
AMENDED FILING EXPLANATION

The Company is amending the 2017 March Annual Statement as a result of a change in Pg. 9 - Underwriting and Investment Exhibit Pt. 2. The Original filing reported reinsurance recovered (Col. 3) Line 29. International of \$3,774,579, The Company does not have International businesses. As such, the reinsurance recovered of \$3,774,579 was properly reclassified to the actual Lines of Business, lines 2 - 27. Per this amended filing Pg. 9 is now accurately reporting Net Paid and Net Losses Incurred by the Line of Business.

The correction to Pg. 9 resulted in a change to the 5 Yr. Historical, Pg. 18 Lines 60 - 63, as the Net Losses Paid were impacted by the above on Pg. 9.

The amendment to correct Pg. 9 directly effects the Net Business reported in the IEE - Pgs. 270.4 and 270.5.



ANNUAL STATEMENT

For the Year Ended December 31, 2017
of the Condition and Affairs of the

Falls Lake National Insurance Company

NAIC Group Code.....3494, 3494
(Current Period) (Prior Period)

Organized under the Laws of OH

Incorporated/Organized..... February 6, 1974

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 31925

State of Domicile or Port of Entry OH

52 East Gay Street..... Columbus OH US 43215
(Street and Number) (City or Town, State, Country and Zip Code)

6131 Falls of Neuse Rd., Suite 306..... Raleigh NC US..... 27609
(Street and Number) (City or Town, State, Country and Zip Code)

6131 Falls of Neuse Rd., Suite 306..... Raleigh NC US 27609
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

6131 Falls of Neuse Rd., Suite 306..... Raleigh NC US 27609
(Street and Number) (City or Town, State, Country and Zip Code)

www.fallslakeins.com

Aileen K. Celentano
(Name)
accounting@fallslakeins.com
(E-Mail Address)

Employer's ID Number..... 42-1019055

Country of Domicile US

Commenced Business..... February 21, 1974

919-882-3500
(Area Code) (Telephone Number)

919-882-3500
(Area Code) (Telephone Number)

919-882-3536
(Area Code) (Telephone Number) (Extension)
888-698-7290
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Steven J. Hartman	President/CEO	2. Thomas R. Fauerbach	Secretary
3. Michael E. Crow	Treasurer	4. Sarah C. Doran #	Chairman

OTHER

DIRECTORS OR TRUSTEES

Sarah C. Doran #	Steven J. Hartman	Michael E. Crow	Thomas R. Fauerbach
Joseph R. Raia			

State of..... North Carolina
County of..... Wake

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Steven J. Hartman	Thomas R. Fauerbach	Michael E. Crow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President/CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____ 2018

a. Is this an original filing?

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [] No [X]

1

04/26/2018

4