

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819436

Entity Name: CLOVER INSURANCE COMPANY**Current Principal Place of Business:**30 MONTGOMERY ST.
15TH FLOOR
JERSEY CITY, NJ 07302**Current Mailing Address:**30 MONTGOMERY ST.
15TH FLOOR
JERSEY CITY, NJ 07302 US**FEI Number:** 31-0522223**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
30 MONTGOMERY STREET
15TH FLOOR
JERSEY CITY, FL 07302 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CFO
Name	WAGNER, JOSEPH
Address	30 MONTGOMERY ST. 15TH FLOOR
City-State-Zip:	JERSEY CITY NJ 07302

Title	PRESIDENT/CEO
Name	GARIPALLI, VIVEK
Address	30 MONTGOMERY ST. 15TH FLOOR
City-State-Zip:	JERSEY CITY NJ 07302

Title	DIRECTOR
Name	GARIPALLI, VIVEK
Address	30 MONTGOMERY ST. 15TH FLOOR
City-State-Zip:	JERSEY CITY NJ 07302

Title	DIRECTOR
Name	DOHENY, JUSTIN
Address	30 MONTGOMERY ST. 15TH FLOOR
City-State-Zip:	JERSEY CITY NJ 07302

Title	DIRECTOR
Name	BERDE, EDWARD
Address	30 MONTGOMERY ST. 15TH FLOOR
City-State-Zip:	JERSEY CITY NJ 07302

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VIVEK GARIPALLI

PRESIDENT/CEO

05/13/2020

Electronic Signature of Signing Officer/Director Detail_____
Date