

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03484

Entity Name: FALLS LAKE NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**6131 FALLS OF NEUSE RD.
SUITE 306
RALEIGH, NC 27609**Current Mailing Address:**PO BOX 97488
RALEIGH, NC 27624 US**FEI Number:** 42-1019055**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CFO
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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:** NONE NONE

05/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO, PRESIDENT
Name	BOWMAN, WILLIAM
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

Title	CFO
Name	MACALEESE, TIMOTHY
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

Title	TREASURER
Name	SHULTIS, DANIEL
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

Title	CHAIRPERSON
Name	DORAN, SARAH
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

Title	SECRETARY
Name	LILAND, ERIC
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

Title	ASST. SECRETARY
Name	JEFFRESS, BENSON
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

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: WILLIAM BOWMAN

PRESIDENT

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date