

2021 FOREIGN PROFIT CORPORATION REINSTATEMENT

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

03/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT
Name MCCAFFERTY, TERENCE
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: BENSON JEFFRESS

ASST SECRETARY

03/30/2021

Electronic Signature of Signing Officer/Director Detail

Date