

F2100000001457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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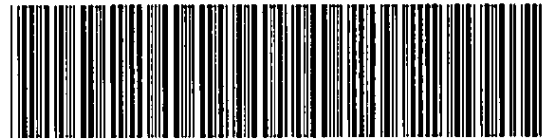
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Falls Lake Insurance Management Company, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Benson Jeffress

Name of Person

Falls Lake Insurance Management Company, Inc.

Firm/Company

6131 Falls of Neuse Rd., Suite 306

Address

Raleigh, NC 27609

City/State and Zip code

compliance@fallslakeins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benson Jeffress

at (919) 900-0941

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Falls Lake Insurance Management Company, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 200067235  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/25/2003 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6131 Falls of Neuse Rd. Suite 306 Raleigh, NC 27609  
(Principal office street address)  
PO Box 97488 Raleigh, NC 27624  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation: at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Lynn M. Cannelongo Lynn M. Cannelongo, AVP  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Terry McCafferty  
☐ Vice Chairman Address: 6131 Falls of Neuse Rd. Suite 306  
☐ Director Raleigh, NC 27609  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Timothy MacAleese  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 6131 Falls of Neuse Rd. Suite 306  
☐ President Raleigh, NC 27609  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: Sarah Doran  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 6131 Falls of Neuse Rd. Suite 306  
☐ President Raleigh, NC 27609  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Chairperson ☐ Other \_\_\_\_\_

☐ Chairman Name: Eric Liland  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 6131 Falls of Neuse Rd. Suite 306  
☐ President Raleigh, NC 27609  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Daniel Shultis  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 6131 Falls of Neuse Rd. Suite 306  
☐ President Raleigh, NC 27609  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Benson Jeffress  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 6131 Falls of Neuse Rd. Suite 306  
☐ President Raleigh, NC 27609  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other AVP ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Benson Jeffress  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is 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.

13. Benson Jeffress, AVP Compliance and Regulatory  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "FALLS LAKE INSURANCE MANAGEMENT COMPANY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FIFTH DAY OF JUNE, A.D. 2003, AT 11 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "FOUNDATION INSURANCE MANAGEMENT, INC." TO "STONEWOOD INSURANCE MANAGEMENT COMPANY, INC.", FILED THE THIRD DAY OF SEPTEMBER, A.D. 2003, AT 11:30 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "STONEWOOD INSURANCE MANAGEMENT COMPANY, INC." TO "FALLS LAKE INSURANCE MANAGEMENT COMPANY, INC.", FILED THE FIFTEENTH DAY OF JULY, A.D. 2014, AT 8 O`CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20210355581

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202454376

Date: 02-05-21