

Amended Explanation Page

This Amendment No. 2 filing on July 24, 2020 is in remedy of items identified in the NAIC Financial & Reporting Analysis Data Validation Notification (QAANN_16347_07232020_132529) dated July 23, 2020.

Items 1 & 2 in the Notification have been remedied via Email to Jon Borcharding in your office via provision of the crosscheck error explanation provided for XXAAU900391 and XXAAU900392 that was included in the 2019 Annual Statement Filing.

This Amendment No. 2 filing today is in remedy of Items 3 -11 and is accomplished through amended filings of:

- Pg 26 – Notes to Financial Statement
 - This is only needed to accomplish correction of the Electronic input for Note 1310.
 - No changes to the written/hardcopy Notes.
- Pg SI01 – Summary Investment Schedule
 - This page was inadvertently overlooked in the Amendment No. 1 filing on 7/21/2020.



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)	(Signature)	(Signature)
Vivek Garipalli	Joseph Wagner	
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Executive Officer	Chief Financial Officer	(Title)
(Title)	(Title)	(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]
2
07/24/2020
4

 (Notary Public Signature)