DocuSign Envelope ID: 829D7D78-0738-41D5-867D-827B456BACBB

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 NOV -7 AM 10: 37

CR2E081 (11/10)

DOCUMENT # 819436

1. Corporation Name
Clover Insurance Company

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
30 Montgomery Street	30 Montgomery Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
15th Floor	15th Floor
City & State	City & State
Jersey City	Jersey City
Zip / Country	Zip / Country
07302	07302

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Cheif Financial Officer

Street Address (P.O. Box Number is Not Acceptable)
30 Montgomery St. 15th Floor

Suite, Apt. #, etc.

City: Jersey City | State: NJ | Zip Code: 07302

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Les Granow Date: 10/20/2017

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/Dir	Vivek Garipalli	30 Montgomery St. 15th Floor	Jersey City NJ 07302
Sec.	Rachel Fish	30 Montgomery St. 15th Floor	Jersey City NJ 07302
CFO	Les Granow	30 Montgomery St. 15th Floor	Jersey City NJ 07302
Dir	Justine Doheny	30 Montgomery St. 15th Floor	Jersey City NJ 07302
Dir	Edward Berde	30 Montgomery St. 15th Floor	Jersey City NJ 07302

10. **E-mail Address:** registeredagent@cloverhealth.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Rachel Fish 10/16/2017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOV - 7 2017

L BERGER

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000293994 3)))

H17000293994 3ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
CLOVER INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00

Electronic Filing Menu Corporate Filing Menu Help

2017 NOV -7 PM 2:14