

## **Information Sheet**

First Name (Required Information)

Please list your purchase and sale transaction(s) in Clover Health Investments, Corp. (NASDAQ: CLOV, CLOVW) between October 6, 2020 and February 4, 2021, inclusive (the "Class Period") in the chart below. Please return completed form in the enclosed pre-paid envelope, by fax to 610-667-7056, or by scan/photo to info@ktmc.com. You may also submit your information online at www.ktmc.com/newcases

Last Name (Required Information)

Address  Telephone Number  Current Employer			City, State, Zip  Email (Required Information)  Signature										
							PURCHASES			S	ALES		
							Buy Date	# Shares	Price per Share		Sell Date	# Shares	Price per Share
		od transactions and/o		sactions in relat	ed securities (	options, bonds, or							
Are you a current or former employee of Clover Hea Investments, Corp.? Yes / No (Circle)				Did you purchase shares of Clover Health Investments, Corp. prior to the Class Period? Yes / No (Circle)									
lead plaintiff motion in this is believes that you might be a establish an attorney client is are also authorizing and rec	matter. Any informat an appropriate lead p relationship. By signi questing us to contac will prohibit Kessler	torney-client relationship, nor ion you submit will be maintai laintiff candidate, Kessler Top ing this form you are authorized t you by email, phone or by Topaz Meltzer & Check, LL ontact us with any questions.	ined as con paz Meltze ing us to c other mea	fidential. If Kessler Top r & Check, LLP will co ontact you by email, ph ns regarding future caso	naz Meltzer & Check. Ontact you to discussione or by other mean es. Please note: faili	LLP, in its sole discretion, the matter and whether to as regarding this case. You ing to provide the required							
If you do not want to	be contacted r	regarding future cases,	, please	indicate that by c	hecking this bo	х.							