

Information Sheet

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

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/ ece of paper if necess		sactions in relat	ed securities (options, bonds, or							
Are you a current or former employee of Clover Ho 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 rebelieves that you might be a establish an attorney client reare also authorizing and requiriformation set forth above	matter. Any informat an appropriate lead p relationship. By sign questing us to contact will prohibit Kessle	ttorney-client relationship, notion you submit will be maintablaintiff candidate, Kessler Toing this form you are authorizet you by email, phone or by Topaz Meltzer & Check, Llontact us with any questions.	pined as con opaz Meltz zing us to contact other mea	offidential. If Kessler Top er & Check, LLP will co ontact you by email, ph ns regarding future case	oaz Meltzer & Check contact you to discussione or by other mea es. Please note: fail:	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 i	regarding future cases	, please	indicate that by c	hecking this bo	x.							