subtotal - Pharmaceutical Rebate Receivables	838,826			262,584	262,584	838,826
0299998 Claim Overpayment Receivables - Not Individually Listed				201,969	201,969	
0299999 Subtotal - Claim Overpayment Receivables				201,969	201,969	
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed				3,031	3,031	
0699999 Subtotal - Other Receivables				3,031	3,031	
0799999 Gross health care receivables	838,826			467,584	467,584	838,826

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables		1,640,753		1,101,410		
2. Claim overpayment receivables				201,969		
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables				3,031		
7. TOTALS (Lines 1 through 6)		1,640,753		1,306,410		

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	949,038	173,259	3,047	30,981	36,671	1,192,996
0499999 Subtotals	949,038	173,259	3,047	30,981	36,671	1,192,996
0599999 Unreported claims and other claim reserves						3,991,779
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						5,184,775
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
Individually listed receivables							
Clover Health Investments, Corp	5,600,000					5,600,000	
Principium Health LLC	461,236					461,236	
Clover Health, LLC	126,142					126,142	
0199999 Total - Individually listed receivables	6,187,378					6,187,378	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	6,187,378					6,187,378	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Clover Insurance Company	Related to payment of reimbursable G&A expenses in support of Company operations	7,039,399	7,039,399	
MSPNJ LLC	Related to payment of reimbursable G&A expenses in support of Company operations	110,609	110,609	
0199999 Total - Individually Listed Payables	X X X	7,150,007	7,150,007	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	7,150,007	7,150,007	

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						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	21,437,913	100.000	X X X	X X X		21,437,913
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	21,437,913	100.000	X X X	X X X		21,437,913
13. TOTAL (Line 4 plus Line 12)	21,437,913	100.000	X X X	X X X		21,437,913

24

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
NONE					
9999999	TOTALS		X X X	X X X	X X X



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 4918

BUSINESS IN THE STATE OF **NEW JERSEY** DURING THE YEAR

NAIC Company Code 16347

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	2,107							2,107		
3. Second Quarter	2,413							2,413		
4. Third Quarter	2,743							2,743		
5. Current Year	2,933							2,933		
6. Current Year Member Months	29,482							29,482		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	5,148							5,148		
8. Non-Physician	82,267							82,267		
9. TOTAL	87,415							87,415		
10. Hospital Patient Days Incurred	3,891							3,891		
11. Number of Inpatient Admissions	521							521		
12. Health Premiums Written (b)	23,151,207							23,151,207		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	23,151,207							23,151,207		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	20,641,473							20,641,473		
18. Amount Incurred for Provision of Health Care Services	24,375,752							24,375,752		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 4918

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Company Code 16347

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	213							213		
3. Second Quarter	202							202		
4. Third Quarter	193							193		
5. Current Year	183							183		
6. Current Year Member Months	2,438							2,438		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	107							107		
8. Non-Physician	4,153							4,153		
9. TOTAL	4,260							4,260		
10. Hospital Patient Days Incurred	153							153		
11. Number of Inpatient Admissions	28							28		
12. Health Premiums Written (b)	1,218,485							1,218,485		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,218,485							1,218,485		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	796,440							796,440		
18. Amount Incurred for Provision of Health Care Services	940,525							940,525		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4918

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

NAIC Company Code 16347

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	2,320							2,320		
3. Second Quarter	2,615							2,615		
4. Third Quarter	2,936							2,936		
5. Current Year	3,116							3,116		
6. Current Year Member Months	31,920							31,920		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	5,255							5,255		
8. Non-Physician	86,420							86,420		
9. TOTAL	91,675							91,675		
10. Hospital Patient Days Incurred	4,044							4,044		
11. Number of Inpatient Admissions	549							549		
12. Health Premiums Written (b)	24,369,692							24,369,692		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	24,369,692							24,369,692		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	21,437,913							21,437,913		
18. Amount Incurred for Provision of Health Care Services	25,316,278							25,316,278		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

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	01/01/2019	PARTNERRE AMER INS CO	DE	SSL/I	MR	11,810						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							11,810						
1099999 Total - General Account - Authorized - Non-Affiliates							11,810						
1199999 Total - General Account Authorized							11,810						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							11,810						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							11,810						
9999999 Total (Sum of 3499999 and 6899999)							11,810						

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	12				
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 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)	17,382,972		17,382,972
2. Accident and health premiums due and unpaid (Line 15)	356,447		356,447
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	6,901,920		6,901,920
6. TOTAL Assets (Line 28)	24,641,339		24,641,339
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	5,184,775		5,184,775
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)	11,316,620		11,316,620
15. TOTAL Liabilities (Line 24)	16,501,395		16,501,395
16. TOTAL Capital and Surplus (Line 33)	8,139,944	X X X	8,139,944
17. TOTAL Liabilities, Capital and Surplus (Line 34)	24,641,340		24,641,340
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	47-1435489 ..	Clover Health Investment, Corp. ....	.....	(86,879,183)	.....	.....	.....	.....	.....	.....	(86,879,183)	.....
.....	38-3889370 ..	Clover Health, LLC .....	.....	.....	.....	.....	49,613,254	.....	.....	.....	49,613,254	.....
86371 ..	31-0522223 ..	Clover Insurance Company .....	.....	79,416,168	.....	.....	(46,932,587)	.....	.....	.....	32,483,581	.....
16347 ..	38-4057194 ..	Clover HMO of New Jersey, Inc. ....	.....	7,463,015	.....	.....	(2,680,667)	.....	.....	.....	4,782,348	.....
9999999 Control Totals												
Schedule Y Part 2 Explanation:												