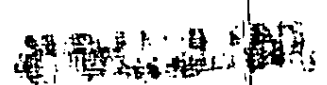


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2017 NOV -7 AM 10:37 	
DOCUMENT # 819436					
1. Corporation Name Clover Insurance Company					
2. Principal Office Address - No P.O. Box # 30 Montgomery Street Suite, Apt. #, etc. 15th Floor City & State Jersey City Zip 07302		3. Mailing Office Address 30 Montgomery Street Suite, Apt. #, etc. 15th Floor City & State Jersey City Zip 07302		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Chief 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 <u>Les Granow</u> Date <u>10/20/2017</u> 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: <u>registeredagent@cloverhealth.com</u> (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: <u>Rachel Fish</u> <u>10/16/2017</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

11/7/2017

Division of Corporations

Florida Department of State
Division of Corporations
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**CORPORATION REINSTATEMENT
CLOVER INSURANCE COMPANY**

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